Ambulance Permit Renewal Check List—2023/2024

Vendor	Contact Person
Arcata Ambulance	Doug Boileau

Item	Yes	No	Other
Completed signed renewal application form	Y	NO	Other
Copy of, or description of Applicant's policy or	Y		
program for vehicle maintenance			
List or description of Applicant's radio	V		
equipment			
Valid California Highway Patrol inspection report	/		
for each ground ambulance			
Applicant's quality management practices and	/		
policies			
Staffing and hiring policies	X		
Organizational chart of management staff	×		
Resume of training, orientation program and			
experience of the Applicant in the transportation	X		
and care of patients			
Legible copies of current California Driver's	/		
License for each employee listed in the	X		
application.	/ \		
Copies of EMT Certification and/or Paramedic	2/		
Licensure cards	X		
Current Fee Schedule	X		
Certificate of insurance as required by the	,		
Humboldt County Risk Manager	X		
Application fee in the amount of \$196 for each			
service area payable to Humboldt County	X		

Specific Items for Permit Officer to Review	

	Yes	No	Other	
Permit Approved?				

Approved by:		
Date:		

Internal document not to be released.



Date

County of Humboldt Eureka, California Ambulance Service Permit Renewal Application

Applicant - DO NOT FILL OUT THIS SECTION

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

Application Fe \$196.00 Recei		Yes 🔀	No 🗆	
Proof of Liabi		100	140	
Insurance				
Attached:		Yes 🗶	No	
Resumes Attached:		Yes 📈	No 🗌	
Attaorica.		163	140 🔲	
information/ver	ificatio	ns:	out this section	and provide all requested ed Life Support
900 9 100 1000 UESENSES				
		ion-Emerger	ncy I ransport (ch	eck all that apply)
Ambulance Service Full Name:			Ambulance LLC	eck all that apply)
Service Full	Arcata			eck all that apply)
Service Full Name: Name of Contact	Arcata	a-Mad River		Arcata 95521
Service Full Name: Name of Contact Person: Mailing	Arcata	a-Mad River Boileau	Ambulance LLC	



Owner Name	Reach Med	ical Holding	s LLC		
Address	8880 Cal Ce 125.	enter Dr Ste.	City/Zip Code	Sacra	mento, CA 95826
Phone Number	916-921- 4000	Fax Number	916-921- 4001	E- Mail	Sean.Russell@gmr.net



VEHICLES:

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

Vehicle License Identification Plate # Number 1GB3GRCG1K1263007 61280S2 1GB3GRCG4J1264859 27680L2	O
License Plate # 61280S2	
	Length of Time In Use (Include current mileage shown on odometer) 3.75 years 110,954
State or Federal Aviation Agency License Number 2150-16160	



	6.	7.	,co	9	10.
Year					
Model/Make					
Vehicle Identification Number					
License Plate #					
Length of Time In Use (Include current mileage shown on odometer)					
State or Federal Aviation Agency License Number					
Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics					



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



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

AMBULANCE SERVICE RATES:

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



INSURANCE:

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

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



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

Insurance Notices must be sent to:

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

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

ADDITONAL INFORMATION:

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



Additional Information statement attached

County of Humboldt Eureka, California

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

ambulance co with standards outlined in the System, the po and federal lav	I, hereby attest that, Arcata-Mad River Ambulance LLC, (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.						
Signature of Applicant:	Dough JM						
Printed	Douglas J. Boileau, Director						
Name and Title							
	April 22, 2023						

Required Paperwork Checklist

Date:



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
igtigtigthedown All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
Application fee or proof of payment of application fee

Maintenance Policy- Ambulances

DAILY

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

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

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

COMMUNICATION

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

PREVENTATIVE MAINTENANCE

An oil change and safety inspection performed by a qualified mechanic utilizing the Preventative Maintenance Inspection (PMI) form will be performed at predefined intervals. That PMI service will be Type A every 5,000 miles, Type B every 15,000 miles, and Type C every 30,000 miles as detailed on the PMI form.

SERVICE PROVIDER

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

The service provider listed above will track and record the maintenance performed and recommend additional maintenance as indicated. For vehicles covered under a manufacturer's warranty, repairs will be scheduled through the applicable dealership.

Preventative Maintenance Inspection (PMI)

Operatir	ng Company			Date								
	Number		Cot Nu									
			Stair Chair Number									
VIN Nun	(Lest 5 Digits)		. Stair Chair Nu	mper								
	61											
	Hours											
. 1			•									
	Item is Okay			Type of PMI (Circle One)								
, ,	Repairs are Needed			(Circle One)	5K 15K 30K							
(0)	Circle X When Repairs are Comple	ted										
			Ground Level									
		1	k During PMI Inspections A, B, C									
Status	Item	Status	Item	Status	Item							
	Review Unit History		AM / FM Radio		Body Panels / Rust / Paint							
	Scan - Pull Vehicle Codes	-	Two Way Radios		Striping and Decals							
	Road Test - Eng and Trans Run Smooth		Road Safety Speaker		Grille and Hood Condition							
	Shifter Operation / OD Light		Dome and Map Lights		Antennas							
	Engine Power - Response		Engine Cover, Latches and Gasket		Running Boards Tight / Secure							
	Steering Control & Tightness		Emergency Switches and Knobs.		Shoreline Cover							
	* Steering - (See Spec #1)		Emergency Console Lights and Labels.		Box Rub Rails - Tight / Secure							
	Brakes - Pedal, Stopping, Pulsation		Siren / PA - Function		AMB Compartment Doors.							
	Pedal Pads		Handheld Spot Light		Tire Jack and Storage							
	Test City and Air Horns		Windows and Regulators		Road Safety Spotter Button							
	* Parking Brake Holds (See Spec #6)		Door Panels and Locks		Pressure Check Coolant System							
	High Idle Operation.		Door Gaskets and Hinges		Antifreeze Level & ProtectionF							
	Gauges, Warning Lights, Dash Lights		Lube Doors, Hinges, Alignment OK		Antifreeze PH(Record 7-9.5)							
	Wipers, Operation and Washer		Fire Extinguishers 2 ea. 5 lbs.		Engine Oil Level							
	Mirrors and Glass		Headlights - Hi / Low		Power Steering Fluid Level							
	Headliner and Visor		Running Lights / Markers /Reflectors		Brake Fluid Level							
	Registration or Copy		Turn Signals and Hazards		Windshield Washer Fluid							
	Fuel Card #		All Brake Lights		ATF Level							
	Floor mats and Carpet		Back Up Alarm and Light		* Vac Pump Pressure (See Spec #7)							
	Seat Belts and Seats		License Plate and Lights		Fan Shroud / Upper Radiator							
	Defrost, Heat, A/C		Emergency Lights and Light Bar		Belt / Tensioner / Idlers (Spec # 10)							
	Vents and Louvers		Flood Lights		GM / Chevy - Check Ball Joints							
	A/C OperationF Ambient		Scene Lights on with Door Open		* Inspect Lift (Aux Equip guide)							
	FrontF RearF		Document Body Damage		*Onboard Gen. (Aux Equip Insp. Guide)							
			Check Charging System									
Status	ltem	Status	ltem	Status	Item							
	Up Alt. Output Amps		Primary Battery		Secondary Battery							
	Low Alt. Output Amps		# 1 Volts#1 Amps		# 1 Volts #1 Amps							
	Starter Draw (Spec #8)		# 2 Volts #2 Amps		# 2 Volts #2 Amps							
	Battery Box & Hold Downs		Visual		Visual							
	Cables & Connections											
			Patient Compartment									
Status	Item	Status	Item	Status	Item							
	Ceiling, Floor - no wood visible.		Patient Compartment Lighting.		O2 Tanks and Brackets Secured							
	Cabinets, Walls, Bench no wood visible.		Exhaust Fan		O2 Regulator / Tanks Closed							
	Upholstery - tight, no rips or cuts.		Onboard Suction, Quick Disconnect		Compressed Air Mounted / Secured							
	Doors and Latches		Inverter Operation	Air Regulator / Tanks Clo								
	Cabinet Door Latches		Lighted 110 VAC Outlet Operation									
	Storage Straps and Brackets		Grab Handles		*Inspect Stretcher-use Inspection Guide							
	Safety Straps, Patient Seat Belts		Sharps Secured		Stretcher Bar / Match / Adjustment							
					Road Safety Spotter Button							

Form CO 0021F-00

Preventative Maintenance Inspection Guide (PMI)

	On The Lift Check During PMI Inspections A, B, C								
Sta	itus	ltem		Sta	atus		Item	Sta	atus Item
		Drain Engine Oil				Radius Arm Bush	nings and Brackets		Differential Leaks and Oil Level
		Replace Oil Filter				Remove Tires			Leaf Springs/Center Bolts/Shackles
		Lube Chassis				* Check Front Bra	akes (See Spec #4)		Inspect Brake Lines
		Inspect Front Bumper a	and Fasteners			Inspect Hoses / (Calipers/ Hardware		* Check Rear Brake (See Spec #4)
		Lower Coolant Hoses /	Radiator			Front Rotor Cond	lition (See Spec #5)		Inspect Hoses / Caipers / Hardware
		Trans Cooling Lines, Fa	asteners			Inspect Bearings	/ Adjustment		Rear Rotors / Drums condition (Spec #5)
		Fan Clutch and Shroud				Motor Mounts			Inspect Bearings / Adjustment
		Water Pump / Condition	n			Oil Leaks			Check Axle Seals / Leaks
		Coolant Leaks				Fuel Leaks			Spare Tire / Secure & PSI (See Spec #3)
		Front Stabilizer Bushing	gs			Trans Mount and	Leaks		Rear Step, Bumper, Lift and Brackets
		PS Box, Hoses and Lea	aks			Inspect Parking E	Brake Cable		Rear Kick Plate
		Tighten Pitman Arm an	d Nut.			Parking Brake As	ssembly		Check Wheel Covers / Hub Caps
		Check Drag Link				U-Joints / Yokes	/ Center Brgs.		Steel Valve Stems
		Check Inner Drag link				Inspect Exhaust	Sys. and Brackets		* Tire Pressure (See Spec # 2)
		Tie Rod Ends, Sleeves	, Clamps			Inspect Body Mo	unts		* Tread Depth (See Spec # 3)
		Ball Joints				Inspect Fuel Tan	k and Straps		Rotate Tires / Inspect Rims / Clean
		Control Arm Bushings ((Chevy)			Inspect Rear Sho	ocks / Mounts		* Torque Lug Nuts 140 Ft lbs.
	in the second second	Front Shocks / Towers		dia salah		Inspect Rear Sta			See Sprinter PMI Tasks.
D		A PMI Task	s	Do		B PMI Tasks	(Diesel Only)	D	C PMI Tasks
Done		Perform Every 5	k mi.	Done	E	Every 15k mi. and	all A PMI Tasks	Done	Every 30k mi. and all A and B Tasks
	Chan	ge Engine Oil	Qts		Chan	ige Fuel Filters			Change Transmission Fluid. Q
	Chan	ge Engine Oil Filter			Chan	ige Air Filter			Replace External Trans Filter
	Fuel /	Additive PM22A	Ozs		Repla	ace External Tran	s Filter.		Inspect / Repack / Adjust Wheel Brgs.
	Chec	k Road Safety Operation	n						Add Biocide Treatment to Fuel Tank as Needed
OK						Com	ponents		
	6.0L I	Belts and Pulleys - Last	Changed			_ miles. Not to exc	eed 90k miles. Local o	onditi	ions may warrant earlier replacement.
	6.0L \	Vacuum Pump - Last C	hanged		r	miles. Not to exce	ed 90k miles. Local co	ns may warrant earlier replacement.	
	7.3L \	Vacuum Pump - Last C	hanged		r	illes. Not to exceed 90k miles. Local conditions may warrant earlier replacement.			
	7.3L I	Pulleys and Idlers Last o	changed			_miles. Every 30k	for salt / sand areas. A	All oth	ners as needed. Replace belt as needed.
escriptor.	Differ	ential Fluid - Last Chang			Contract of the Contract of th	es. Not to exceed	90k miles.		
		多基型基础 (***) b	Docu	ment	THE REAL PROPERTY.		是一些是一部的政治,不是		Specifications
- 1	Posit	tion - LF I			Posi	tion - RF		_	Steering - Acceptable Play 1 1/2 " to 2"
		#2 Tire PSI				#2 Tire PSI		_	Tire PSI - Check Builders Recommendation.
		#3 Tread Depth				#3 Tread Depth	*		Tread Depth < 4/32 nds at thinnest point
	and the same of th	#4 Brake Pads	/32nds			#4 Brake Pads	/32nds		Brake Pad Pull < 5/32 nds.
		Rotor Condition			بِـا	Rotor Condition		-	See manufacturer rotor specification.
1	Posit	tion - LR			Posit	tion - RR I			At Idle - Holds in Forward & Reverse
		#2 Tire PSI	A CONTRACTOR OF THE PARTY OF TH			#2 Tire PSI		1	Vacuum HV range 17-21
		#3 Tread Depth	/32nds			#3 Tread Depth		1	Starter Draw > 500 Amps.
	#4 Brake Pads /32nds				#4 Brake Pads				
		Rotor Condition				Rotor Condition			1
	Г		1		1			Notes	<u>S</u>
		Dual Rea	ar - LRI			Dual Rear - R	RRI		
		#0.T1 D01	İ					-	
		#2 Tire PSI				2 Tire PSI		_	
	I	#3 Tread Depth	/32nds		#3 Ti	read Depth	/32nds		
								-	
15			Mechanic Signa	ture					
	F	orm CO 0021F-00	-			Vehicle PMI G	Guide Page 2		

Radio Communication Equipment

AMBULANCE

VHF – 160 channel programmable radio. Each radio is programmed with a wide variety of channels allowing for direct communication with law enforcement, fire, and various other agencies. UHF – MedNet programmable radio. The mednet radio is programmed for communication with all surrounding receiving hospital facilities.

HAND HELD RADIOS

On-duty personnel have available to them a Kenwood portable VHF radio with 32 channels programmed like the mobile radios. The company maintains 8 of these portable radios.

REPEATERS

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

COMMUNICATION VENDOR

All radio equipped has been supplied by Silke Communications. They maintain records of the specific radio equipment in service and provide maintenance and repair services.

LOGIS DEVICE

Each on-duty ambulance EMT/Paramedic carries a mobile Logis device similar to a cellular phone which is linked via modem to the communications center. This is the primary method for dispatching and tracking of crews, and communication between on duty crews and the communication center.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL						#	31	
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL A	NNUAL	СОМР	LIANC	Έ
LEGAL BUSINESS NAME ARCATA-MAD RIVER AMBULANCE, LLC			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, A				
SERVICE ADDRESS (number and street)				2015 / CHEV / 35				
220 F STREET				VEHICLE IDENTIFICATION		(VIN)		
(city, state, and zip code)	····			1GB3G2CL9F116 VEHICLE LICENSE PLATE				
ARCATA, CA 95521				AMRA31 / CA	NUMBERA	ANDSTATE		
			- Arrest	VEHICLE CERTIFICATE N	IIMPER	 		
				14168	DMIDEL			
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM	REQUIREMENTS)			YES	NO
Registration; plates	✓		14. Reflectors		· · · · · · · · · · · · · · · · · · ·		1	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	**************************************	- Inter-		1	·
3. Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers		.914 o i - i - 46 i ₁ a , - ț		7	**********
4. Headlamps	1		17. Defroster	· · · · · · · · · · · · · · · · · · ·	·	V	1	
5. Beam selector/indicator	1		18. Mirrors				1	
Headlamp flasher (if equipped)	✓		19. Hom		·		7	
7. Steady red warning lamp	1		20. Siren		· 1.*!		1	*********
8. Turn signals	1		21. Seat belts		· ·		7	
Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minimur	n 4B:C)			1	-11-27
10. Stoplamps	V		23. Portable light	and China the second	L'		1	
11. Taillamps	1		24. Spare tire; jack and tools	Professional Communication of the Communication of			1	
12. License plate lamp	1		25. Maps of coverage areas o	r equivalent			1	

26. Door latches operable from inside and outside

13. Backup lamps

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	1	ļ
Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (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)	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	-	ŀ
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	1		19. Blood pressure cuff, manometer, stethoscope	V	
Oxygen and regulators, portability required	1		 Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags) 	1	
9. Sterile bandage compresses (4 - 3" x 3")	1	7-7-1	21. Bedpan or fracture pan	/	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	7	
11. Adhesive tape (2 rolis - 1", 2", or 3")	1	in marie !	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 patients to the device (a combination short/long boards are		:
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)	1	

DESTROY	DOEM	ALIC E	DITIONS

#	"3	2
~//	-	_

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL			#	32				
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL	ANNUAL	СОМЕ	PLIANC	E
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MÅKE, AND MODE	L		
ARCATA-MAD RIVER AMBULANCE, LLC			2150	2018 / CHE	EV / 3500			
SERVICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
220 F STREET				1GB3GRC	G4J1264859			
(city, state, and zip code)				VEHICLE LICEN	SE PLATE NUMBER	AND STATE	,, ,_,	
ARCATA, CA 95521	***			27680L2/C	A			
				VEHICLE CERTI	FICATE NUMBER			
				15660				
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREM	ENTS)		YES	NO
Registration; plates	/		14. Reflectors				1	
2. Identification certificate (annuals/compliance only)	1		15. Glass		(de same tradition de	1	'':
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	- Walter - 1977 - Kinada ka ka Kasaran ang manganan ang manganan ang manganan ang manganan ang manganan ang ma	**************************************	to the second second	1	
4. Headlamps	✓		17. Defroster	<u> </u>	······································		1	
5. Beam selector/indicator	1		18. Mirrors		 	······································	1	
6. Headlamp flasher (if equipped)			19. Hom		The same of the sa		1	
7. Steady red warning lamp	1		20. Siren				7	
8. Turn signals	1		21. Seat belts		***************************************	9:. 1:' (3:4)44*** <u></u> 4	1	********
9. Clearance/sidemarker lamps (if required)	V	4 (.)	22. Fire extinguisher (minin	ium 4B:C)		***************************************	1	**
10. Stoplamps	✓		23. Portable light		-1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
11. Taillamps	1		24. Spare tire; jack and tool	\$			/	************
12. License plate lamp	✓		25. Maps of coverage areas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		····· y** . · .	7	
13. Backup lamps	V		26. Door latches operable fr	Acres 1 - Comment of the comment	outside	/////////////////////////////////////	1	

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC	
1, (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	7		
Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	7		
Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to restrict movement	7	<u> </u>	
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		17. (2) liters saline solution or a gallon potable water	7	 	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	1	<u> </u>	18. Half-ring traction splint, padded ankle hitch strap, heel rest or			
Rigid or pneumatic splints (4)	1	equivalent device		🗸		
Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	1		19. Blood pressure cuff, manometer, stethoscope	1		
Oxygen and regulators, portability required	1		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	 		
9. 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")	1		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)	1		patients to the device (a combination short/long boards are acceptable)			

PREVIOUS	

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL				#	D	D
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION ANNUAL COM	IPLIAN(CE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
ARCATA-MAD RIVER AMBULANCE, LLC			2150	2019 / CHEV / 3500	-	
SERVICE ADDRESS (number and street)			 	VEHICLE IDENTIFICATION NUMBER (VIN)		
220 F STREET				1GB3GRCG1K1263007		
(city, state, and zip code)	,		,	VEHICLE LICENSE PLATE NUMBER AND STAT	Ē	
ARCATA, CA 95521				6128052 /CA		
				VEHICLE CERTIFICATE NUMBER		
				16160		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	JM REQUIREMENTS)	YES	NO
1. 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		1	
4. Headlamps	1		17. Defroster		1	
Beam selector/indicator	✓		18. Mirrors		1	
6. Headlamp flasher (if equipped)			19. Hom		1	
7. Steady red warning lamp	1		20. Siren		1	
8. Turn signals	✓		21. Seat belts		1	
9. Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minin	num 4B:C)	1	
10. Stoplamps	✓		23. Portable light		✓	
11. Taillamps	1		24. Spare tire; jack and too	ls	1	
12. License plate lamp	/		25. Maps of coverage area	s or equivalent	1	
13. Backup lamps	1		26. Door latches operable f	rom inside and outside	1	

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC
(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	V		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)	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		-17.74.04
6. Rigid or pneumatic splints (4)	1		equivalent device		
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	1		19. Blood pressure cuff, manameter, stethoscope	V	
Oxygen and regulators, portability required	1		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	1	
9. Sterile bandage compresses (4 - 3" x 3")	1	- <u>10</u>	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	**** <u>* * .</u>	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)			

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL						#	3	>
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL	ANNUAL	Сомг	PLIAN	CE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR	MAKE, AND MODE	L		
ARCATA-MAD RIVER AMBULANCE, LLC			2150	2020 / CHI	EV / 3500			
SERVICE ADDRESS (number and street)			· · · · · · · · · · · · · · · · · · ·	VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
220 F STREET				1GB3GRC	G7L1269623			
(city, stale, and zip code)			· · · · · · · · · · · · · · · · · · ·	VEHICLE LICEN	SE PLATE NUMBER	AND STATE		
ARCATA, CA 95521				97746E3 /	CA			-
		o -		VEHICLE CERTI	FICATE NUMBER			
				17120				
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIM	JM REQUIREM	ENTS)		YES	NO
Registration; plates	1		14. Reflectors				V	
2. Identification certificate (annuals/compliance only)	✓		15. Glass				1	
3. Ambulance Identification sign (visible from 50+ feet)	V		16. Windshield wipers	The state of the s		A13-11/20-1-1-1	1	<u> </u>
4. Headlamps	✓		17. Defroster			" ' , "	1	
5. Beam selector/indicator	1		18. Mirrors				1	
6. Headlamp flasher (if equipped) NOT SAUPPED		_	19. Horn				7	
7. Steady red warning lamp	✓		20. Siren		······································	1	1	
8. Turn signals	✓		21. Seat belts			The state of the s	7	
9. Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minis	num 4B:C)			1	
10. Stoplamps	V		23. Portable light			······································	1	
11. Taillamps	1		24. Spare tire; jack and too	ls			1	
12. License plate lamp	✓		25. Maps of coverage area	s or equivalent		 	1	
13. Backup lamps	V		26. Door latches operable	from inside and	outside	**************************************	1	

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	Г
2. Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1	Г
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		
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	/		19. Blood pressure cuff, manometer, stethoscope	1	
Oxygen and regulators, portability required	1	*****	20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	1	
9. Sterile bandage compresses (4 - 3" x 3")	1	THE STREET	21. Bedpan or fracture pan	7	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	7		22. Urinal	7	Г
11. Adhesive tape (2 rolls - 1", 2", or 3")	1	: 1472.00	23. Two spinal immobilization devices, one at least 30" in length and		
12, Bandage shears	7	one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)		1	
13. Universal dressings (2 - 10" x 30" or larger)	1				

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL						#	56	2
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL	ANNUAL	□ Сомі	PLIAN(CE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODE	L		
ARCATA-MAD RIVER AMBULANCE, LLC			2150	2022 / FOR	D/E450			
SERVICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER	R (VIN)		
220 F STREET				1FDXE4FN	N7NDC20063			
(city, state, and zip code)			· · · · · · · · · · · · · · · · · · ·	VEHICLE LICENS	SE PLATE NUMBER	AND STATE		
ARCATA, CA 95521				16947R3 / 0	CA			
				VEHICLE CERTII	FICATE NUMBER	<u> </u>		***************************************
		T			•			
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	JM REQUIREM	ENTS)		YES	NO
Registration; plates	1		14. Reflectors				1	<u> </u>
2. Identification certificate (annuals/compliance only) WITAL	-		15. Glass				1	
3. Ambulance Identification sign (visible from 50+ feet)	1		16. Windshield wipers			i Cala Nilmo a dalla ali ali ali	V	
4. Headlamps	1		17. Defroster		Paulio - Mil II (1977) (oco de oc		1	
5. Beam selector/indicator	✓		18. Mirrors	- 10:00 - 10 - 10 - 10 - 10 - 10 - 10 -			1	
6. Headlamp flasher (if equipped) NOT EQUIPPED			19. Horn	TO MAKE THE PARTY OF THE PARTY	(* *		1	
7. Steady red warning lamp	✓		20. Siren				1	1.3/
8. Turn signals	V		21. Seat belts				1	
Clearance/sidemarker lamps (if required)	✓		22. Fire extinguisher (minin	num 4B:C)		**************************************	1	
10. Stoplamps	✓		23. Portable light	<u> </u>			1	
11. Taillamps	1		24. Spare tire; Jack and too	ls	- In the second second	· · · · · · · · · · · · · · · · · · ·	7	
12. License plate lamp	1		25. Maps of coverage area				1	
13. Backup lamps	1		26. Door latches operable f	rom inside and	outside		1	

EM	ERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	ИО	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC
1	. (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1	\vdash
2	Securement straps for patient and cot/stretcher	V		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	1	
4	Sheets, pillow cases, blankets, towels, pillows (2)	V		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 hitch strap, heel rest or	/	-
6.	Rigld or pneumatic splints (4)	V	******	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	1	
8.	Oxygen and regulators, portability required	1		 Sterile obstetrical supplies (gloves, umbilical cord tape or 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 acceptable)		1	
13.	Universal dressings (2 - 10" x 30" or larger)	1				

	CHP AREA: 125			
CHP Certificate/Perm	it Number: 2150- 14168	ISSUED: 12/1/2022	EXPIRES: 11/30/2023	AREA:
☐ INITIAL REPLACEMENT	☐ DUPLICATE ✓ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
	KE: 2015 CHEVROLET 3500	O. AMRA 31	VIN: 1GB3G2CL9F1168057	
*Authorized Emergency V	ehicle Permit issued pursuant to Vehicle Code S	Section 2416 (a) () for		
NAM	IE AND MAILING ADDRESS		PROPERTY OF C	CALIFORNIA HIGHWAY PATROL
220	ATA-MAD RIVER AMBULANCE, LLC F STREET ATA CA, 95521-		thereof, shall all times. It is be surrender	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	CHP AREA: 125		
CHP Certificate/Permit Number: 2150- 15660	ISSUED: 12/1/2022	EXPIRES: 11/30/2023	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ✔ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE ENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2018 CHEVROLET 3500	D. 27680L2	VIN: 1GB3GRCG4J1264859	
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	Section 2416 (a) () for		
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LLC 220 F STREET ARCATA CA, 95521-	:	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 IDENTIFICATION SP	ATION CERTIFICATE/R	EDMIT	1
CHP 301 (REV 4-97) OPI 062	CHP AREA: 125		
CHP Certificate/Permit Number: 2150- 16160	ISSUED: 12/1/2022	EXPIRES: 11/30/2023	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE ENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2019 CHEVROLET 3500). 61280 S 2	VIN: 1GB3GRCG1K1263007	
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) () for		
NAME AND MAILING ADDRESS		PROPERTY OF CA	ALIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LL 220 F STREET ARCATA CA, 95521-	С	thereof, shall b all times. It is a be surrendere	l/permit, or a facsimile be carried in the vehicle at non-transferable and shall d to the CHP upon demand
CANACATA MATERIAL COLOR		or as required	by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	CHP AREA: 125		
CHP Certificate/Permit Number: 2150- 17120	ISSUED: 12/1/2022	EXPIRES: 11/30/2023	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ✔ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE ENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2020 CHEVROLET	D. 97746E3	VIN: 1GB3GRCG7L1269623	
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) () for		
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LLC 220 F STREET ARCATA CA, 95521-	;	thereof, shall l all times. It is be surrendere	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/P	ERMIT	CHP AREA: 125			
CHP Certificate/Permit Number: 2150- 18310	ISSUED: 11/23/2022	EXPIRES: 11/30/2023	AREA:			
✓ INITIAL □ DUPLICATE □ EMERGENCY AMBULANCE CERTIFICATE □ ARMORED CAR CERTIFICATE □ ARMORED						
VEHICLE YEAR & MAKE: 2022 FORD E450	VEHICLE LICENSE NO	IN: 1FDXE4FN7NDC20063				
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	Section 2416 (a) () for					
NAME AND MAILING ADDRESS	•	PROPERTY OF C	ALIFORNIA HIGHWAY PATROL			
ARCATA-MAD RIVER AMBULANCE, LLC 220 F STREET ARCATA CA, 95521-		thereof, shall all times. It is be surrender	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand I by regulation.			

Quality Management practices and policies

Arcata-Mad River Ambulance maintains a continuous quality improvement program and makes quarterly reports to the North Coast EMS Agency addressing personnel, equipment and supplies, facilities, pre-hospital care reporting, public education and risk management. Patients care reports are peer reviewed for adherence to company developed standards and North Coast EMS policies. Additional quality standards are addressed in our Exclusive Operating Area Agreement with North Coast EMS. That agreement requires tracking of multiple response time standards and quarterly reporting of items including standbys, mutual aid responses and public education activities.

Staffing and Hiring Policies

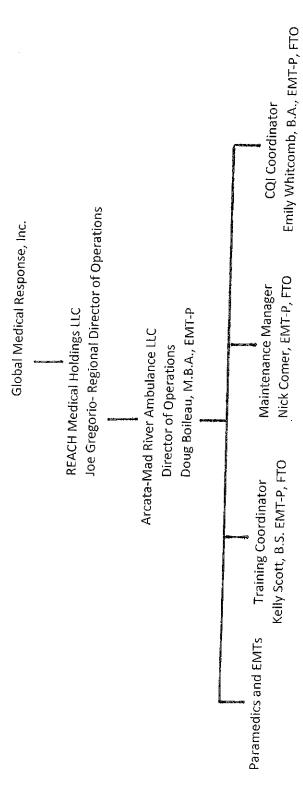
The hiring of field personnel requires the applicant to complete an on-line application, verify current certification as an EMT, or license as a paramedic, submit a driver record evidenced by CA DMV motor vehicle report which meets company and insurance standards, and hold a current Ambulance Driver's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

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

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

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

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



Douglas J. Boileau

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

e-mail: doug.boileau@gmr.net

SUMMARY OF QUALIFICATIONS

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

EXPERIENCE

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

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

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

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

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

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

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

EDUCATION

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

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

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

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

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

RELATED EXPERIENCE

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

National Association of EMS Educators Charter Member
AHA CPR Instructor 1981- 2001.

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

Chair, Humboldt County Medical Advisory Committee
California Paramedic License #P00363

Paramedic Field Training Officer 1995 – present

COMMUNITY INVOLVEMENT/RECOGNITION

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

220 F Street, Arcata, CA 95521 Business (707) 822-3353 FAX: (707)822-9628 24 Hour Dispatch: (707)822-4166

Rates effective 8-30-22	
ALS/BLS Base Rate for all emergency responses	\$2,650.00
Mileage – ALS/BLS per mile	40.00
Oxygen	100.00
Night Call 1900-0700	100.00
Basic Life Support (BLS) Non-Emergency Base Rate	800.00
Advanced Life Support (ALS)-2 Base Rate*	3,000.00
Specialty Care Transport (SCT/CCT)**	3,800.00
Standby time per 15 minutes	80.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	200.00
Extrication/Off Road Rescue	200.00
Emergency Response Fee without transport	250.00
Medical Disposables/Medications	at cost

^{* -} ALS-2 refers to an emergency scene call where certain advanced procedures are utilized including defibrillation, interosseous infusion, transcutaneous pacing or the administration of 3 or more intravenous medications.

^{** -} SCT/CCT refers to an inter-facility transport when the patient is intubated, is attended by an RN, is receiving medications by IV infusion, or a 12-lead EKG is performed.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/13/2023

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).

this certificate does not comer rights to the certificate holder in fied of such endorse	menus).						
PRODUCER	CONTACT NAME:						
Aon Risk Services Central, Inc. Philadelphia PA Office	PHONE (A/C. No. Ext):	DNE C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-01					
100 North 18th Street 15th Floor	E-MAIL ADDRESS:						
Philadelphia PA 19103 USA		RAGE	NAIC#				
INSURED	INSURER A:	Lloyd's Syndicate No.	1729	AA1120157			
Arcata-Mad River Ambulance LLC 4933 Bailev Loop	INSURER B:	ACE American Insurance	22667				
McClellan CA 95652 USA	INSURER C:	ACE Fire Underwriters	20702				
	INSURER D:	Indemnity Insurance Co	43575				
	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 570099968845 REVISION NUMBER:

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

11100		4 B B 1 OU			DOLIOVEVD.	Limits	s shown are as requested
INSR LTR	TYPE OF INSURANCE	ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
В	X COMMERCIAL GENERAL LIABILITY		XSLG72962722		03/31/2024	EACH OCCURRENCE	\$2,750,000
	CLAIMS-MADE X OCCUR		SIR applies per policy ter	ms & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	Excluded
						PERSONAL & ADV INJURY	\$2,750,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,750,000
	OTHER:					SIR	\$250,000
В	AUTOMOBILE LIABILITY		ISA H25578193	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
	X ANY AUTO					BODILY INJURY (Per person)	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	
	DED RETENTION						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLRC70317370	03/31/2023	03/31/2024	X PER STATUTE OTH-	
В	ANY PROPRIETOR / PARTNER /	N/A	AOS WLRC70317333	03/31/2023	03/31/2024	E.L. EACH ACCIDENT	\$1,000,000
-	(Mandatory in NH)	"/"	CA, MA	03/31/2023	03/31/2021	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,000
A	E&O - Professional Liability Excess		CSHLC2301663 Claims Made- Lead Carrier SIR applies per policy te	, ,		Per Claim Aggregate SIR	\$15,000,000 \$15,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability policy. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy provisions. A Waiver of Subrogation is granted in favor of The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers in accordance with the policy provisions of the Workers' Compensation policy.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The County of Humboldt Attn: Risk Management 825 5th Street, Room 131 Eureka CA 95501 USA	Authorized representative Aon Risk Services Central Inc.

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570000073826 AGENCY CUSTOMER ID:

LOC #:



		ADDIT	101	NAL REMAR	KS	SCHED	ULE		Page $_$ of $_$
AGENC'	Y Risk Services Central	Tnc				EDINSURED Cata-Mad Riv		- 116	
	NUMBER	, IIIC.			\dashv Ar	cata-Mad Riv	er Ambulance	e LLC	
		57009996	8845						
CARRIE				NAIC CODE	┪				
See	Certificate Number:	57009996	8845		EFFE	ECTIVE DATE:			
	ITIONAL REMARKS								
	ADDITIONAL REMARKS FORM I NUMBER: ACORD 25	IS A SCHE FORM TIT		TO ACORD FORM, Certificate of Liability Insu	ıranaa				
FORM	NUMBER. ACORD 25	FORWITH	LE. 	Certificate of Liability Ilisu	nance				
	INSURER(S) A	FFORDIN	IG C	OVERAGE		NAIC#			
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		If a policy	halow	does not include limit info	rmotic	n rafar to the com	responding policy	on the ACOPD	
AD	DITIONAL TOLICIES			or policy limits.		iii, refer to the con	responding poncy	on the ACORD	
INSR			arr= -	201		POLICY	POLICY	_	
LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMI	rs
	WORKERS COMPENSATION								
С		N/A		SCFC70317412		03/31/2023	03/31/2024		
				WI		00, 01, 1010	03, 52, 202 .		
		11/4	_	NGUG70317454		02 /21 /2022	02/21/2024		
В		N/A		WCUC7031745A OH		03/31/2023	03/31/2024		
				SIR applies per pol	icy t	erms & condit	ons		
								+	
			1						