County of Humboldt
Eureka, California
Ambulance Service Permit Renewal Application

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

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	
Application Fee of $196.00 Received:	Yes ☑ No ☐
Proof of Liability Insurance Attached:	Yes ☐ No ☐
Resumes 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:	**Arcata-Mad River Ambulance LLC**		
Name of Contact Person:	**Doug Boileau**		
Mailing Address:	**220 F Street**	**City/Zip Code**	**Arcata 95521**
Physical Address:	**same**	**City**	**same**
Telephone/ Fax Numbers	**707-822-3353**	**E-Mail**	**doug.boileau@gmr.net**

County of Humboldt

Eureka, California

Owner Name	Reach Medical Holdings LLC				
Address	8880 Cal Center Dr Ste. 125.		City/Zip Code	Sacramento, CA 95826	
Phone Number	916-921-4000	Fax Number	916-921-4001	E-Mail	Sean.Russell@gmr.net

County of Humboldt
Eureka, California

VEHICLES:

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

	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
1.	2019	Chevrolet 3500	1GB3GRCG1K1263007	61280S2	4.75 years 153,133	2150-16160	Blue/White
2.	2018	Chevrolet 3500	1GB3GRCG4J1264859	27680L2	5.75 years 142,132	2150-15660	Blue/White
3.	2022	Ford E450	1FDXE4FN7NDC20063	16947R3	1.5 years 24,035	2150-18310	Blue/White
4.	2020	Chevrolet Express	1GB3GRC7L1269623	97746E3	3 year 73,869	2150-17120	Blue/White
5.							

County of Humboldt
Eureka, California

	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
6.							
7.							
8.							
9.							
10.							

☒ Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.

☒ Attach a list, or provide a description of, Applicant's radio communication equipment.

☒ Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.

☒Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).

☒ 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.

County of Humboldt
Eureka, California

SERVICE AREA:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

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

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

AMBULANCE SERVICE RATES:

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

☒ Rates & Schedule attached

INSURANCE:

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

A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.

B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:

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.
   b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
   c. Is primary insurance as regards to County of Humboldt.
   d. Does not contain a pro-rata, excess only, and/or escape clause.
   e. Contains a cross liability, severability of interest or separation of insureds clause.

☒ Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

ADDITONAL INFORMATION:

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

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

☒ Additional Information statement attached

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:	
Printed Name and Title	Douglas J. Boileau, Director
Date:	April 16, 2024

Required Paperwork Checklist

☒ Application complete

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)

Operating Company _____ *Date* _____

Vehicle Number _____ *Cot Number* _____

VIN Number _____ *Stair Chair Number* _____

(Last 5 Digits)

Odometer _____

Hours _____

(√) Item is Okay

(X) Repairs are Needed

(O) Circle X When Repairs are Completed

Type of PMI (Circle One) **A** *5K* **B** *15K* **C** *30K*

Ground Level

Check 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 & Protection_____F
	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 Operation _____F Ambient		Scene Lights on with Door Open		* Inspect Lift (Aux Equip guide)
	Front _____F Rear _____F		Document Body Damage		*Onboard Gen. (Aux Equip Insp. Guide)

Check Charging System

Status	Item	Status	Item	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 Closed
	Cabinet Door Latches		Lighted 110 VAC Outlet Operation		Antlers - Damage / Secure / Floor Hook
	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

Preventative Maintenance Inspection Guide (PMI)

On The Lift

Check During PMI Inspections A, B, C

Status	Item	Status	Item	Status	Item
	Drain Engine Oil		Radius Arm Bushings and Brackets		Differential Leaks and Oil Level
	Replace Oil Filter		Remove Tires		Leaf Springs/Center Bolts/Shackles
	Lube Chassis		* Check Front Brakes (See Spec #4)		Inspect Brake Lines
	Inspect Front Bumper and Fasteners		Inspect Hoses / Calipers/ Hardware		* Check Rear Brake (See Spec #4)
	Lower Coolant Hoses / Radiator		Front Rotor Condition (See Spec #5)		Inspect Hoses / Caipers / Hardware
	Trans Cooling Lines, Fasteners		Inspect Bearings / Adjustment		Rear Rotors / Drums condition (Spec #5)
	Fan Clutch and Shroud		Motor Mounts		Inspect Bearings / Adjustment
	Water Pump / Condition		Oil Leaks		Check Axle Seals / Leaks
	Coolant Leaks		Fuel Leaks		Spare Tire / Secure & PSI (See Spec #3)
	Front Stabilizer Bushings		Trans Mount and Leaks		Rear Step, Bumper, Lift and Brackets
	PS Box, Hoses and Leaks		Inspect Parking Brake Cable		Rear Kick Plate
	Tighten Pitman Arm and Nut.		Parking Brake Assembly		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 Mounts		* Tread Depth (See Spec # 3)
	Ball Joints		Inspect Fuel Tank and Straps		Rotate Tires / Inspect Rims / Clean
	Control Arm Bushings (Chevy)		Inspect Rear Shocks / Mounts		* Torque Lug Nuts 140 Ft lbs.
	Front Shocks / Towers / Coil Springs		Inspect Rear Stabilizer / Bushings		See Sprinter PMI Tasks.

Done	A PMI Tasks Perform Every 5k mi.	Done	B PMI Tasks (Diesel Only) Every 15k mi. and all A PMI Tasks	Done	C PMI Tasks Every 30k mi. and all A and B Tasks
	Change Engine Oil _____ Qts		Change Fuel Filters		Change Transmission Fluid. _____ Qts
	Change Engine Oil Filter		Change Air Filter		Replace External Trans Filter
	Fuel Additive PM22A _____ Ozs		Replace External Trans Filter.		Inspect / Repack / Adjust Wheel Brgs.
	Check Road Safety Operation				Add Biocide Treatment to Fuel Tank as Needed

OK	Components
	6.0L Belts and Pulleys - Last Changed _____ miles. Not to exceed 90k miles. Local conditions may warrant earlier replacement.
	6.0L Vacuum Pump - Last Changed _____ miles. Not to exceed 90k miles. Local conditions may warrant earlier replacement.
	7.3L Vacuum Pump - Last Changed _____ miles. Not to exceed 90k miles. Local conditions may warrant earlier replacement.
	7.3L Pulleys and Idlers Last changed _____ miles. Every 30k for salt / sand areas. All others as needed. Replace belt as needed.
	Differential Fluid - Last Changed _____ miles. Not to exceed 90k miles.

Document

Position - LF

#2 Tire PSI _____

#3 Tread Depth _____ /32nds

#4 Brake Pads _____ /32nds

Rotor Condition _____

Position - RF

#2 Tire PSI _____

#3 Tread Depth _____ /32nds

#4 Brake Pads _____ /32nds

Rotor Condition _____

Position - LR

#2 Tire PSI _____

#3 Tread Depth _____ /32nds

#4 Brake Pads _____ /32nds

Rotor Condition _____

Position - RR

#2 Tire PSI _____

#3 Tread Depth _____ /32nds

#4 Brake Pads _____ /32nds

Rotor Condition _____

Dual Rear - LRI

#2 Tire PSI _____

#3 Tread Depth _____ /32nds

Dual Rear - RRI

#2 Tire PSI _____

#3 Tread Depth _____ /32nds

_____

Mechanic Signature

Specifications	
# 1	Steering - Acceptable Play 1 1/2 " to 2"
# 2	Tire PSI - Check Builders Recommendation.
# 3	Tread Depth < 4/32 nds at thinnest point
# 4	Brake Pad Pull < 5/32 nds.
# 5	See manufacturer rotor specification.
# 6	At Idle - Holds in Forward & Reverse
# 7	Vacuum HV range 17-21
# 8	Starter Draw > 500 Amps.
#9	Antifreeze Mix 60/40
#10	Idlers/Tensioners 30k or 60k see components

Notes

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.

☒ 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

#34

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION ☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

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 E ST		1GB3GRCG1K1263007
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA CA 95521		6128052/CA
		VEHICLE CERTIFICATE NUMBER
		16160

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate *(annuals/compliance only)*	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher *(if equipped)*	X		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarker lamps *(if required)*	X		22. Fire extinguisher *(minimum 4B:C)*	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

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

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO
1. Location of records, retained for 3 years		
2. Date, time, location, and identity of call taker		
3. Name of requesting person or agency		
4. Unit ID, personnel dispatched, and record of red light/siren use		
5. Explanation of failure to dispatch		
6. Dispatch time, scene arrival time, and departure time		
7. Destination of patient; arrival time		
8. Name or other identifier of patient transported		

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		

PERSONNEL RECORDS	YES	NO
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		

VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
ACE AMERICAN INS. CO.	ISA H25578193	3/31/2024

REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
[signature]	11/16/23

☒ **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
[signature]	2077	125	11/16/23

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION ☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
ARCATA MAD RIVER AMBULANCE LLC	2150	2018/CHEV/3500
SERVICE ADDRESS *(number and street)*		VEHICLE IDENTIFICATION NUMBER (VIN)
220 F ST		1GB3GRCG4J1264859
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA, CA 95521		2768012
		VEHICLE CERTIFICATE NUMBER
		15660

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate *(annuals/compliance only)*	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher *(if equipped)*	X		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarker lamps *(if required)*	X		22. Fire extinguisher *(minimum 4B:C)*	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

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

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO
1. Location of records, retained for 3 years		
2. Date, time, location, and identity of call taker		
3. Name of requesting person or agency		
4. Unit ID, personnel dispatched, and record of red light/siren use		
5. Explanation of failure to dispatch		
6. Dispatch time, scene arrival time, and departure time		
7. Destination of patient; arrival time		
8. Name or other identifier of patient transported		

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		

PERSONNEL RECORDS	YES	NO
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		

VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
ACE AMERICAN INS CO	ISA H25578193	3/31/24

REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
[signature]	11-17-23

☒ **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
[signature]	20717	125	11.17.23

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION ☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
ARCATA MAD RIVER AMBULANCE LLC	2150	2022 / FORD / F450
SERVICE ADDRESS *(number and street)*		VEHICLE IDENTIFICATION NUMBER (VIN)
220 F ST		1FDXE4FN7NDC20063
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA, CA 95521		1694783 / CA
		VEHICLE CERTIFICATE NUMBER
		18310

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate *(annuals/compliance only)*	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher *(if equipped)*	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarker lamps *(if required)*	✓		22. Fire extinguisher *(minimum 4B:C)*	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

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	NO
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)	✓	
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 equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓				
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
8. Oxygen and regulators, portability required	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or 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 (6 - 2", 3", 4", or 6")	✓		22. Urinal	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓		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)	✓	
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO
1. Location of records, retained for 3 years	X	
2. Date, time, location, and identity of call taker	X	
3. Name of requesting person or agency	X	
4. Unit ID, personnel dispatched, and record of red light/siren use	X	
5. Explanation of failure to dispatch	X	
6. Dispatch time, scene arrival time, and departure time	X	
7. Destination of patient; arrival time	X	
8. Name or other identifier of patient transported	X	

COMPANY INSPECTION	YES	NO
9. Company principals verified	X	
10 One or more ambulances available 24 hours	X	
11. Fees posted/current	X	
12. Financial responsibility	X	
13. 24-hour direct telephone service	X	

PERSONNEL RECORDS	YES	NO
14. Employment date	X	
15. Copy of driver license	X	
16. Copy of ambulance driver certificate	X	
17. Copy of medical exam certificate	X	
18. Copy of EMT certificate or medical license	X	
19. Work experience summary	X	
20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions	X	
21. Personnel enrolled in the DMV Pull Notice System	X	

VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
ACE AMERICAN INS. CO.	ISA H25578193	3/31/2024

REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
[signature]	11/16/23

☐ **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
[signature]	20717	125	11/16/23

#35

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION ☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
ARCATA MAD RIVER AMBULANCE LLC	2150	2020 / CHEV / 3500
SERVICE ADDRESS *(number and street)*		VEHICLE IDENTIFICATION NUMBER (VIN)
220 F STREET		1GB3G1RCG7L1269623
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA CA 95521		9774E3 / CA
		VEHICLE CERTIFICATE NUMBER
		17120

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate *(annuals/compliance only)*	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher *(if equipped)*	X		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarker lamps *(if required)*	X		22. Fire extinguisher *(minimum 4B:C)*	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

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

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

AMBULANCE INSPECTION REPORT

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO
1. Location of records, retained for 3 years		
2. Date, time, location, and identity of call taker		
3. Name of requesting person or agency		
4. Unit ID, personnel dispatched, and record of red light/siren use		
5. Explanation of failure to dispatch		
6. Dispatch time, scene arrival time, and departure time		
7. Destination of patient; arrival time		
8. Name or other identifier of patient transported		

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		

PERSONNEL RECORDS	YES	NO
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		

VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
ACE AMERICAN INS. CO.	15A H25578193	3/31/2024

REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
[signature]	11/16/23

☒ **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
[signature]	2077	125	11/16/23

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 16160** ISSUED: **11/30/2023** EXPIRES: **11/30/2024** AREA:

☐ INITIAL ☐ DUPLICATE ☑ EMERGENCY AMBULANCE CERTIFICATE ☐ ARMORED CAR CERTIFICATE
☐ REPLACEMENT ☑ RENEWAL ☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2019 CHEVROLET 3500** VEHICLE LICENSE NO. **61280S2 CA** VIN: **1GB3GRCG1K1263007**

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

NAME AND MAILING ADDRESS

23

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET
ARCATA CA, 95521-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 17120** ISSUED: **11/30/2023** EXPIRES: **11/30/2024** AREA:

☐ INITIAL ☐ DUPLICATE ☑ EMERGENCY AMBULANCE CERTIFICATE ☐ ARMORED CAR CERTIFICATE
☐ REPLACEMENT ☑ RENEWAL ☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2020 CHEVROLET** VEHICLE LICENSE NO. **97746E3 CA** VIN: **1GB3GRCG7L1269623**

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

NAME AND MAILING ADDRESS

23

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET
ARCATA CA, 95521-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 15660** ISSUED: **11/30/2023** EXPIRES: **11/30/2024** AREA:

☐ INITIAL ☐ DUPLICATE ☑ EMERGENCY AMBULANCE CERTIFICATE ☐ ARMORED CAR CERTIFICATE
☐ REPLACEMENT ☑ RENEWAL ☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2018 CHEVROLET 3500** VEHICLE LICENSE NO. **27680L2 CA** VIN: **1GB3GRCG4J1264859**

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

NAME AND MAILING ADDRESS

23

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET
ARCATA CA, 95521-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 18310** ISSUED: **11/30/2023** EXPIRES: **11/30/2024** AREA:

- ☐ INITIAL
- ☐ REPLACEMENT
- ☐ DUPLICATE
- ☑ RENEWAL
- ☑ EMERGENCY AMBULANCE CERTIFICATE
- ☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*
- ☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E450** VEHICLE LICENSE NO. **16947R3 CA** VIN: **1FDXE4FN7NDC20063**

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

NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET
ARCATA CA, 95521-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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.

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.

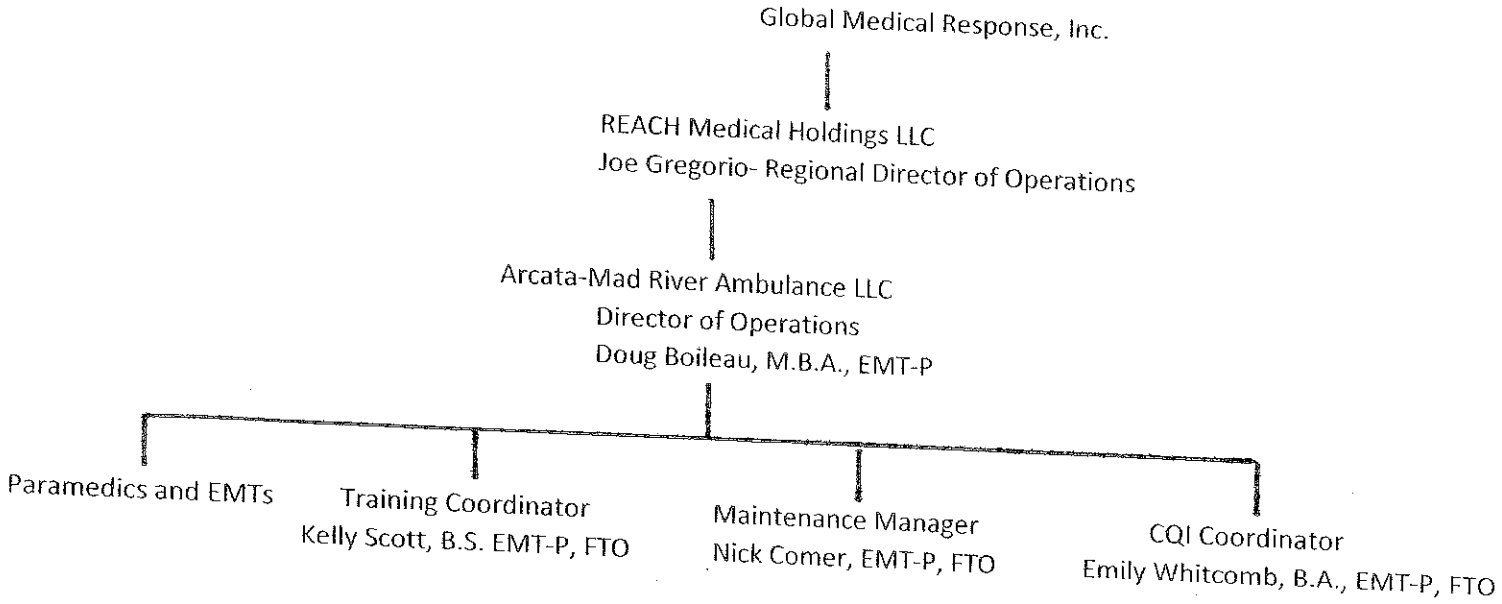
All new employees complete a minimum 72 hour orientation and training program as a third person with an on-duty crew. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the NCEMS required accreditation checklist is included in the above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

Arcata-Mad River Ambulance LLC
Organization Chart



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, Humboldt State University, Arcata, CA. December 1990.

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

Emergency Medical Technician – Paramedic, North Coast EMS, 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

Arcata-Mad River Ambulance LLC

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.