

County of Humboldt Eureka, California Ambulance Service Permit Renewal Application

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

Ар	plicant – DO N	OT FILL OUT THIS S	ECTION
Date Received:	6/21/2	2/	
Application Fee of \$196.00 Received:	Yes 🗸	No 🗌	
Proof of Liability Insurance			
Attached: Resumes	Yes 🗸	No	
Attached:	Yes 🗹	No 🗌	

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

Level of Service: 👪 Basic Life Support 🕍 Advanced Life Support

Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	City Ambulance	e of Eureka, In	С
Name of Contact Person:	Katie Baza		
Mailing Address:	135 W. 7 th Street	City/Zip Code	95501
Physical Address:	Same	City	Eureka
Telephone/ Fax Numbers	707-445-4907	E-Mail	kbaza@staff- cityambulance.com



Owner Name	California		on- City Am		e of Eureka, Inc
Address	135 W. 7 th	Street	City/Zip Code	Eurek	a, 95501
Phone Number	707-445- 4907	Fax Number	707-442- 5903	E- Mail	jchand@cityambulance.com



VEHICLES:

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

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2012	2014	2014	2013	2013	Year
Ford E350	Model/Make				
1FDSS3EL6CDB06775	1FDSS3EL0EDB14423	1FDSS3EL3EDB14383	1FDSS3ES4DDB32171	1FDSS3ES6DDA7518	Vehicle Identification Number
15112D3	60385X1	75923F2	43292N1	43081N1	License Plate#
6 Years 249727	7 Years 206628	7 Years 193741	8 Years 230173	8 Years 289154	Length of Time In Use (Include current mileage shown on odometer)
					State or Federal Aviation Agency License Number
White/Orange	White/Orange	White/Orange	White/Orange	White/Orange	Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics



12

2012

Chevy Type3

1GB3B2CLXC1105786

24952Z2

1 Year 189100

White/Orange

1FDYRZCM4JKB22400

64762S2

2 Years83459

White/Orange

2018

Ford Transit



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



1		Eureka,	California		
Zone	Northern Boundary	Éastern 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.

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



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

4. Insurance Notices must be sent to:

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

- 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.
 - 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.



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

Additional Information statement attached

	City Ambulance of Eureka, Inc
I, hereby attes	t that,, (name of ambulance company) has obtained
all licenses red	quired by law and is in compliance with standards for providing
emergency an	d/or non-emergency medical services as outlined in the Humboldt
County Code,	Title V, Division 5, Emergency Medical System, the policies established
by North Coas	t EMS, and all other applicable state and federal law and regulations.
All information	provided herein is true and complete as of the date listed below.
Signature of	
Applicant:	
Printed	daison Chand
Name and	Regional Director
Title	
7 (4 * /41) \$100 (7.1.)	
Date:	6/16/2021

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 Vehicle Needs Attention form or a Vehicle Out of Service form.

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.

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51	NX3720HG	TK 890	70700093	
52	NX3720HG	TK 890	70800147	
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54	NX3720HG	TK 890	50601567	
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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

EMERGENCY AMBULANCE NON-TRANSFERABLE LICENSE

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

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(only if different from below)

CITY AMBULANCE OF EUREKA, INC., 2186

FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229

SERVICE NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186

FORTUNA AMBULANCE; GARBERVILLE AMBULANCE

135 WEST 7TH STREET

EUREKA, CA 95501-0229

Attention:

JAISON CHAND, DIRECTOR OF OPS.

	CONTROL NUMBER 2186	LICENSE NUMBER 2186	ISSUE DATE 8/10/2020	EFFECTIVE DATE 9/3/2020	EXPIRATION DATE 9/2/2021
i	CHP CARRIER NUMBER	LOCATION	Duplicat	e Re	placement
	CA-	125	☐ Initial	⊻ Rei	newal

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.

	STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROI SPECIAL VEHICLE IDENTIF		C43	
	CHP 301 (REV 4-97) OPI 062			CHP AREA: 125
CHP Certificate/Per	mit Number: 2186- 13202	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
: INITIAL REPLACEMENT	☐ DUPLICATE ☑ RENEWAL	C17	LANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AN	D MAKE: 13 FORD E 350	VEHICLE LICENSE N	IO. 43081N1	VIN: 1FDSS3ES6DDA75178
*Authorized Emergency \	Vehicle Permit issued pursuant to Vehicle (Code Section 2416 (a) () for		. 1 1/4/4/4/4 (Mile - Male
NAI	ME AND MAILING ADDRESS		PROPERTY OF (CALIFORNIA HIGHWAY PATROL
FORTU	AMBULANCE OF EUREKA, INC., UNA AMBULANCE; GARBERVIL EST 7TH STREET		thereof, shall	te/permit, or a facsimile be carried in the vehicle at

EUREKA, CA 95501-0229

be surrendered to the CHP upon demand or as required by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL. SPECIAL VEHICLE IDENTIFY CHP 301 (REV 4-97) OPI 062	CATION CERTIFICATE/	PERMIT C+4	CHP AREA: 125
CHP Certificate/Permit Number: 2186-13344	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBU	LANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 13 FORD E 350	VEHICLE LICENSE N	O. 43292N1	VIN: 1FDSS3ES4DDB32171
*Authorized Emergancy Vehicle Permit issued pursuant to Vehicle Consumer And Mailing address CITY AMBULANCE OF EUREKA, INC., 2 FORTUNA AMBULANCE; GARBERVILL 135 WEST 7TH STREET EUREKA, CA 95501-0229	186	This certifical thereof, shall all times. It is be surrenden	te/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT				
CHP 301 (REV 4-97) OPI 062	THORIGENTIFICATES	FUMI	CHP AREA: 125	
CHP Certificate/Permit Number: 2186-13839	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:	
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE	
VEHICLE YEAR AND MAKE: 44 FORD E 350	VEHICLE LICENSE N	O. 75923F2	VIN: 1FDSS3EL3EDB14383	
*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., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229		thereof, shall all times. It is be surrendere	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand I by regulation.	

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA	ATION CERTIFICATE/F	C46	CHP AREA: 125
CHP 301 (REV 4-97) OPI 062 CHP Certificate/Permit Number: 2186- 14040	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	✓ EMERGENCY AMBUL		ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 14 FORD E 350 *Authorized Emergeacy Vehicle Permit issued mursued to Vehicle Code	VEHICLE LICENSE N	O. 60385X1	VIN: 1FDSS3EL0EDB14423
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) { } for NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certifica thereof, shall all times. It is be surrender	CALIFORNIA HIGHWAY PATROL te/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFIC.	ATION CERTIFICATE/F	PERMIT C47	OUD ADEA . 405
CHP 301 (REV 4-97) OPI 062	•	y	CHP AREA: 125
CHP Certificate/Permit Number: 2186- 12706	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☑ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL	; ANCE CERTIFICATE BENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 12 FORD E 350	VEHICLE LICENSE N	O. 55466A1	VIN: 1FDSS3EL6CDB06775
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) () for	Water Manager Company of the Company	4
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificat thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFIC CHP 301 (REV 4-97) OPI 062	PECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT			
CHP Certificate/Permit Number: 2186- 14636	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:	
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE BENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE	
VEHICLE YEAR AND MAKE: 16 FORD TRANSIT	VEHICLE LICENSE Notes Section 2416 (a) () for	O. 57538B2	VIN: 1FDYR2CMXGKB55944	
'Aulhorized Emergency Vehicle Permit issued pursuant to Vehicle Cod NAME AND MAILING ADDRESS	PROPERTY OF (CALIFORNIA HIGHWAY PATROL		
CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 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) OPI 062	ATION CERTIFICATE/F	C49 ERMIT	CHP AREA: 125
CHP Cerlificate/Permit Number: 2186- 14985	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	MERGENCY AMBUL AUTHORIZED EMERC	ANCE CERTIFICATE BENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 17 FORD TRANSIT	VEHICLE LICENSE N	O. 73470F2	VIN: 1FDYR2CM3HKA31676
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Cod	e Section 2416 (a) () for		
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificat thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand I by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/P	C51	CHP AREA: 125
CHP Certificate/Permit Number: 2186- 15576	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	L ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT	VEHICLE LICENSE N	O. 27561L2	VIN: 1FDYR2CM3JKA24622
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 218 FORTUNA AMBULANCE; GARBERVILLE A 135 WEST 7TH STREET EUREKA, CA 95501-0229	6	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 shalled to the CHP upon demand by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/P	ERMIT (57	CHP AREA: 125
CHP Certificate/Permit Number: 2186- 15727	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL	I. ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT *Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code	O. 11511P2	VIN: 1FDYR2CM3JKB09010	
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE A 135 WEST 7TH STREET EUREKA, CA 95501-0229	This certificat thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand I by regulation.	

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL	,p	C 53	
SPECIAL VEHICLE IDENTIFIC CHP 301 (REV 4-97) OPI 062	ATION CERTIFICATE/F	PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 2186- 15954	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	✓ EMERGENCY AMBUI	ANGE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT VEHICLE LICENSE NO		O. 10036S2	VIN: 1FDYR2CM9JKB15538
*Authorized Emergency Vehicle Permit Issued pursuent to Vehicle Cod	e Section 2416 (a) () for		The second secon
NAME AND MAILING ADDRESS		PROPERTY OF (CALIFORNIA HIGHWAY PATROL
CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229		thereof, shall all times. It is be surrender	te/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon dernand d by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL	25		
SPECIAL VEHICLE IDENTIFIC. CHP 301 (REV 4-97) OPI 062	ATION CERTIFICATE/F	PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 2186- 15953	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUI	ANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT	VEHICLE LICENSE N	O. 64762S2	VIN: 1FDYR2CM4JKB22400
*Authorized Emergency Vehicle Permit issued pursuent to Vehicle Code	e Section 2416 (a) () for		
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificate thereof, shall all times. It is be surrendere	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ad to the CHP upon demand by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	ERMIT C55	CHP AREA: 125	
CHP Certificate/Permit Number: 2186-12495	ISSUED: 9/3/2020	EXPIRES: 9/2/2021	AREA:
✓ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☐ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 12 CHEVROLET 3500 *Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	D. AMRA 29	VIN: 1GB3G2CLXC1105786	
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE A 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificate thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL se/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

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CITY AMBULANCE OF EUREKA 2186 COMPANY LICENSE NUMBER CITY AMBULANCE OF EUREKA 2186 COMPANY LICENSE NUMBER 2186 2013 FORD E-350 VEHICLE IDENTIFICATION NUMBER 175 WEST TH STREET (city, sfette, and zip code) EUREKA, CA 95501 VEHICLE CICENSE PLATE NUMBER 43081N1 - CA VEHICLE CERTIFICATE NUMBER 13202 ITEM INSPECTED (MINIMUM REQUIREMENTS) 1. Registration; plates 2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 9. Clearance/sidemarker lamps (if required) 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 9. Clearance/sidemarker lamps (if required) 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 9. Clearance/sidemarker lamps (if required) 9. Clearance/sidemarker lamps (if required) 9. Steady red warning lamp 9. Clearance/sidemarker lamps (if required) 9. Clearance/sidemarker lamps (if required)	BER (VIN) 8 ER AND STATE	TE	Tye	
SERVICE ADDRESS (number end street) 135 WEST 7th STREET (city, state, and zip code) EUREKA, CA 95501 ITEM INSPECTED (MINIMUM REQUIREMENTS) 1. Registration; plates 2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 8. Turn signals Vehicle identification number 1FDSS3ES6DDA75178 Vehicle identification number 1FDSS3ES6DDA75178 Vehicle identification number 14088 NO ITEM INSPECTED (MINIMUM REQUIREMENTS) 14. Reflectors 14. Reflectors 15. Glass 17. Defroster 17. Defroster 18. Mirrors 19. Horn 20. Siren 8. Turn signals	8 ER AND STATE	TE	Tye	
135 WEST 7th STREET	8 ER AND STATE	TE	Tye	
City, state, and zip code EUREKA, CA 95501 VEHICLE LICENSE PLATE NUMBER	ER AND STATE	TE	YE	
A 3081N1 - CA VEHICLE CERTIFICATE NUMBER 13202 13202 13202 13202 13202 13202 13202 13202 13202 13202 13202 14. Registration; plates			Tye	
ITEM INSPECTED (MINIMUM REQUIREMENTS) 1. Registration; plates 2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 8. Turn signals			Tye	
1. Registration; plates 2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 7. Identification sign (visible from 50+ feet) 8. Identification sign (visible from 50+ feet) 9. Identification sign (vi	Market and the Control of the Contro		YE	т
2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 7. Seat belts	e e e e e e e e e e e e e e e e e e e	****		S
3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 7. Seat belts	M-w		1	
3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 8. Turn signals 4. Windshield wipers 7. Defroster 7. Defroster 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 7. Seat belts			T	7
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	The state of the s		1	-
5. Beam selector/indicator			7	
6. Headlamp flasher (if equipped) 7. Steady red warning lamp √ 20. Siren 8. Turn signals √ 21. Seat belts	14774444444444444444444444444444444444		1	
7. Steady red warning lamp ✓ 20. Siren 8. Turn signals ✓ 21. Seat belts	m.r	~~~	Ť	[-
8. Turn signals ✓ 21. Seat belts			\ \ \ \	
- Outrois			V	
			+-	-
The Oxinguistic (Imminum 42.0)			√	
- or of Orders and Ord		, <u>.</u>	1	
11. Taillamps ✓ 24. Spare tire; jack and tools			 ✓	
12. License plate lamp ✓ 25. Maps of coverage areas or equivalent ✓ 26. Door latches operable from inside and outside	+ the state of the		V	4
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.	TO CORREC	::U	, I I	пе
	PECTED		YE:	S
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED YES NO EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPE	container	r	1	T
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher YES NO EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 14. Emesis basin or disposable bags, and covered wasted	l sufficient))	✓	T
			1	
1. (1) Ambulance cot and (1) collapsible stretcher ✓ 14. Emesis basin or disposable bags, and covered waste of			1	7
1. (1) Ambulance cct and (1) collapsible stretcher ✓ 14. Emesis basin or disposable bags, and covered waste cc. 2. Securement straps for patient and cot/stretcher ✓ 15. Portable suctioning apparatus (Squeeze syringes not securement)				
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. Oronhammeral always: (1) adult (1) child (1) infant	errest or	- 1	١,	
1. (1) Ambulance cot and (1) collapsible stretcher	ei rest or		1	
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. 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes. 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes. 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes. 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes. 8. Lemesis basin or disposable bags, and covered waste of the capable bags, and covered waste o	, , , , , , , , , , , , , , , , , , , ,		1	
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, 7. Resuscitator - capable of use with oxygen or air in adult, child, 7. Resuscitator - capable of use with oxygen or air in adult, child, 7. Resuscitator - capable of use with oxygen or air in adult, child, 7. Resuscitator - capable of use with oxygen or air in adult, child, 7. Resuscitator - capable of use with oxygen or air in adult, child, 7. Resuscitator - capable of use with oxygen or air in adult, child, 8. Rigid or pressure cuff, manometer, stethoscope	ne or		√ √	
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 14. Emesis basin or disposable bags, and covered waste of the strap of the suctioning apparatus (Squeeze syringes not so the suctioning apparatus (Squee	ne or		<u> </u>	
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 14. Emesis basin or disposable bags, and covered waster 15. Portable suctioning apparatus (Squeeze syringes not so 16. Two devices or material to restrict movement 17. (2) liters saline solution or a gallon potable water 18. Half-ring traction splint, padded ankle hitch strap, heel equivalent device 19. Blood pressure cuff, manometer, stethoscope clamps, dressings, towels, syringe, and clean plastic bases.	ne or		√ √	
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 aliways: (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. Emesis basin or disposable bags, and covered waste of 15. Portable suctioning apparatus (Squeeze syringes not state) 15. Portable suctioning apparatus (Squeeze syringes not state) 16. Two devices or material to restrict movement 17. (2) liters saline solution or a gallon potable water 18. Half-ring traction splint, padded ankle hitch strap, heel equivalent device 19. Blood pressure cuff, manometer, stethoscope clamps, dressings, towels, syringe, and clean plastic bases of the part of	e or bags)		V	
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") 4. Emesis basin or disposable bags, and covered waste of 15. Portable suctioning apparatus (Squeeze syringes not state) 16. Two devices or material to restrict movement 17. (2) liters saline solution or a gallon potable water 18. Half-ring traction splint, padded ankle hitch strap, heel equivalent device 19. Blood pressure cuff, manometer, stethoscope clamps, dressings, towels, syringe, and clean plastic base of 19. Bedpan or fracture pan 10. Soft rolled bandages (6 - 2", 3", 4", or 6") 21. Bedpan or fracture pan 22. Urinal	be or bags)	ıd	√ √	

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

BEOLIBED	RECORDS AND	としていいだいがたいから	INICOCATED	A NID IN COMBI	LIABIAM
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***************************************	CALL RECORDS	YES	NO	PERSONNEL RECORDS	(E8 T
1.	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 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	
V	COMPANY INSPECTION	YES	NO	21. 1 erabiliter embiled in the Diviv Pull reduce System	
9.	Company principals verified				
***************************************	One or more ambulances available 24 hours				
***************************************	Fees posted/ourrent	1			
,	Financial responsibility				
	-24-hour direct telephone service		,,,,,,,		
		/			********
VEUN	OLE BOUDANCE CARDIEDS MAME	POLIC			
VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY				POLICY EXPIRATION DATE 299218 03/31/2021	
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And the second s					7. 1 7. 2 7. 2 7. 2 7. 2 7. 2 7. 2 7. 2
Loc				OF OFFICIAL BRAKE CERTIFICATE	
and	is in compliance with the requirements of the California Vehicle Code at	operai nd Title	ing b e 13,	ase of this vehicle; however, the brake system of this vehicle has been inspecte California Code of Regulations.	≀d
iigna'	TURE OF LIGENSEE OR AUTHORIZED REPRESENTATIVE			DATE	***************************************
grand.	TEMPORARY OPERATING AUTHORIZATION: This vehicle may be when used in lieu of the special vehicle identification certificate a	opera	ated a	as an emergency ambulance. This authorization must be carried in the vo 30 days after the date shown below.	ehick
IGNA	TURE OF COMMANDER OR INSPECTING OFFICER		****	ID NUMBER LOCATION CODE DATE	

21844

125

08/03/2020

CHP 299 (Rev. 10-18) OPI 061		-		INSPECTION ANNUAL COMI	PLIAN(CE
AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
CITY AMBULANCE OF EUREKA SERVICE ADDRESS (number and street)	· · · · · · · · · · · · · · · · · · ·		2186	2013 FORD E-350		·
135 WEST 7th STREET				VEHICLE IDENTIFICATION NUMBER (VIN) 1FD223ES4DDB32171		
(city, state, and zip code)				VEHICLE LICENSE PLATE NUMBER AND STATE		·
EUREKA, CA 95501				43292N1 - CA		
			(A)	VEHICLE CERTIFICATE NUMBER 13344		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	IM REQUIREMENTS)	YES	
Registration; plates	1		14. Reflectors		\ \ \ \	Ť
2. Identification certificate (annuals/compliance only)	V		15. Glass		1	-
3. Ambulance identification sign (visible from 50+ feet)	V		16. Windshield wipers		1	t
4. Headlamps	V	†	17. Defroster	The second secon	1	\dagger
5. Beam selector/indicator	V		18. Mirrors		\ \ \ \ \	╁
6. Headlamp flasher (if equipped)	1	<u> </u>	19. Horn		1	-
7. Steady red warning lamp	1		20. Siren		\ <u>\</u>	╁
8. Turn signals	1		21. Seat belts	44.44		┼-
Clearance/sidemarker lamps (if required)	\ <u>`</u>	<u> </u>		(2) (3)	<u> </u>	┼
10. Stoplamps	+		22. Fire extinguisher (minim	oum 4B;C)	√	-
	\ \ \ \ \		23. Portable light		V	L
11. Taillamps	\ \ \ \ \ \		24. Spare tire; jack and tools			
License plate lamp Backup lamps	1		Maps of coverage areas or equivalent Door latches operable from inside and outside			
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI	E CHP	281 \	WILL BE RETURNED TO TH	ED WITH THE DIRECTION TO CORRECE INSPECTING OFFICER.	т тк	E
						····
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIP	MENT AND SUPPLIES INSPECTED	YES	N
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher	YES.	NO	·	MENT AND SUPPLIES INSPECTED able bags, and covered waste container	YES	N
		NO	14. Emesis basin or dispose		+	N
1. (1) Ambulance cot and (1) collapsible stretcher	1	NO	14. Emesis basin or dispose	able bags, and covered waste container eratus (Squeeze syringes not sufficient)	1	N
(1) Ambulance cot and (1) collapsible stretcher Securement straps for patient and cot/stretcher	√ √	NO	14. Emesis basin or disposa15. Portable suctioning appa	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement	√ ✓	N
(1) Ambulance cot and (1) collapsible stretcher Securement straps for patient and cot/stretcher Ankle and wrist restraints. Soft ties are acceptable.	√ ✓	NO	 14. Emesis basin or dispose 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, p 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water	✓ ✓ ✓ ✓	N
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)	\ \ \ \	NO	14. Emesis basin or dispose15. Portable suctioning appa16. Two devices or material17. (2) liters saline solution of	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement	√ √ √	N
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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO	 14. Emesis basin or dispose 15. Portable suctioning appe 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, mail 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water padded ankle hitch strap, heel rest or nometer, stethoscope	✓ ✓ ✓ ✓	N
 (1) Ambulance 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 airways: (1) adult, (1) child, (1) infant Rigid or pneumatic splints (4) Resuscitator - capable of use with oxygen or air in adult, child, 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO	 14. Emesis basin or dispose 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplie 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water padded ankle hitch strap, heel rest or	✓✓✓	N
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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO	 14. Emesis basin or dispose 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplie 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water oadded ankle hitch strap, heel rest or nometer, stethoscope es (gloves, umbilical cord tape or	\frac{1}{\sqrt{1}}	N
 (1) Ambulance 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 airways: (1) adult, (1) child, (1) infant Rigid or pneumatic splints (4) Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes Oxygen and regulators, portability required 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO	 14. Emesis basin or dispose 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplie clamps, dressings, towe 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water oadded ankle hitch strap, heel rest or nometer, stethoscope es (gloves, umbilical cord tape or	\frac{1}{\sqrt{1}}	N
 (1) Ambulance 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 airways: (1) adult, (1) child, (1) infant Rigid or pneumatic splints (4) Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes Oxygen and regulators, portability required Sterile bandage compresses (4 - 3" x 3") 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO	 14. Emesis basin or dispose 15. Portable suctioning appe 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, material 20. Sterile obstetrical supplied clamps, dressings, towe 21. Bedpan or fracture pan 22. Urinal 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water padded ankle hitch strap, heel rest or mometer, stethoscope as (gloves, umbilical cord tape or is, syringe, and clean plastic bags)	\frac{1}{\sqrt{1}}	N
 (1) Ambulance 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 airways: (1) adult, (1) child, (1) infant Rigid or pneumatic splints (4) Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes Oxygen and regulators, portability required Sterile bandage compresses (4 - 3" x 3") Soft rolled bandages (6 - 2", 3", 4", or 6") 	\(\frac{1}{2} \)	NO	 Emesis basin or dispose Portable suctioning appe Two devices or material (2) liters saline solution of Half-ring traction splint, pequivalent device Blood pressure cuff, material Sterile obstetrical supplic clamps, dressings, towe Bedpan or fracture pan Urinal Two spinal immobilization one at least 60" in length 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water padded ankle hitch strap, heel rest or mometer, stethoscope as (gloves, umbilical cord tape or is, syringe, and clean plastic bags)	 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	N
 (1) Ambulance 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 airways: (1) adult, (1) child, (1) infant Rigid or pneumatic splints (4) Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes Oxygen and regulators, portability required Sterile bandage compresses (4 - 3" x 3") Soft rolled bandages (6 - 2", 3", 4", or 6") Adhesive tape (2 rolls - 1", 2", or 3") 	\(\frac{1}{2} \)	NO	 Emesis basin or dispose Portable suctioning appe Two devices or material (2) liters saline solution of Half-ring traction splint, pequivalent device Blood pressure cuff, material Sterile obstetrical supplic clamps, dressings, towe Bedpan or fracture pan Urinal Two spinal immobilization one at least 60" in length 	able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water padded ankle hitch strap, heel rest or mometer, stethoscope as (gloves, umbilical cord tape or ls, syringe, and clean plastic bags)	\frac{1}{\sqrt{1}}	N

SIGNATURE OF COMMANDER OR INSPECTING OFFICER

CHP 299 (Rev. 10-18) OPI 061

PAGE:

CALL RECORDS	YES	NO	PERSONNEL RECO	RDS	YES
Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license	The state of the s	
Name of requesting person or agency			16. Copy of ambulance driver certificate	The state of the s	
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 of 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 Section 13372 CVC prohibitions	1101(b) and/or	*****
8. Name or other identifier of patient transported					
COMPANY MORPOTON			21. Personnel enrolled in the DMV Pull Notice S	system	
COMPANY INSPECTION	YES	NO			
Company principals verified	ļ	- 			
0 One or more ambulances available 24 hours					
I. Fees posted/current					
. Financial responsibility 24-hour direct telephone service					
IICLE INSURANCE CARRIER'S NAME	POLIC	Y NUN	TBER	POLICY EXPIRATION DATE	
A CE AMERICAN INSURANCE COMPANY					•
RKS	ISA.	H252	299218	03/31/20	021
	ISA	H252	299218	03/31/20	021
RKS	I IN L	IEU C	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle: however, the brake system of this		

ID NUMBER

21844

LOCATION CODE

125

08/03/2020

DATE

Initial Annual Compliance Initial Annual Initial Initi	STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT		INSPECTION						
CITY AMBULANCE OF EUREKA 2186 2014 FORD E-350	СЧР 299 (Rev. 10-18) OPI 061				☐ INITIAL	ANNUAL	□ СОМЕ	PLIANC	Έ
CITY AMBULANCE OF EUREKA 2186 2014 FORD E-350	AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODE	L.	***************************************	
IFDS3EL3EDB14383 Vehicle License Plate Number AND STATE EUREKA, CA 95501 Vehicle Certificate Number AND STATE T5923F2 - CA Vehicle Certificate Number AND STATE T3839 Vehicle Certificate Number T3839 Vesticate Certificate Number T3839 Vesticate Certificate Number T3839 Vesticate Certificate Number T3839 Vesticate Certificate (Institution plates				2186	1				
Celty, stale, and zip corter VeHICLE LICENSE PLATE NUMBER AND STATE	SERVICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
T5923F2 - CA VEHICLE CERTIFICATE NUMBER 13839					1FDSS3EL	3EDB14383			
VEHICLE CERTIFICATE NUMBER 13839 ITEM INSPECTED (MINIMUM REQUIREMENTS) 1. Registration; plates 2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 10. Stoplamps 7. Stoplamps 8. Turn signals 9. Clearance/sidemarker lamps (if required) 9. Stoplamps 9. Stoplamps 9. Stoplamps 9. Clearance/sidemarker lamps 9. Stoplamps 9. Stopla					VEHICLE LICEN	SE PLATE NUMBER	AND STATE		
ITEM INSPECTED (MINIMUM REQUIREMENTS) YES NO ITEM INSPECTED (MINIMUM PROCUIREMENTS) YES	EUREKA, CA 95501				75923F2 - 6	CA			
ITEM INSPECTED (MINIMUM REQUIREMENTS) YES NO ITEM INSPECTED (MINIMUM REQUIREMENTS) 1. Registration; plates 2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 7. 16. Windshield wipers 7. 17. Defroster 8. Mirrors 9. Headlamp flasher (if equipped) 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 10. Stoplamps 7. 24. Spare tire; jack and tools 11. Taillamps 9. License plate lamp 9. License plate lamp 9. Item INSPECTED (MINIMUM REQUIREMENTS) 14. Reflectors 9. Item INSPECTED (MINIMUM REQUIREMENTS) 9. Item INSPECTED (MINIMUM REQUIREMENTS) 9. Item INSPECTED (MINIMUM REQUIREMENTS) 9. Clearson (Visible from 50+ feet) 9. Clearson (Visible from 50+ feet) 9. Clear (Minimum 4B:C) 9. Clea				100000000000000000000000000000000000000	1	FICATE NUMBER			
1. Registration; plates V 14. Reflectors V 2. Identification certificate (annuals/compliance only) V 15. Glass V 3. Ambulance Identification sign (visible from 50+ feet) V 16. Windshield wipers V 4. Headlamps V 17. Defroster V 5. Beam selector/indicator V 18. Mirrors V 6. Headlamp flasher (if equipped) V 19. Horn V 7. Steady red warning lamp V 20. Siren V 8. Turn signals V 21. Seat belts V 9. Clearance/sidemarker lamps (if required) V 22. Fire extinguisher (minimum 4B:C) V 10. Stoplamps V 23. Portable light V 11. Taillamps V 24. Spare tire; jack and tools V License plate lamp V 25. Maps of coverage areas or equivalent V		1'			13839				
2. Identification certificate (annuals/compliance only) 3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 5. Beam selector/indicator 6. Headlamp flasher (if equipped) 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 7. Stoplamps 7. Stoplamps 7. Stoplamps 8. Turn signals 9. Clearance/sidemarker lamps (if required) 9. Clearance/sidem	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREM	ENTS)		YES	N
3. Ambulance identification sign (visible from 50+ feet) 4. Headlamps 7. Defroster 7. Defroster 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 7. Stoplamps 7. Stoplamps 7. Stoplamps 8. Turn signals 9. Clearance/sidemarker lamps (if required) 9. C	Registration; plates	1		14. Reflectors				1	,
4. Headlamps	Identification certificate (annuals/compliance only)	/		15. Glass				1	
5. Beam selector/indicator	3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers				1	
6. Headlamp flasher (if equipped) 7. Steady red warning lamp 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 7. Steady red warning lamp 7. Steady red warning lamp 8. Turn signals 9. Clearance/sidemarker lamps (if required) 9. Clearance/sidemarker lamps (if require	4. Headlamps	✓		17. Defroster				1	
7. Steady red warning lamp ✓ 20. Siren ✓ 8. Turn signals ✓ 21. Seat belts ✓ 9. Clearance/sidemarker lamps (if required) ✓ 22. Fire extinguisher (minimum 4B:C) ✓ 10. Steplamps ✓ 23. Portable light ✓ 11. Taillamps ✓ 24. Spare tire; jack and tools ✓ License plate lamp ✓ 25. Maps of coverage areas or equivalent ✓	Beam selector/indicator	✓		18. Mirrors				1	haping-14
8. Turn signals V 21. Seat belts V 9. Clearance/sidemarker lamps (if required) V 22. Fire extinguisher (minimum 4B:C) V 10. Stoplamps V 23. Portable light V 11. Taillamps V 24. Spare tire; jack and tools V License plate lamp V 25. Maps of coverage areas or equivalent V	6. Headlamp flasher (if equipped)	V		19. Horn				1	*
9. Clearance/sidemarker lamps (if required)	7. Steady red warning lamp	1		20. Siren				1	_
10. Stoplamps	8. Turn signals	✓		21. Seat belts				1	
11. Taillamps V 24. Spare tire; jack and tools License plate lamp V 25. Maps of coverage areas or equivalent V	Clearance/sidemarker lamps (if required)	✓		22. Fire extinguisher (minin	num 4B:C)			1	
License plate lamp	10. Stoplamps	V		23. Portable light				1	
	11. Taillamps	✓		24. Spare tire; jack and tool	s			1	
Backup lamps 26. Door latches operable from inside and outside	License plate lamp	1		25. Maps of coverage areas	or equivalent			1	******
	Sackup lamps	✓		26. Door latches operable fr	rom inside and	outside		V	

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.

EMI	ERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES		
1.	(1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1		
2.	Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1		
3.	Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to restrict movement	7		
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	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or	 		
6.	Rigid or pneumatic splints (4)	1	t	equivalent device			
7.	Resuscitator - capable of use with oxygen or air in adult, child,			19. Blood pressure cuff, manometer, stethoscope	✓		
	and infant sizes	<u> </u>		20. Sterile obstetrical supplies (gloves, umbilical cord tape or			
8.	Oxygen and regulators, portability required	/		clamps, dressings, towels, syringe, and clean plastic bags)	1		
9.	Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	1		
10.	Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1		
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	1		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)	1		acceptable)	`		

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	VED	NO	PERSONNEL RECOR	ne	
Location of records, retained for 3 years	100	NO	14. Employment date	(DS	YE:
Date, time, location, and identity of call taker	 				-
Name of requesting person or agency	-		15. Copy of driver license	The state of the s	
Unit ID, personnel dispatched, and record of red light/siren use			16. Copy of ambulance driver certificate	Andrew Street,	
Explanation of fallure to dispatch	-		Copy of medical exam certificate 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	 			101/h) and/or	
Name or other identifier of patient transported			20. Affidavit certifying compliance with 13 CCR 1 Section 13372 CVC prohibitions	TOT(b) allu/ul	
The state of the state of patients and patients	1		21. Personnel enrolled in the DMV Pull Notice Sy	/stem	
COMPANY INSPECTION	YES	NO		1	
9. Company principals verified					
10 One or more ambulances available 24 hours					
1. Fees posted/current					
2. Financial responsibility					
13. 24-hour direct telephone service					
/EHICLE INSURANCE CARRIER'S NAME A CE AMERICAN INSURANCE COMPANY RKS			1BER 299218	POLICY EXPIRATION DATE 03/31/20	
LICENSEE CERTIFICATION	l IN LI	EU C	OF OFFICIAL BRAKE CERTIFICATE		*******
	I IN LI	EU C	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle: however, the brake system of this ve	ehicle has been insp	
LICENSEE CERTIFICATION certify that there is no official brake adjusting station within 30 miles of the nd is in compliance with the requirements of the California Vehicle Code at	I IN LI	EU C	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle: however, the brake system of this ve		
LICENSEE CERTIFICATION certify that there is no official brake adjusting station within 30 miles of the nd is in compliance with the requirements of the California Vehicle Code at	opera	EU C	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this ve California Code of Regulations. as an emergency ambulance. This authorization m	ehicle has been insp DATE	ected

21844

125

08/03/2020

						#	14	1
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL								
AMBULANCE INSPECTION REPORT				INSPECTION				
(CLIP 299 (Rev. 10-18) OPI 061				INITIAL	✓ ANNUAL	COMF	LIANC	Œ
L BUSINESS NAME COMPANY LICENSE NUMBER					MAKE, AND MODE			
CITY AMBULANCE OF EUREKA			2186	2014 FORE				
SERVICE ADDRESS (number and street)	****			VEHICLE IDENTI	FICATION NUMBER	(VIN)		
135 WEST 7th STREET				IFDSS3EL0EDB14423				
(city, state, and zip code)				VEHICLE LICENSE PLATE NUMBER AND STATE				
EUREKA, CA 95501				60385X1 - 0				
				VEHICLE CERTIF	FICATE NUMBER			
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	IM REQUIREME	ENTS)		YES	N
Registration; plates	<		14. Reflectors				1	_
2. Identification certificate (annuals/compliance only)	1		15. Glass				1	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers			**************************************	V	
4. Headlamps	1		17. Defroster			7070	1	
5. Beam selector/indicator	1		18. Mirrors			*	1	Γ
Headlamp flasher (If equipped)	1		19. Horn				1	
7. Steady red warning lamp	1		20. Siren			***************************************	1	
8. Turn signals	1		21. Seat belts				1	,
Clearance/sidemarker lamps (If required)	1		22. Fire extinguisher (minim	num 4B:C)		· · · · · · · · · · · · · · · · · · ·	1	
10. Stoplamps	1		23. Portable light				1	
11. Taillamps	1		24. Spare tire; jack and tool	s			1	
License plate lamp	V		25. Maps of coverage areas	s or equivalent		1179	1	_
` Backup lamps	✓		26. Door latches operable for	rom inside and o	outside		1	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE CHP	TO 0 281 \	ORRECT VIOLATION, ISSU WILL BE RETURNED TO TH	ED WITH THE I	DIRECTION TO OFFICER.	CORREC	ттн	E
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIP	MENT AND SU	PPLIES INSPE	CTED	YES	N:

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES			
1. (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1			
2. Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1			
3. Ankle and wrist restraints. Soft ties are acceptable.	V		16. Two devices or material to restrict movement	1			
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	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or				
6. Rigid or pneumatic splints (4)	1		equivalent device				
7, Resuscitator - capable of use with oxygen or air in adult, child,	/		19. Blood pressure cuff, manometer, stethoscope	1			
and infant sizes	V		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	/			
Oxygen and regulators, portability required	-		oranipo, dicosings, tevers, syninge, and dean plastic pags)				
9. Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	1			
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1			
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	1	•	one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1			
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)				

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND D	ocu	ME	NTS INSPECTED	AND IN COMPLI	ANCE			
CALL RECORDS	YES	NO		PERSONN	EL RECORDS		YES	*
Location of records, retained for 3 years			14. Employment d				153	14
2. Date, time, location, and identity of call taker			15. Copy of driver		The state of the s			
Name of requesting person or agency				lance driver certifica	ate			
4. Unit ID, personnel dispatched, and record of red light/siren use	*******		17. Copy of medic					
5. Explanation of failure to dispatch			18. Copy of EMT o	ertificate or medica	ıl license			
6. Dispatch time, scene arrival time, and departure time			19: Work experien	· · · · · · · · · · · · · · · · · · ·		**************************************		
7. Destination of patient; arrival time	Market State of the State of th	***************************************	20. Affidavit certify	ring compliance with CVC prohibitions	13 CCR 1101((b) and/or		
Name or other identifier of patient transported								
			21. Personnel enro	olled in the DIVIV Pu	III Notice Systen	<u>n</u>		
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				***************************************		Street, and the street, and th		
i	POLÍC ISAI		BER 299218		POLIC	CY EXPIRATION DATE 03/31/202	1	
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 signature of Licensee or authorized representative Temporary operating authorization: This vehicle may be	operat	ing ba	ase of this vehicle; how California Code of Reg as an emergency arr	E CERTIFICATE wever, the brake sys gulations. hbulance. This auti	tem of this vehicl	DATE	cled	
when used in lieu of the special vehicle identification certificate a	na ex	pires		ate shown below.	LOCATION CODE	DATE		
_			1		1	1		

21844

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08/03/2020

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL ANNUAL COM	PLIAN	CE
AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	**********	
CITY AMBULANCE OF EUREKA SERVICE ADDRESS (number and street)		·	2186	2012 FORD E-350 VEHICLE IDENTIFICATION NUMBER (VIN)		
135 WEST 7th STREET				1FDSS3ELCDB06775		
(city, state, and zip code)		·,-,		VEHICLE LICENSE PLATE NUMBER AND STATE		
EUREKA, CA 95501				55466A1 - CA		
				VEHICLE CERTIFICATE NUMBER 12706		.,
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREMENTS)	YES	1 6
Registration; plates	✓		14. Reflectors		1	+
2. Identification certificate (annuals/compliance only)	V		15. Glass		/	T
3. Ambulance Identification sign (visible from 50+ feet)	✓		16. Windshield wipers		7	†
4. Headlamps	√		17. Defroster		17	+
5. Beam selector/indicator	1		18. Mirrors		7	\dagger
6. Headlamp flasher (if equipped)	1		19. Horn		1	_
7. Steady red warning lamp	✓		20. Siren		 	\dagger
8. Turn signals	V		21. Seat belts		1	+
Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minim	um 48:C)	Ť	-
10. Stoplamps	7		23. Portable light		 	+
11. Tailtamps	1,		24. Spare tire; jack and tools	2	1	┢
13 License plate lamp	17		25. Maps of coverage areas		\	┝
Backup lamps	7		26. Door latches operable fr		Ť	┢
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	E CHP	281 \	WILL BE RETURNED TO THI	E INSPECTING OFFICER.	31 TH	E
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	The second secon	MENT AND SUPPLIES INSPECTED	YES	N
(1) Ambulance cot and (1) collapsible stretcher	/		** ***********************************	ble bags, and covered waste container	/	
Securement straps for patient and cot/stretcher	/			aratus (Squeeze syringes not sufficient)	1	
Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material	to restrict movement	1	
4. Sheets, pillow cases, blankets, towels, pillows (2)	/		17. (2) liters saline solution of	or a gallon potable water	1	L
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	-		18. Half-ring traction splint, p	padded ankle hitch strap, heel rest or	1	
6. Rigid or pneumatic splints (4)	<		**************************************		'	_
Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	1		 Blood pressure cuff, mar Sterile obstetrical supplie 	es (gloves, umbilical cord tape or	V	
Oxygen and regulators, portability required	1		clamps, dressings, towel	s, syringe, and clean plastic bags)		
9. Sterile bandage compresses (4 - 3" x 3")	V		21. Bedpan or fracture pan		1	_
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal		1	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓		23. Two spinal immobilization	n devices, one at least 30" in length and		_
12. Bandage shears	1		one at least 60" in length	, with straps to adequately secure combination short/long boards are	 	
13. Universal dressings (2 - 10" x 30" or larger)	/		acceptable)			

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES
1. 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. Affidavit certifying compliance with 13 CCR 1101(b) and/or	
8. 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				
1. Fees posted/current				
2. Financial responsibility				
3. 24-hour direct telephone service				
	······································			
HICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM	BER POLICY EXPIRATION DATE	
CE AMERICAN INSURANCE COMPANY	ISAJ	1252	99218 03/31/20)21

/ TE AMERICAN INSURANCE COMPANY	ISAH25299218	03/31/2021
RKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

The second secon
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

(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	ID NUMBER	LOCATION CODE	DATE
	21844	125	08/03/2020

DATE

						free.	1 8	
STATE OF CALIFORNIA HIGHWAY PATROL A MIDILIA A LOCALIFORNIA HIGHWAY PATROL				INSPECTION	y-1/4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INITIAL	✓ ANNUAL	СОМЕ	PLIAN(SE
AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODE			==
CITY AMBULANCE OF EUREKA			2186	ł	TRANSIT	-		
SERVICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
135 WEST 7th STREET				1FDYR2CI	MXGKB5594	4		
(city, state, and zip code)				VEHICLE LICEN	SE PLATE NUMBER	AND STATE		
EUREKA, CA 95501				57538B2 -	CA			
				1	FICATE NUMBER			
	T	,		14636				
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREM	ENTS)		YES	N
Registration; plates	✓		14. Reflectors				1	
Identification certificate (annuals/compliance only)	✓		15. Glass				1	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers				1	
4. Headlamps	1		17. Defroster				1	_
Beam selector/indicator	✓		18. Mirrors				1	Γ
6. Headlamp flasher (<i>if equipped</i>)	✓		19. Horn				1	<u> </u>
7. Steady red warning lamp	1		20. Siren				1	
8. Turn signals	1		21. Seat belts				1	Γ
Clearance/sidemarker lamps (if required)	✓		22. Fire extinguisher (minim	um 4B:C)			1	
10. Stoplamps	✓		23. Portable light		***************************************		1	
11. Taillamps	✓		24. Spare tire; jack and tools	}			1	
License plate lamp	1		25. Maps of coverage areas	or equivalent			1	
Backup lamps	✓		26. Door latches operable from	om inside and	outside		1	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOT DISCREPANCY. ONCE SIGNED OFF, THE C	ICE :	TO C 281 V	ORRECT VIOLATION, ISSUI WILL BE RETURNED TO THE	ED WITH THE	DIRECTION TO SOFFICER.	CORREC	т тн	E

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES
(1) Ambulance cot and (1) collapsible stretcher	V		14. Emesis basin or disposable bags, and covered waste container	1
2. Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
3. Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to restrict movement	1
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	V		18. Half-ring traction splint, padded ankle bitch strap, heel rect or	<u></u>
6. RIgid or pneumatic splints (4)	1		 Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device 	
7. Resuscitator - capable of use with oxygen or air in adult, child.	1		19. Blood pressure cuff, manometer, stethoscope	1
and infant sizes	•		20. Sterile obstetrical supplies (gloves, umbilical cord tape or	
Oxygen and regulators, portability required	1		clamps, dressings, towels, syringe, and clean plastic bags)	✓
9. Sterile bandage compresses (4 - 3" x 3")	V		21. Bedpan or fracture pan	1
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	7
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓		23. Two spinal immobilization devices, one at least 30" in length and	1
12. Bandage shears	1		one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)	

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

, 15							
CALL RECORDS	YES	NO	PERSONNEL RECO	RDS		YE8	
Location of records, retained for 3 years			14. Employment date		The state of the s		Ė
2. Date, time, location, and identity of call taker		****	15. Copy of driver license	Name of Street, or other Desired		†	
3. Name of requesting person or agency			16. Copy of ambulance driver certificate				****
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate			ļ.————————————————————————————————————	****
5. Explanation of failure to dispatch			18- Copy of EMT certificate or medical license				
6. Dispatch time, scene arrival time, and departure time		Andrew Marine	19. Work experience summary				
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR Section 13372 CVC prohibitions	1101(b)	and/or		-
Name or other identifier of patient transported			Section 13372 CVC prohibitions 21. Personnel enrolled in the DMV Pull Notice S		· · · · · · · · · · · · · · · · · · ·		*
COMPANYINSPECTION	YES	ОИ	2. Forest and the state of the	yatem		<u> </u>	
9. Company principals verified							
10 One or more-ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							
VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY	POLIC			POLICY E	XPIRATION DATE		
ARKS	119A1	1202	299218	<u> </u>	03/31/202	1	
			ta plant in the text of the late of the la		Santa Aliverta Paga	at a more	=
LICENSEE CERTIFICATIO	N IN LI	EU C	F OFFICIAL BRAKE CERTIFICATE	·	PARTIE .		_
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	e operat	ina ba	ase of this vehicle; however, the brake system of this	vehicle h	as been inspec	ted	
IGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	,		- The second of	mne.	DATE		
gravity may						······································	
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be when used in lieu of the special vehicle identification certificate	e opera	ited a pires	is an emergency ambulance. This authorization r 30 days after the date shown below.	nust be	carried in the	vehic	le
GNATURE OF COMMANDER OR INSPECTING OFFICER			ID NUMBER LOCATION (CODE	DATE	·	

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DEP.	IE OF CALIFORNIA ARTMENT OF CALIFORNIA HIGHWAY PATROL IBULANCE INSPECTION REPORT P 299 (Rev. 10-18) OPI 061		·····		INSPECTION [INITIAL	✓ ANNUAL	□ СомР	LIANC	Œ
Ţ	L BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODE	L		
CIT	TY AMBULANCE OF EUREKA			2186	2017 FORI) TRANSIT			
	/ICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
	WEST 7th STREET	************		***		M3HKA3167	_		
	state, and zip code)				į.	SE PLATE NUMBER	R AND STATE		
EU	REKA, CA 95501			······································	73470F2 - 0				
						FICATE NUMBER			
				¥	14985	41.000 A			
ITE	M INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	JM REQUIREM	ENTS)		YES	N
1.	Registration; plates	/		14. Reflectors				V	
2.	Identification certificate (annuals/compliance only)	/		15. Glass				✓	
3.	Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers				1	
4.	Headlamps	_ <		17. Defroster				1	
5.	Beam selector/Indicator	✓		18. Mirrors				✓	
6.	Headlamp flasher (if equipped)	1		19. Hom				✓	
7.	Steady red warning lamp	/		20. Siren			**************************************	V	
8.	Turn signals	/		21. Seat belts				1	
9.	Clearance/sidemarker lamps (if required)	✓		22. Fire extinguisher (minir	num 4B:C)			1	
10.	Stoplamps	✓		23. Portable light				1	
11.	Taillamps	V		24. Spare tire; jack and too	ls			1	
(License plate lamp	V		25. Maps of coverage area	s or equivalent			1	
	Backup lamps	✓ ,		26. Door latches operable t	from inside and	outside		1	

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
1. (1) Ambulance cot and (1) collapsible stretcher	V		14. Emesis basin or disposable bags, and covered waste container	1
2. Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	7
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	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or	-
6. Rigid or pneumatic splints (4)	1		equivalent device	1
7. Resuscitator - capable of use with oxygen or air in adult, child,	/		19. Blood pressure cuff, manometer, stethoscope	√
and infant sizes	, v		20. Sterile obstetrical supplies (gloves, umbilical cord tape or	
8. Oxygen and regulators, portability required	1		clamps, dressings, towels, syringe, and clean plastic bags)	/
9. Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	1
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1
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	1		one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1
13, Universal dressings (2 - 10" x 30" or larger)	1		acceptable)	1

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

PAGE:

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECOR	RDS	***************************************	YES	N
Location of records, retained for 3 years	 		14. Employment date		- Warner Control		
Date, time, location, and identity of call taker			15. Copy of driver license	and the same of th	- Carlot Shares		_
Name of requesting person or agency			16. Copy of ambulance driver certificate	Market Comments	· //		_
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	T		19Work experience summary			·	-
7. Destination of patient; arrival time		A. A	20 Affidavit certifying compliance with 13 CCR 1	1101(b) an	ıd/or		
8. Name or other identifier of patient transported	-		Section 13372 CVC prohibitions		····		
			21. Personnel enrolled in the DMV Pull Notice Sy	ystem			, -
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	l nou to	W 14 (4)	DPD			10	
ACE AMERICAN INSURANCE COMPANY	POLIC		век 299218	1	RATION DATE 03/31/202	1	
ARKS							
		7.7.6.4					
	The second secon						70
	N IN L	IEU (OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this v				
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the	N IN L	IEU (OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this v				
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	opera opera and Titl	IEU (ting b le 13,	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this v California Code of Regulations. as an emergency ambulance. This authorization n	vehicle has	been inspec	cted	

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT				INSPECTION	(T) (MAI)	F3 004	PATRICULA	
CHP 299 (Rev. 10-18) OPI 061		*****		T HALLIAL	ANNUAL	COMP	LIANC	Ε
AL BUSINESS NAME	*************		COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODE	L.		
CITY AMBULANCE OF EUREKA			2186	2018 FORI) TRANSIT			
SERVICE ADDRESS (number and street)	······································		, , , , , , , , , , , , , , , , , , , 	VEHICLE IDENT	IFICATION NUMBER	R (VIN)	P-T	
135 WEST 7th STREET				1FDYR2CI	M3JKA24622			
(city, state, and zip code)				VEHICLE LICEN	SE PLATE NUMBER	AND STATE	~~~	
EUREKA, CA 95501				27561L2 - (
					FICATE NUMBER		***************************************	
				15576				
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	JM REQUIREM	ENTS)		YES	N
Registration; plates	V	·	14. Reflectors				√	
2. Identification certificate (annuals/compliance only)	✓		15. Glass				1	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers				1	
4. Headlamps	✓		17. Defroster				1	
5. Beam selector/indicator	✓		18. Mirrors		1000		1	
6. Headlamp flasher (if equipped)	✓		19. Horn				1	
7. Steady red warning lamp	√		20. Siren				V	
8. Turn signals	 		21. Seat belts				✓	
Clearance/sidemarker lamps (If required)	✓		22. Fire extinguisher (minir	пит 4B;C)			1	-
10. Stoplamps			23. Portable light				1	
11. Taillamps	1		24. Spare tire; jack and too	ls			1	
License plate lamp	✓		25. Maps of coverage area	s or equivalent			V	
Backup lamps	_		26. Door latches operable	rom inside and	outside		V	

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
1. (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1
Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	7
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	1
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	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or	
6. Rigid or pneumatic splints (4)	1		equivalent device	✓
7. Resuscitator - capable of use with oxygen or air in adult, child,	1		19. Blood pressure cuff, manometer, stethoscope	1
and infant sizes			20. Sterile obstetrical supplies (gloves, umbilical cord tape or	
Oxygen and regulators, portability required	1		clamps, dressings, towels, syringe, and clean plastic bags)	1
9. Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	V
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1
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	1	*****	one at least 60" in length, with straps to adequately secure patlents to the device (a combination short/long boards are	1
13. Universal dressings (2 - 10" x 30" or larger)	7		acceptable)	

CHP 299 (Rev. 10-18) OPI 061

REQUIRED	RECORDS AND	DOCUMENTS	INCOCCTED	AND INCOME.	LANCE

CALL RECORDS	YES	NO	<u> </u>	PERSONN	EL RECORE	os		YES
Location of records, retained for 3 years			14. Employment d				SECRECATION OF THE PROPERTY OF	163
2. Date, time, location, and identity of call taker			15. Copy of driver		- Aller Warren			
3. Name of requesting person or agency				lance driver certifica	afe	****	·	
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medic					
5. Explanation of failure to dispatch			18. Copy of EMT o	certificate or medica	al license	······································	·····	
6. Dispatch time, scene arrival time, and departure time			19. Work experien	ice summary				
7. Destination of patient; arrival time	-	arametra de la	20. Affidavit certify	ing compliance with	h 13 CCR 11	01(b) and	d/or	
8. Name or other identifier of patient transported			*************************	CVC prohibitions olled in the DMV Pu	d Nation Co.			
COMPANY INSPECTION	YES	NO	ZI. Felsoillei enic	oled in the DIMA FC	III Notice Sys	stem		
9. Company principals verified								
10 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	POLIC	N 6 (1 1 1 1	do er o	www.grawanakaada.kanakaajadakai jada yada ya yadawanakaa, sangada naka				
CE AMERICAN INSURANCE COMPANY	1		199218		ĮP	OLICY EXPIRA	ation date 3/31/202	
RKS			37218			0.	313 11 202	<u> </u>
			37218			0.	77 11202	1
· ·		·	37218			0.	31311202	1
TRKS			37218			0.	777720	
TRES	·		37218			0.	7777202	1
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LICENSEE CERTIFICATION pertify that there is no official brake adjusting station within 30 miles of the red is in compliance with the requirements of the California Vehicle Code a	I IN LI	NEU C	OF OFFICIAL BRAK	(E CERTIFICATE wever the brake sys	- Principal and a second secon	hicle has k		
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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT				INSPECTION	·····	•
CHP 299 (Rev. 10-18) OPI 061				☐ INITIAL ☑ ANNUAL ☐ COM	IPLIANC	Œ
L BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
CITY AMBULANCE OF EUREKA			2186	2018 FORD TRANSIT		
SERVICE ADDRESS (number and street)		··· . · ·		VEHICLE IDENTIFICATION NUMBER (VIN)	· · · · · · · · · · · · · · · · · · ·	
135 WEST 7th STREET				1FDYR2CM3JKB09010		
(city, state, and zip code)				VEHICLE LICENSE PLATE NUMBER AND STAT	=	-
EUREKA, CA 95501				11511P2 - CA		
				VEHICLE CERTIFICATE NUMBER 15727		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	IM REQUIREMENTS)	YES	N
1. Registration; plates	V		14. Reflectors		1	
2. Identification certificate (annuals/compliance only)	V		15. Glass		1	
3. Ambulance identification sign (visible from 50+ feet)	V		16. Windshield wipers		V	
4. Headlamps	✓		17. Defroster		✓	
5. Beam selector/indicator	1		18. Mirrors		1	
6. Headlamp flasher (If equipped)	V		19. Horn		1	
7. Steady red warning lamp	✓		20. Siren		1	
8. Turn signals	V		21. Seat belts		<	
9. Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minin	num 4B;C)	✓	
10. Stoplamps	✓		23. Portable light		1	
11. Taillamps	/		24. Spare tire; jack and tool	ls	\	Γ
License plate lamp	✓		25. Maps of coverage areas	s or equivalent	✓	
Backup lamps	✓		26. Door latches operable for	rom inside and outside	V	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH	OTICE E CHP	TO C 281 '	CORRECT VIOLATION, ISSU WILL BE RETURNED TO TH	ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.	СТТН	E
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO.	EMERGENCY CARE EQUIP	MENT AND SUPPLIES INSPECTED	YES	N

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES
(1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1
Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
Ankle and wrist restraints. Soft ties are acceptable.	/		16. Two devices or material to restrict movement	1
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	1
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or	
6. Rigid or pneumatic splints (4)	✓		equivalent device	1
7. Resuscitator - capable of use with oxygen or air in adult, child,	1		19. Blood pressure cuff, manometer, stethoscope	1
and infant sizes	'		20. Sterile obstetrical supplies (gloves, umbilical cord tape or	1
Oxygen and regulators, portability required	1		clamps, dressings, towels, syringe, and clean plastic bags)	1
g. Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	7
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	7
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	1		one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)	

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

1. Location of records, retained for 3 years 2. Date, time, location, and identity of call laker 3. Name of requesting person or agency 4. Unit 10, personnel dispatched, and record of red light/siran use 5. Explanation of failure to dispatch 6. Dispatch time, some arrival time, and departure time 7. Destination of patient, arrival time 8. Name or other identifier of patient transported 7. Destination of patient, arrival time 8. Name or other identifier of patient transported 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System COMPANY INSPECTION 7. Personnel emolled in the DMV Poll Nolice System 7. Personnel emolled in the DMV Poll Nolice System 7. Personnel emolled in the DMV Poll Nolice System 7. Personnel emolled in the DMV Poll Nolice System 8. Poller Municipal Poller Personnel Emolled In Poller Personnel	CALL RECORDS	YES	NO	PERSONNEL RECORDS	YE8
2. Date, time, location, and identity of call taker 3. Name of requesting person or agency 16. Copy of divisor licenses 17. Copy of medicing advice certificate 18. Name or other identifier of patient trensported 19. More of patient and the certificate or medicial licenses 19. Work experience summary 20. Affaidant certifying compliance with 13 CCR 1101(b) and/or 21. Personnel enrolled in the DMV Pull Notice System COMPANY INSPECTION 9. Company principate verified 10. One or more ambulanges available 24 hours 11. Fees posted/gurffert 12. Finangial freeponsibility 13. 24-ficur direct telephone service POLICY NUMBER 4CE AMERICAN INSURANCE COMPANY 15. AH25299218 LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE Locatify that there is no official brake adjusting station within 30 miles of the operating base of this vertice, however, the brake system of this vehicle has been inspected and is in compliance with the requisements of the Calledone Vehicle Code and Title 13, Callionals Code of Regulations. Control of the properties of the Calledone Vehicle Code and Title 13, Callionals Code of Regulations. TEMPONARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle may be operated as an emergency ambulance.					11:0
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when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.	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 as	IN L	IEU C	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspe California Code of Regulations.	octed
IGNATURE OF COMMANDER OR INSPECTING OFFICER ID NUMBER LOCATION CODE DATE	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 as	IN L	IEU C	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspe California Code of Regulations.	octed
	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 as IGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE TEMPORARY OPERATING AUTHORIZATION: This vehicle may be	operand Title	IEU Cling be 13,	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspectable California Code of Regulations. DATE DATE as an emergency ambulance. This authorization must be carried in the	

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DEP An	TE OF CALIFORNIA ARTMENT OF CALIFORNIA HIGHWAY PATROL //BULANCE INSPECTION REPORT P 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL	Annual	[] СОМР	LIANC	E
Ι,	AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODE	L		
CI	LY AMBULANCE OF EUREKA			2186	2018 FORE	TRANSIT			
	VICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
135	WEST 7th STREET				l l	M9JKB15538			
	state, and zip code)	•			ŀ	SE PLATE NUMBER	AND STATE		
EU	REKA, CA 95501				10036S2 - 0				
					1	FICATE NUMBER			
					15954			***************************************	
ITE	M INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREM	ENTS)		YES	N
1.	Registration; plates	✓		14. Reflectors				1	
2.	Identification certificate (annuals/compliance only)	✓		15. Glass				1	
3.	Ambulance identification sign (visible from 50+ feet)	V		16. Windshield wipers				V	
4.	Headlamps	1		17. Defroster				1	
5.	Beam selector/indicator	✓		18. Mirrors			**********	1	
6.	Headlamp flasher (if equipped)	V		19. Horn				1	******
7.	Steady red warning lamp			20. Siren				1	
8.	Turn signals	✓		21. Seat belts				1	
9.	Clearance/sidemarker lamps (if required)	V		22. Fire extinguisher (minin	num 4B:C)			1	
10.	Stoplamps	✓		23. Portable light				1	
11.	Talllamps	1	.,	24. Spare tire; jack and too	s			1	
(-	License plate lamp	✓		25. Maps of coverage areas	s or equivalent			✓	
Ţ	Backup lamps	✓		26. Door latches operable f	rom inside and	outside		1	

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
1. (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1
Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
3. Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to restrict movement	1
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	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or	
6. Rigid or pneumatic splints (4)	1		equivalent device	1
7. Resuscitator - capable of use with oxygen or air in adult, child,	1		19. Blood pressure cuff, manometer, stethoscope	1
and infant sizes			20. Sterile obstetrical supplies (gloves, umbilical cord tape or	
Oxygen and regulators, portability required	✓		clamps, dressings, towels, syringe, and clean plastic bags)	1
9. Sterile bandage compresses (4 - 3" x 3")	✓		21. Bedpan or fracture pan	1
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓		23. Two spinal immobilization devices, one at least 30" in length and	
12. Bandage shears	1		one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)	

CHP 299 (Rev. 10-18) OPI 061

CALL RECORDS	YES	NO	PERSONNEL RECORDS		1
Location of records, retained for 3 years			14. Employment date	YES	L-N
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	-	+
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		Market Ma	20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		1
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO	21. Personner emblied in the DIMV Pull Notice System	<u> </u>	<u> </u>
9. Company principals verified					
10 One or more ambulances available 24 hours	,,,,				
11. Fees posted/current					
12. Financial responsibility					
13. 244four direct telephone service	······································				
VEHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM	ABER POLICY EXPIRATION DA	r.	
ACE AMERICAN INSURANCE COMPANY	ISAI	1252	299218 03/31/2		
					Manual Comments
					!
	IN LI	EU O	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been in		
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the c	IN LI	EU O	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been in		
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the cand is in compliance with the requirements of the California Vehicle Code and IGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	IN LI operat d Title	EU O	DF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been in California Code of Regulations. DATE as an emergency ambulance. This authorization must be carried in	pected	cle

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					ħ	t 5	
AMBULANCE INSPECTION REPORT				INSPECTION	·····		
CHP 299 (Rev. 10-18) OPI 061				☐ INITIAL ☑ ANNUAL	COM	PLIAN	CE
AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODE	L		
CITY AMBULANCE OF EUREKA			2186	2018 FORD TRANSIT			
SERVICE ADDRESS (number and street)				VEHICLE IDENTIFICATION NUMBER			
135 WEST 7th STREET				1FDYR2CM4JKB22400			
(city, state, and zip code) EUREKA, CA 95501				VEHICLE LICENSE PLATE NUMBER	AND STATE		
DOKERA, CA 75501				64762S2 - CA VEHICLE CERTIFICATE NUMBER		~~ ~~	
				15953			
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREMENTS)		YES	3 6
Registration; plates	1		14. Reflectors			1	T
2. Identification certificate (annuals/compliance only)	✓		15. Glass			1	T
3. Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers		***************************************	1	T
4. Headlamps	✓		17. Defroster		·····	1	T
5. Beam selector/indicator	✓		18. Mirrors		1 Tradition to the same	1	Ť
6. Headlamp flasher (if equipped)	V		19. Horn	**************************************		7	T
7. Steady red warning lamp	1		20. Siren			1	
8. Turn signals	V		21. Seat belts	The state of the s		1	T
9. Clearance/sidemarker lamps (if required)	V		22. Fire extinguisher (minim	um 4B:C)		1	十
10. Stoplamps	1		23. Portable light			1	T
11. Taillamps	1	<u> </u>	24. Spare tire; jack and tool	B		1	
12 License plate lamp	1	·				/	╆
		1	I 40. Iviads of coverage areas	or equivalent		1 Y	٠,
. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No.	√ OTICE	TO C	Maps of coverage areas Door latches operable fr CORRECT VIOLATION, ISSUE	om inside and outside ED WITH THE DIRECTION TO) CORREC	1	Ė
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI	OTICE	281	26. Door latches operable fr CORRECT VIOLATION, ISSUI WILL BE RETURNED TO THI	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER.		1	IE
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N	OTICE E CHP	281	26. Door latches operable fr CORRECT VIOLATION, ISSUI WILL BE RETURNED TO THI	om inside and outside ED WITH THE DIRECTION TO		1	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI	OTICE E CHP	281	26. Door latches operable from the contract violation, issuing the contract of	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER.	ECTED	TH TE	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THIE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	OTICE E CHP	281	26. Door latches operable from the contract violation, issuing the contract violation, issuing the contract violation and ispose the contract violation and ispose violation and ispose violation vi	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE	ECTED container	YES	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THIE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher	OTICE E CHP YES	281	26. Door latches operable from the contract violation, issuing the contract violation, issuing the contract violation and ispose the contract violation and ispose violation and ispose violation vi	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of tratus (Squeeze syringes not s	ECTED container	YES	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2)	OTICE E CHP YES	281	26. Door latches operable from the control of the c	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of the restrict movement	ECTED container	YES	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable.	OTICE E CHP YES	281	26. Door latches operable from the control of the c	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of the restrict movement	ECTED container sufficient)	YES	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2)	YES	281	26. Door latches operable from the control of the c	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of aratus (Squeeze syringes not s to restrict movement or a gallon potable water	ECTED container sufficient)	YES	.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	YES V	281	26. Door latches operable from the correct VIOLATION, ISSUIWILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emesis basin or dispose 15. Portable suctioning apparance 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of a ratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel in	ected container ufficient)	YES V	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child,	YES V	281	26. Door latches operable from the correct violation, issuit will be returned to this will be returned to this emergency care equipment of the correct of th	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of aratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel in	container container cufficient)	YES Y	.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	YES V	281	26. Door latches operable from the correct violation, issuit will be returned to this will be returned to this emergency care equipment of the correct of th	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of a ratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel in mometer, stethoscope es (gloves, umbilical cord tabe	container container cufficient)	YES V	.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required	YES V V V	281	26. Door latches operable from the CORRECT VIOLATION, ISSUIWILL 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 the equivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplied clamps, dressings, tower	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of a ratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel in mometer, stethoscope es (gloves, umbilical cord tabe	container container cufficient)	YES V	.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3")	YES V V V V V	281	26. Door latches operable from the CORRECT VIOLATION, ISSUIWILL 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 the equivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplied clamps, dressings, toweld 21. Bedpan or fracture pan 22. Urinal 23. Two spinal immobilizations	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of aratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel of mometer, stethoscope es (gloves, umbilical cord tape es, syringe, and clean plastic ba	container ufficient) rest or or ags)	YES V	.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THI EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 10. Soft rolled bandages (6 - 2", 3", 4", or 6")	YES V V V V V V V	281	26. Door latches operable from the CORRECT VIOLATION, ISSUIWILL 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 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, material 20. Sterile obstetrical supplic clamps, dressings, toweld 21. Bedpan or fracture pan 22. Urinal 23. Two spinal immobilization one at least 60" in length	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of aratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel in mometer, stethoscope es (gloves, umbilical cord tape s, syringe, and clean plastic ba	ength and	YES V	.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 10. Soft rolled bandages (6 - 2", 3", 4", or 6") 11. Adhesive tape (2 rolls - 1", 2", or 3")	YES V V V V V V V V V V V	281	26. Door latches operable from the CORRECT VIOLATION, ISSUIWILL 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 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, material 20. Sterile obstetrical supplic clamps, dressings, toweld 21. Bedpan or fracture pan 22. Urinal 23. Two spinal immobilization one at least 60" in length	om inside and outside ED WITH THE DIRECTION TO E INSPECTING OFFICER. MENT AND SUPPLIES INSPE ble bags, and covered waste of aratus (Squeeze syringes not so to restrict movement or a gallon potable water badded ankle hitch strap, heel of mometer, stethoscope bes (gloves, umbilical cord tape es, syringe, and clean plastic batter on devices, one at least 30" in least, with straps to adequately sec	ength and	YES V	.

BULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

PAGE

	YES	NO	PERSONNEL RECORDS	YES.
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	
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. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions	
8. Name or other identifier of patient transported	arman and		Section 13372 CVC prohibitions 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				
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	,			
/EHICLE INSURANCE CARRIER'S NAME	POLIC		The state of the s	
ACE AMERICAN INSURANCE COMPANY	ISA.	m23.	299218 03/31/202	l
		· Park Continue of the Continu		
	7 2 7 2			
	1111			
			OF OFFICIAL BRAKE CERTIFICATE	
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the	I IN L	IEU o	DF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspec	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	I IN L	IEU o	DF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspec	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	I IN L	IEU o	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspec California Code of Regulations.	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 GNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	NIN L opera nd Titl	IEU (ting b le 13,	OF OFFICIAL BRAKE CERTIFICATE ase of this vehicle; however, the brake system of this vehicle has been inspect California Code of Regulations. DATE as an emergency ambulance. This authorization must be carried in the	**************************************

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT C**P 299 (Rev. 10-18) OPI 061			INSPECTION INSTIAL ANNUAL COM	1PLIANCE
AL BUSINESS NAME	COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, AND MODEL			
CITY AMBULANCE OF EUREKA			2186 2012 CHEVROLET 3500	
SERVICE ADDRESS (number and street)	*************	·	VEHICLE IDENTIFICATION NUMBER (VIN)	
135 WEST 7th STREET			1GB3G2CLXC1105786	
(city, state, and zip code)			VEHICLE LICENSE PLATE NUMBER AND STATE	
EUREKA, CA 95501			24952Z2 - CA VEHICLE CERTIFICATE NUMBER	
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES N
1. Registration; plates	✓		14. Reflectors	1
Identification certificate (annuals/compliance only)		1	15. Glass	1/
Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers	1/
4. Headlamps	1		17. Defroster	171
5. Beam selector/indicator	1		18. Mirrors	17
6. Headlamp flasher (if equipped)	1		19. Horn	1/
7. Steady red warning lamp	1		20. Siren	1/
8. Turn signals	1		21. Seat belts	1
9. Clearance/sidemarker lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	1
10. Stoplamps	✓		23. Portable light	1
11. Taillamps	V		24. Spare tire; jack and tools	1
/ License plate lamp	✓		25. Maps of coverage areas or equivalent	1
Backup lamps	✓		26. Door latches operable from inside and outside	1
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE CHP	TO 6 281	CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRE WILL BE RETURNED TO THE INSPECTING OFFICER.	CT THE
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES N
1. (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1
Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
3. Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to restrict movement	✓
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		17. (2) liters saline solution or a gailon potable water	1
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)	1		equivalent device	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	/		19. Blood pressure cuff, manameter, stethoscope	V
8 Oxygen and regulators, portability required	1		 Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags) 	V

9. Sterile bandage compresses (4 - 3" x 3")

10. Soft rolled bandages (6 - 2", 3", 4", or 6")

13. Universal dressings (2 - 10" x 30" or larger)

11. Adhesive tape (2 rolls - 1", 2", or 3")

12. Bandage shears

21. Bedpan or fracture pan

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 acceptable)

22. Urinal

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REQUIRED RECORDS AND D	ocu	ME	ITS INSPECTED AND IN COMPLIANCE		
CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	N
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 driver certificate		_
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		
Destination of patient; arrival time			26. Affidavit certifying compliance with 13 CCR 1101(b) and/or		
Name or other identifier of patient transported					
COMPANY INSPECTION	YES	NO	21. Personner enrolled in the DMV Pull Notice System		
the state of the s					
Fees posted/current		***************************************			
Financial responsibility					
24-hour direct telephone service					
		***************************************		*********	****
LE INSURANCE CARRIER'S NAME	POLIC	YNUN	BER POLICY EXPIRATION DATE		
	ISA	H252	99218 03/31/202	3/31/2021	
₩ ADDITION, #55					
	CALL RECORDS Location of records, retained for 3 years Date, time, location, and identity of call taker Name of requesting person or agency Unit ID, personnel dispatched, and record of red light/siren use Explanation of failure to dispatch Dispatch time, scene arrival time, and departure time Destination of patient; arrival time Name or other identifier of patient transported COMPANY INSPECTION Company principals verified One or more ambulances available 24 hours Fees posted/current Financial responsibility 24-hour direct telephone service	CALL RECORDS Location of records, retained for 3 years Date, time, location, and identity of call taker Name of requesting person or agency Unit ID, personnel dispatched, and record of red light/siren use Explanation of failure to dispatch Dispatch time, scene arrival time, and departure time Destination of patient; arrival time Name or other identifier of patient transported COMPANY INSPECTION YES Company principals verified One or more ambulances ayailable 24 hours Fees posted/current Financial responsibility 24-hour direct telephone service CELE INSURANCE CARRIER'S NAME E AMERICAN INSURANCE COMPANY ISAI	CALL RECORDS YES NO Location of records, retained for 3 years Date, time, location, and identity of call taker Name of requesting person or agency Unit ID, personnel dispatched, and record of red light/siren use Explanation of failure to dispatch Dispatch time, scene arrival time, and departure time Destination of patient; arrival time Name or other identifier of patient transported COMPANY INSPECTION YES NO Company principals verified One or more ambulances ayallable 24 hours Fees posted/current Financial responsibility 24-hour direct telephone service POLICY NUM ELE INSURANCE CARRIER'S NAME E AMERICAN INSURANCE COMPANY ISAH252	Location of records, retained for 3 years Date, time, location, and identity of call taker Name of requesting person or agency Unit ID, personnel dispatched, and record of red light/siren use Explanation of failure to dispatch Dispatch time, scene arrival time, and departure time Dispatch time, scene arrival time, and departure time Name or other identifier of patient transported COMPANY INSPECTION YES NO Company principals verified One or more ambulances ayailable 24 hours Fees posted/current Financial reaponsibility 24-hour direct telephone service 14. Employment date 15. Copy of driver license 16. Copy of ambulance driver certificate 17. Copy of medical exam certificate 18. Copy of EMT certificate of medical license 19. Work experience summary 20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions 21. Personnel enrolled in the DMV Pull Notice System Poucy EXPRATION PATE EXAMERICAN INSURANCE COMPANY RAMERICAN INSURANCE COMPANY ISAH25299218 POLICY NUMBER ISAH25299218 14. Employment date 15. Copy of driver license 16. Copy of driver license 17. Copy of medical exam certificate 17. Copy of medical exam certificate 18. Copy of EMT certificate 19. Work experience summary 20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions 21. Personnel enrolled in the DMV Pull Notice System Poucy exprantion parter EXAMERICAN INSURANCE COMPANY RAMERICAN INSURANCE COMPANY RAMERICAN INSURANCE COMPANY	CALL RECORDS YES NO PERSONNEL RECORDS YES Location of records, retained for 3 years Date, time, location, and identity of call taker Name of requesting person or agency Unit ID, personnel dispatched, and record of red light/siren use Explanation of failure to dispatch Dispatch time, scene arrival time, and departure time Dispatch time, scene arrival time Destination of patient; arrival time COMPANY INSPECTION YES NO Company principals verified One or more ambulances ayailable 24 hours Fees posted/current Financial responsibility 24-hour direct telephone service POLICY NUMBER EXMERICAN INSURANCE COMPANY Res POLICY NUMBER ISAH25299218 POLICY NUMBER JAMERICAN INSURANCE COMPANY PERSONNEL RECORDS YES 14. Employment date 15. Copy of driver license 16. Copy of ambulance driver certificate 17. Copy of medical exam certificate 18. Copy of EMT certificate or medical license 19. Work experience summary 20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions 21. Personnel enrolled in the DMV Pull Notice System POLICY EXPRACION DATE AMMERICAN INSURANCE COMPANY ISAH25299218 POLICY NUMBER ISAH25299218 O3/31/2021

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	CENDE	= 1.15.55 1.15		160 1 1171	() pa	-11.141.	MRGKE (

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

WT	
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization	والمرازي المرازي والمرازي والمراجع والمستواط والمستواط
The second of the second that he operated as an entergency ambitioning. This audionize	iliun must de camed in the vehici
when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below	
WHOLL GOOD HE BOD OF THE SOCIAL VOLICE RECEIPMENT CERTICISE AND EXPERS SELECTED AND AGENT AGENT.	

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
	21844	125	08/03/2020

DATE

REC	onos
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AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				☐ INITIAL	✓ ANNUAL	□ Сом	PLIANO	Œ
AL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR	MAKE, AND MODE	L		
CITY AMBULANCE OF EUREKA			2186	-				
SERVICE ADDRESS (number and street)			(A to	VEHICLE IDENT	IFICATION NUMBE	R (VIN)	**	w
135 WEST 7th STREET (city, state, and zip code)	·		···					
EUREKA, CA 95501				VEHICLE LICEN	SE PLATE NUMBER	R AND STATE		
	· · · · · · · · · · · · · · · · · · ·	******		VEHICLE CERTI	FICATE NUMBER	·	·	
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	JM REQUIREM	ENTS)		YES	٨
1. Registration; plates			14. Reflectors			(4)		-
2. Identification certificate (annuals/compliance only)			15. Glass	**************************************		THE PERSON NAMED IN COLUMN TWO		Г
3. Ambulance identification sign (visible from 50+ feet)			16. Windshield wipers	- AMERICAN CONTRACTOR OF THE PARTY OF THE PA	The state of the s			Г
4. Headlamps			17. Defroster	A STATE OF THE PARTY OF THE PAR				
5. Beam selector/indicator			18. Mirrors		***************************************			-
6. Headlamp flasher (if equipped)			19_Horn		***************************************			Γ
7. Steady red warning lamp	- Anna de la constante de la c	·	20. Siren				1	Γ
8. Turn signals	ALL THE REAL PROPERTY.		21. Seat belts					**
9. Clearance/sidemarker lamps (if required)			22. Fire extinguisher (minin	num 4B:C)				
10. Stoplamps			23. Portable light			· · · · · · · · · · · · · · · · · · ·		
11. Taillamps			24. Spare tire; jack and too	ls				—
12. License plate lamp			25. Maps of coverage area	s or equivalent	· · · · · · · · · · · · · · · · · · ·	······································		
Backup latrips			26. Door latches operable t	rom inside and	outside			

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES
1. (1) Ambulance cot and (1) collapsible stretcher			14. Emesis basin or disposable bags, and covered waste container	
2. Securement straps for patient and cot/stretcher			15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
3. Ankle and wrist restraints. Soft ties are acceptable.			16. Two devices or material to restrict movement	
4. Sheets, pillow cases, blankets, towels, pillows (2)			17. (2) liters saline solution or a gallon-potable water	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant			18. Half-ring traction splint, padded ankle hitch strap, heel rest or	<u> </u>
6. Rigid or pneumatic splints (4)	************	-podes	equivalent device	
7. Resuscitator - capable of use with oxygen or air in adult, child		and the same	19. Blood pressure cuff, manometer, stethoscope	
and infant sizes		.,	20. Sterile obstetrical supplies (gloves, umbilical cord tape or	
Oxygen and regulators, portability required			clamps, dressings, towels, syringe, and clean plastic bags)	
9. Sterile bandage compresses (4 - 3" x 3")			21. Bedpan or fracture pan	
10. Soft rolled bandages (8-2", 3", 4", or 6")			22. Urinal	
11. Adhesive tage (2 rolls - 1", 2", or 3")			23. Two spinal immobilization devices, one at least 30" in length and	-
12. Bandage shears			one at least 60" in length, with straps to adequately secure	
13. Universal dressings (2 - 10" x 30" or larger)		patients to the device (a combination short/long boards a acceptable)		

PAGE

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES
Location of records, retained for 3 years	1		14. Employment date	1
2. Date, time, location, and identity of call taker	1		15. Copy of driver license	1
Name of requesting person or agency	✓		16. Copy of ambulance driver certificate	1
4. Unit ID, personnel dispatched, and record of red light/siren use	1		17. Copy of medical exam certificate	1
5. Explanation of failure to dispatch	✓		18. Copy of EMT certificate or medical license	1
6. 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	7
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		
9. Company principals verified	1			
One or more ambulances available 24 hours	1			
1. Fees posted/current	✓			
2. Financial responsibility	1			
3. 24-hour direct telephone service	1			
		=:M************************************		
HICLE INSURANCE CARRIER'S NAME	r=			
111 - 111 - 111	POLIC		TODGET EXPRATION DATE	E
CE AMERICAN INSURANCE COMPANY	ISAI	1252	99218 03/31/2	021

LICENSEE CERTIFICATION IN LIEU OF	

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, SI

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AND THE OF LOCALOR	TE OR ALIYARISTE REPRES		 	-	W/4 ** **	 	
GNATURE OF LICENSE	EE OR AUTHORIZED REPRES	SENTATIVE					

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	ID NUMBER	LOCATION CODE	DATE
And the state of t	21844	125	08/03/2020



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.

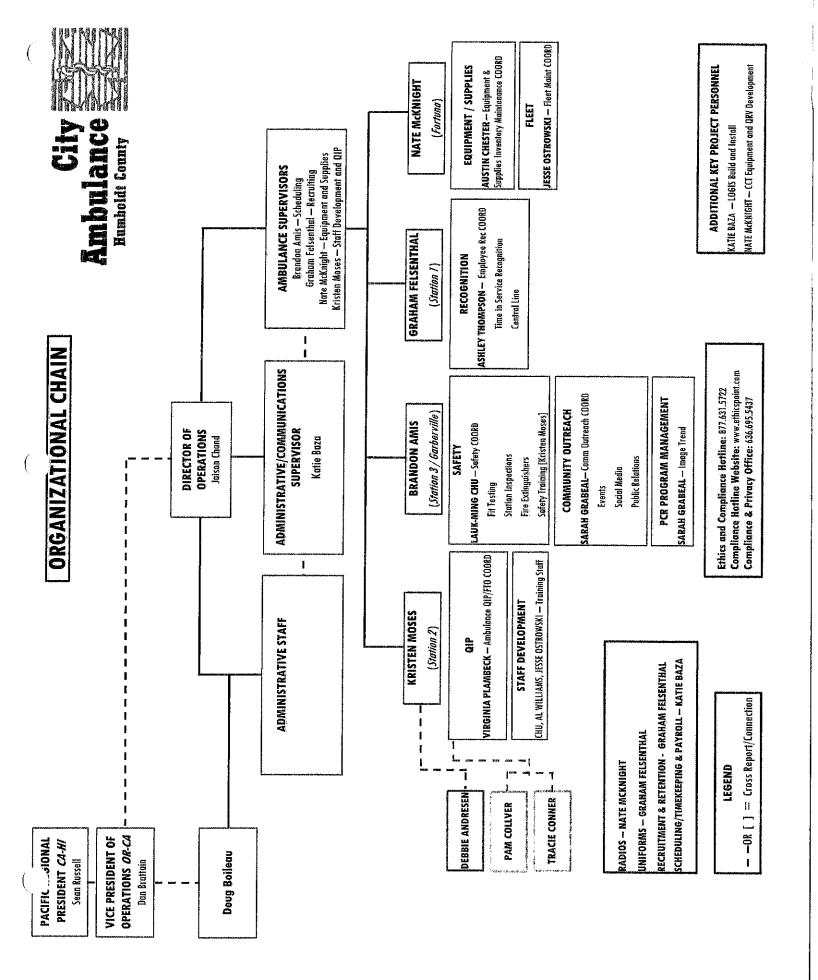
Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates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





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.

ADDITIONAL INFORMATION STATEMENT:

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance) is a 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.

CITY AMBULANCE OF EUREKA, INC. 2018 AMBULANCE RATES

Base Rates

Critical Care/Speciality Care - Interfacility Transfer	\$3,200.00
Emergency Scene Response	\$1,960.00
Advanced Life Support Interfacility Transfer	\$1,960.00
Basic Life Support Interfacility Transfer	\$600.00
911 Response without transport	\$350.00
<u>Services</u>	
Electrocardiogram/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)	\$100.00
Wait Time	\$100.00 (15 MINS)
Mileage (Per Mile)	\$25.00

*Advanced Life Support Interfacility Transfer

Transfer for higher level of care unavailable at sending facility

*Basic Life Support Interfacility Transfer

Trasnfers to home or between facilities whn a Paramedic is not required

*Critical Care/Speciality Care - Interfacility Transfer

Intubated and/or on a ventilator

Registered Nurse in attendance, including Flight Transfers

12 Lead ECG with a running IV medication

Heparin by IV

Nitroglycerine by IV

Blood Product administration

IV Antibiotics



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2020

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(ies) 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).

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Arthur J. Gallagher Risk Management Services, Inc.	NAME	GONTACT NAME: Catreena Maglio							
I 2850 Golf Road	PHONE (A/C. N	PHONE (ACC, No. 830-285-3485 [ACC, No.); 630-285-4062 [ACC, No.); 630-285-4062 [ACC, No.); 630-285-4062							
Rolling Meadows IL 60008	E-MAIL ADDRE	E-MAIL Appless Catroena Madio@A.iG.com							
	3.33.418					NAIC#			
	INDIE	INSURER(S) AFFORDING COVERAGE							
INSURED		INSURER A: Great American Insurance Company INSURER B: Safety National Casualty Corporation							
Nebraska Community College Insurance Trust Mid Plains Community College Area					<u>-</u>	15105			
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B WORKERS COMPENSATION SDAGGOOD		7/1/2020	7/1/2021	X PER OTH-	\$				
A AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE 7/N 3128233		7/1/2020	7/1/2021						
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(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ļ	E.L. DISEASE - EA EMPLOYEE	\$1,000,0	200			
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	100			
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Self Insured Retentions General Liability \$100,000. Employee Benefits Liability \$100,000 School Board Legal Liability \$100,000.									
Automobile Liability \$100,000 Workers Compensation \$200,000. See Attached									
CERTIFICATE HOLDER CANCELLATION									
City of Ambulance of Eureka 135 West 7th St. Eureke CA 95501 USA	SHOUTHE ACCO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, AUTHORIZED REPRESENTATIVE Cytham & Sa. Montan							
C JOSE BOLC LOOPE CORPORATION AND									

	4 OF		
	AGEI	NCY CUSTOMER ID:	
ACORDO ADDIT	IONAL REMA	ARKS SCHEDULE	Page 1 of 1
BENCY		NAMED INSURED	
Arthur J. Gallagher Risk Management Services, Inc.		Nebraska Community College Insurance Trust Mid Plains Community College Area	
POLICY NUMBER		301 South 58th Street Place Fifth Floor Lincoln NE 68510-2449	
CARRIER	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDUL	E TO ACORD FORM.		
FORM NUMBER: 25 FORM TITLE: CERTIF		NSURANCE	
General Liability \$3,800,000 Employee Benefit Liability \$2,900,000 School Board Legal Liability \$2,900,000 Automobile Liability n/a; Workers Compensation n/a: Retroactive Date 07/01/1991 except: 07/01/1995 for Central Community College and Mid-Plair 07/01/2008 for Sexual Abuse coverage **Workers Comp Information** Employers Liability Limit Inclusive of Self Insured Retenti Voluntary Compensation; Other States Coverage Foreign Voluntary(Repatriation)Workers Comp and Empl **Supplement Name** Insured Multiple Names: Mid Plair Name Printed on DEC Page: Nebraska Community College Insured Multiple Names: Metropolitan Community College Insured Multiple Names: Southeast Community College Insured Multiple Names: Southeast Community College Insured Multiple Names: Western Nebraska Community **sured Multiple Names: Western Nebraska Community **sured Multiple Names: Northeast Community College	ion oyer'sLiability-Workers0 ns Community College rge Insurance Trust a	Comp≃Statutory Volunteers	
- control manufactures, recinicast community College			

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS ACE American Insurance Company 525 West Monroe Street Suite 1400 Chicago, IL 60661 22667

POLICY NUMBER ISAH25545138

EFFECTIVE DATE SY31/2021

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 or § 16500.5 OF THE CALIFORNIA VEHICLE CODE AND IS A COMMERCIAL OR FLEET POLICY.

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

Ffeet

AGENCY TELEPHONE NUMBER

(215) 255-2000

AGENCY/COMPANY ISSUING CARD Aon Risk Services Central, Inc. 1 LibertyPlace 1650 Market St #1000 Philadelphia, PA 19103

INSURED

City Ambutance of Eureka, Inc. 135 West 7th Street Eureka, CA 95501 USA

SEE IMPORTANT NOTICE ON REVERSE SIDE