

County of Santa Cruz

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061 (831) 454-4066 FAX: (831) 454-4770

HEALTH SERVICES AGENCY ADMINISTRATION

July 27, 2001

Agenda: August 14,2001

BOARD **OF** SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, CA 95060

RE: RENEWAL OF AMBULANCE OPERATOR'S LICENSE FOR AMERICAN MEDICAL RESPONSE WEST (AMRW)

Dear Members of the Board:

County Code Chapter 5.34 requires that every ambulance company transporting patients in the unincorporated area of the County be licensed by the County to conduct business. The ordinance requires that, as licensing officer, the County Administrative Officer must:

- 1. "Within 60 days after the receipt of an application for ambulance operator's license . . . cause such investigation as she deems necessary to be made of the applicant and their proposed operations."
- 2. "Verify that the vehicles, equipment, and premises designated in the application hereunder is in compliance with State standards."
- 3. "Submit her findings and recommend to the Board of Supervisors either the approval or rejection of the application."

In compliance with this ordinance, American Medical Response West (AMRW) has submitted a license application for 2001-2002 which has been reviewed by the Health Services Agency Administrator. The application is on file with the Clerk of the Board.

In summary, the applicant continues to be a responsible and proper person to conduct business or work in the proposed business, and the public convenience and need will be served by the license renewal. Each ambulance, its required equipment, and the premises designated in the application, comply with State standards and only licensed and certified drivers-attendants are

employed in such capacities. All the requirements of the County Code and all other applicable laws and ordinances have been met.

It is, therefore, RECOMMENDED that your Board:

- 1. Direct the County Administrative Officer to issue an ambulance operator's license to American Medical Response West for Fiscal Year 2001-2002.
- 2. Accept and file this report.

Sincerely,

Rama Khalsa, Ph.D. HSA Administrator

RECOMMENDED:

Susan A. Mauriello

County Administrative Officer

Attachments

cc: County Counsel

Auditor-Controller

Health Services Agency Administrator American Medical Response West

EMCC

EMS Program Manager County Administrative Officer

County of Santa Cruz Inter-Office Correspondence

Date:

July 9, 2001

To:

Susan A. Mauriello, County Administrative Officer

From:

Rama Khalsa, HSA Administrator

Subject:

Inspection for Renewal of Ambulance Operator's License

In accordance with County Ordinance, Section 9.06.060, American Medical Response West (AMRW) was inspected for purposes of annual renewals of County license. As required by County ordinance, the on-site inspection was conducted at the Main Office, Watsonville, and San Lorenzo Valley crew quarters, and the following was noted:

- 1. Nine ambulances were appropriately equipped, identification markings were affixed according to ordinance and were otherwise neat and clean.
- 2. The crew quarters that were inspected were found to be well-kept.

Attached are the applications and copy of the official receipt for \$675 (\$75 per unit per year) for license renewals for the period July 1,2001-June 30,2002.

Also, attached for your convenience, is a draft letter to the Board of Supervisors for the August 14,2001 agenda, requesting the issuance of an ambulance license which should be recommended by the CAO as the licensing officer.

RK: vr

Attachments:

- 1) Application 2001-2002
- 2) Copy of receipt for licensing fee of \$675.
- 3) Draft board letter

CC: American Medical Response West EMS Program Manager

EMCC





May 18,2001

Vol Ranger, EMS Manager Emergency Medical Services Agency County of Santa Cruz 1080 Emeline Avenue, Bldg. D Santa Cruz, California 95060

Dear Ms. Ranger,

Please find enclosed an application for renewal of our Ambulance Operator's License for the period July 1,2001 to June 30, 2002. A check for \$675.00 will be sent directly to your offices from our accounts payable department.

Please don't hesitate to contact me if you have any questions.

Sincerely

David Zenker

Operations Manager

SANTA CRUZ COUNTY APPLICATION FOR AMBULANCE OPERATOR'S LICENSE

I.	APPLICANT INFO	PRMATION:	П.	BUSINESS INFO	RMATION:					
	Legal Owner(s) American Medical Response Inc DBA American Medical Response									
	_	. Parker Rd.	•	Address 116 Hut	•					
	Aurora, CO 80014 Santa Cruz, CA 950 Telephone (303) 614-8749 Telephone (408) 423-7030									
				z vivpitotio						
m.	- -	nave any special training ion for initial licensing	-	e in the transporation	and care of patients? <u>yes</u>					
IV.	VEHICLES DESC	RIPTION:								
	Make, year, model	Motor and chassis number	Year put in use	State License#	Insignia, name, special lettering, monogram, or other characteristics -					
	see attached color scheme									
	(USE REVERSE SIE	DE FOR ADDITIONAL	SPACE IF NEC	ESSARY).						
V .	Location and descri	ption of places from w	hich vehicles	are operated.						
	see attach	ned								
	•	ATTACHED REPORT O	OF AMBULANO	CE PERSONNEL).						
VI.	County Code?_YE				Section 9.06.050 of the APPLICATION).					
VII.	Date of last State In	aspection by California	Highway Patr	rol 4/20/01						
		Highway Patrol Inspe		•						
		F INSPECTION REPOR		1	57					
DAT	3: May 18, 2	NN1 · •1/2:	NATURE OF A	DDI ICANET.	R Wil Toller					
DWİI	u	91G	r. Operat	ions Manager) - swelling					

American Medical Response Santa Cruz Division Vehicle List

ПС			<u> </u>										
Expiration	Aug-01	Apr-02	May-02	Sep-01	10-Inc	Jan-02	Jun-01	Jun-01	Jun-01	May-02			
Fender Number Year in Service License Number Expiration	6H17643	5B92532	5B92579	4T53296	4G54974	5R98540	5Y85767	5G31483	5G31292	3H93264			
Year in Service	2000	1995	1995	1993	1991	1997	1999	1996	1996	1994			
Fender Number	00-109	301	302	307	310	97-291	99-494	96-846	<u> </u>	S-5	ita Cruz ordinance.		
VIN Number	1FDSS34F7YHB63109	1FDJS34F9SH81921	1FDJS64F7SHA81917	1FDJS24M2PHB52933	1FDHS34M5MHA57678	1FDJS34FXVHA75291	1FDSS34F5XHA71494	1FDJS34F2THA82846	1FDJE34FXTHA70895	1FMEE11T9HHB50991	are lettered per County of Santa Cruz ordinance.	are white with red belts	
Model	Ambulance	Ambulance	Ambulance	Ambulance	Ambulance	Ambulance	Ambulance	Ambulance	Ambulance	Van	All units are le	All units are w	
Make	Ford	Ford	Ford	Ford	Ford	Ford	Ford	Ford	Ford	Ford	Note:		
Year	2000	1995	1995	1993	1991	1997	1999	1996	1996	1987			



Station Locations

Main Office Station

116 Hubbard Street Santa Cruz, California 95060 (831) 429-8383

Mid-County Station

3914 The Alameda Capitola, California 95010 (831)476-5850 (831)476-4745 **-** fax

Valley Station

Ben Lomand Fire Station 9430 Highway 9 Ben Lomand, California 95005 (831)336-8518 (831)336-0146 - fax

South County Station

1009 Freedom Boulevard Watsonville, California 95076 (831) 724-2456 (831) 728-8739 - **fax**

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 4-98) OPI 062



INSPECTI	NC		
☑ INI	TIAL	ANNUAL	COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2.Vehi Distribution: Original to CVS; make copies for Area			ee	
SERVICE NAME/ DOING BUSINESSAS			CHP LICENSE NUMBER VEHICLE YEAR, MAKE, ANDMODEL	
AMR SERVICE ADDRESS (number and street)		<u> </u>	VEHICLE IDENTIFICATION NUMBER (VIN)	·
	IFDSS34E7 VHB	.3109		
7575 SOUTHERONT RD. (city, state, and : ip code)			VEHICLE LICENSE PLATE NUMBER AND STATE	
LIVERMORE CA 94550			6417643	
LIVERMORE, CA 94550 JSUAL VEHICL: LOCATION (number, street, city, state, and zip code, if different from service address)			CHP ID CERTIFICATE NUMBER (annuals and compliance	only)
116 HUBBARD ST. SANTA CRUZ CA 95	060		1786-7404	
ITEM INSPECTED AND IN COMPLIANCE VC / 13 CC	R YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES COM	PLIANCE DATE
1. Registration; plates 4000, 4160, 4454, 4457, 5200-52	04 X			
Identification certificate (annuals/compliance only) 13 CCR 1107.2	a) 🗴			
3. Ambulance identification sign 13 CCR 1100	.4 X			
4. Headlamps 24252, 24400, 244	07 ×			
5. Beamse ector/indicator 24252, 24406, 244	08 🐷			
6. Headlarr p flasher (if equipped) 24252, 25252	.5 😾			
7. Steady red warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103	a) 🗸			
8. Optional warning lamp(s)* 24252, 25252, 25258(a), 25259, 261	00 x	1		
9. Turn sigr als 24252, 24951-24953; 13 CCR 697-6		1		
10. Clearance/sidemarker lamps (if required) 24252, 25100, 25100.1; 13 CCR 6	38			
11. Warning devices (if required) 253	00 &			
12. Stoplam s 24252,246				_
13. Taillamps 24252,246	00 🗪			
14. Licensej late lamp 24252,246	01 🗶			
15. Backup lumps 24252, 246)6 ×			
16. Reflectors 24252,246	+			
17. Glass 26700, 26701, 26708, 26708.5, 267	-			
18. Windshie ld wipers 26706,267	+			
19. Defroste- 267	+-			
20. Mirrors 267	+		İ	
	00 ×	Ī		
22. Siren' 26100,27002;13 CCR 1021, 1028, 1029, 1103(a) 64			
23. Brakes ystem 26301.5, 26450-264		1	<u> </u>	
)2 🗶	_		
25. Tires: wt eels 24002,27465;13 CCR 1085,10	_	<u>.</u>	<u>. </u>	
26. Fuelsys'em 24002, 27155, 27156		<u> </u>	<u> </u>	
27. Exhaust system 24002,27150,27151-2715	+ `			
28. Seat bet's 27315; 13 CCR 1103	.	\vdash		
29. Fire extinguisher <i>(minimum 4B:C)</i> 13 CCR 1103(c), 12	+	\vdash		
30. Portable light 13CCF 1103(\vdash		
31. Spare tire; jack and tools 27465; 13 CCR 1103(e) &		┢		
13. Maps 13 CCR 1103() a				
33. Doorlatches 13 CCR 1103				
24. Other state delects (if use explain)	_	 ~		

			0293					
EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLI REQUIRED BY 13 CCR 1103.2(a)(1) - (19)	IES	!	REQUIRED RECORDS AND DOCUMENTS					
ITEM INSPECTEDAND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC / 13 CCR	YES	NO			
35. /umbulance cot and collapsible stretcher	×		RECORD OF CALLS					
36. Securement straps for patienland cot/stretcher	×		59. Location of records; retained for 3 years 13 CCR 1100.7	/ <u>v</u>				
37. / nkle and wrist restraints	×		60. Date, lime. and location of calt received by whom (a)	ر کی ا				
38 Sheets: pillow cases: blankets: towels: pillows	×		61. Name of requesting person M agency (b)	7				
39. Oropharyngealairways (3 sizes)	×		62. Unit ID; personnel dispatched: red light/siren use (c)	1				
40. Pneumatic or rigidsplints (4)	×		63. Explanation of failure Io dispatch (d)) ~				
41. Resuscitator	×		64. Dispatch time: scene arrival and departure times (e)	1				
42. ONGEN and equipment	×		65. Destination of patient; arrival time (f)	14				
43. Sterile bandage compresses or equivalent (12)	X		66. Name of patient transported (9)	7				
44. Sterile gauze pads (4 - 3" x 3")	×		PERSONNEL RECORDS					
45. Toller bandages (62*, 3*, 4*, or 6*)	×		67. Employmentdale 13 CCR 1100.8(a)	1				
46. Adhesive lape (2 rolls - 1*, 2*, or 3'')	Х	 	68. Facsimile of driver license (b)) 4				
47. 'Bandage shears	x		69. Facsimile of ambulance driver certificate (b)	1				
48. Jniversal dressings (2 - 10" x 30" or larger)	X		70. Facsimile of medical exam certificate (b)) -				
49. Emesis basin or disposable baas: covered waste container	×		71. Facsimile of EMT certificate of medical license (c)	1				
50. Portable suction equipment	x		72. Work experience summary (d)	/ '				
51. 3andbags (2) of equivalent material to restrict movement	ત્ર		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibilions (e)					
52. 3pinal immobilization devices (2 sizes)	×		74. Employernotification(DMV Pull Notice System) 1808.1	ָריּי דְ				
53. {all-ring traction splint or equivalent device	×		COMPANY INSPECTION					
54. 3lood pressuremanometer, cuff, and stethoscope	V		75. Company or corporation ownership 13 CCR 1107(b)(1)	, 🗔				
55. Sterile obstetrical supplies	×	}	76. One or more ambulances available 24 hours 13 CCR 1107					
56. ³ otable water (1 gal.) or sterile saline solution (2 lilers)	×		77. Fees posted/maintained 13 CCR 1107(d)	\prod				
57. 3edpan or fracture pan	~		78. Financial responsibility 16020,16500,16500.5;13 CCR 1106.2	2				
58. Jrinal	<		79. 24-hour direct telephone service 13 CCR 1107(e)	'I 1				
80. IFISURANCE CARRIER'S NAME			POLICY NUMBER POLICY EXPIRA		_			
MIMS INT'L			RMCA 5273144 19.1.2	.00	2_			
81. FIEMARKS								

LICENSEE CERTIFICATION IN LIFT OF OFFICIAL PRAYE CERTIFICATE									
LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE									
I ce tify 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 road-tested by a competent mechanic and is in compliance with the requirements of this California Vehicle Code and Title 13, California Code of Regulations.									
and road-tested by a competent figchanic and is in compliance with the requirements of ths California Vehicle Code and Title 13, California Code of Regulations.									
82. S GNATURE OF LICENSEIL OR AUTHORIZED REPRESENTATIVE	-					DATE			
1\/\×						4/20/01			
Wd (2						11000			
B3. C HECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return II) certificate for replaced vehicle)									
[3] In compliance	Addition lo	fleet							
In compliance only after correction	Replaceme	ent	Absence of official brake adjusting station verified						
						J			
NO TEMPORARY OPERATING AUTHORIZATIO									
[] TEMPORARY OPERATING AUTHORIZATION:	This vehicle may be o	perated as an em	nergency ambula	ance. This authorizalion	on mud t be carried ir	the vehicle when			
used in lieu of the special vehicle identifica 85—SIBNATURE OF COMMANDER OR INSPECTINGOFFKER									
85 STATURE OF COMMANDER OR INSPECTINGOFFKER		NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE			
M. 13, Bon	1511 A	13794	720	Ø		4.16.01			
	11,000	1761	1160	/	<u> </u>	1			

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 4-98) OPI 062



REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code, Title 13 CCR, and GO 100.5

Distribution: Original to CVS; make copies for Area and Licensee

II	NSPECTION		
	☐ INITIAL	ANNUAL	COMPLIANCE

SERVICE NAME / WING BUSINESSAS			CHP LICENSE NUMBER	EHICLE YEAR, MAKE, AND MODEL		
AMR				95 FORD E-35 VEHICLE IDENTIFICATION NUMBER (VIN)	0	
SERVICE ADDRESS (number and street)				VEHICLE IDENTIFICATION NUMBER (VIN)	81921	
7575 SOUTHFRONT RD.				FDTS34F9SH	A re	
			5892534			
USUAL VEHICL: LOCATION (number, street, city, state, and zip code, if different from service address)			CHP ID CERTIFICATE NUMBER (annuals and o	ompliance only)		
116 TUBBARD ST. SANTA CRUZ CA 90				1786-390		
ITEM INSPECTED AND IN COMPLIANCE VC / 13 CCF	YES	NO	IF NO, DESCF	RIPTION OF DEFICIENCIES	COMPLIANCE DATE	
1. Registraton; plates 4000, 4160, 4454,4457,5200-5204						
2. Identification certificate(annuals/compliance only) 13 CCR 1107.2(a	' I	1				
3. Ambulance identification Sign 13 CCR 1100.	⁴ ×					
4. Headlamps 24252, 24400, 24407	' χ					
5. Beamse ector/indicator 24252,24406,24406	3 ×					
6. Headlart p flasher (if equipped) 24252,25252.5	и					
7. Steadyr:d warning lamp (<i>required</i>)* 24251,24252,25252,26100; 13 CCR 1103(a	K					
8. Optional warninglamp(s)* 24252, 25252, 25258(a), 25259,26100	X					
9. Turn signals 24252, 24951-24953; 13CCR 697499	×					
10. Clearanke/sidemarker lamps (if required) 24252, 25100, 25100.1; 13 CCR 688	X					
11. Warning devices (if required) 25300	X			-		
12. Stoplamps 24252,24603	4					
13. Taillamps 24252, 24600	4					
14. License , Mate l a m p 24252,24601	Ι×					
15. Backup amps 24252, 24606	Y		-			
16. Reflecto's 24252,24607	K					
17. Glass 26700, 26701, 26708, 26708.5, 26710	X					
18. Windshield wipers 26706,26707	X				·	
19. Defrost er 26712	Īχ	П				
20. Mirrors 26709	4					
21. Hom 27000	K					
22 Siren' 26100,27002;13 CCR 1021, 1028, 1029, 1103(a)	×				·	
23. Brakes; stem 26301.5, 26450-26454	9					
24. Steering; suspension 24002	K					
25. Tires; w'reels 24002,27465; 13 CCR 1085,1087	×					
26. Fuel system 24002, 27155, 27156.1	a					
27. Exhaust system 24002,27150,27151-27154	X					
28. Seat beits 27315; 13 CCR 1103(b)	K					
29. Fire extinguisher (minimum 4B:C) 13 CCR 1103(c), 1242	N.					
30. Portable light 13 CCR 1103(d)	X	1			1	
31. Spare tire; lack and tools 27465; 13 CCR 1103(e) & (f)	1	ļ			I	
32. Maps 13 CCR 1103(g)	x				1	
33 Door latches 13 CCR 1103(h)						
34. Other s afety defects (if yes, explain) 24002		×			1	
- 11 11-1						

			0200					
EMERGENCY MEDICAL CARE EQUIPMENT AND SUP REQUIRED BY 13 CCR 1103.2(a)(1) • (19)	PLIES		REQUIRED RECORDS AND DOCUMENTS					
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC 113 CCF	YES	NO			
35. Ambulance cot and collapsible stretcher	X		RECORD OF CALLS					
36. Securement straps for patient and cot/stretcher	×		59. Location of records; retained for 3 years 13 CCR 1100.7	1				
37. Ankle and wrist restraints	or		60. Date, time, and location of call; received by whom	丌				
38. Sheets; pillow cases; blankets; towels; pillows	ĸ		61. Name of requestingperson or agency (b	1				
39. Oropharyngeal airways (3 sizes)	×		62. Unit ID; personnel dispatched; red light/siren use (c	1	Г			
40. Pneumatic or rigid splints (4)			63. Explanation of failure Io dispatch (d	i T				
41. Resuscitator	×		64. Dispatchtime; scene arrival and departure times (e					
42. Oxygen and equipment	K		65. Destination of patient; arrival time)	Ī			
43. Sterile bandage compresses or equivalent (12)	α		66. Name of patient transported (g	1				
44. Sterile gauze pads (4-3" x 3")	ĸ		PERSONNEL RECORDS		<u> </u>			
45. Roller bandages (6 - 2", 3", 4", or 6")	ν (67. Employment date 13 CCR 1100.8(a)				
46. Adhesive tape (2 rolls • 1", 2", or 3")	×		68. Facsimile of driver license (b	12				
47. Bandageshears	×		69. Facsimile of ambulance driver certificate (b)	4				
48. Universal dressings (2 - 10" x 30" or larger)	4	1	70. Facsimile of medical exam certificate (b	十.'-				
49. Emesis basin or disposable bags; covered waste container	4	1	71. Facsimile of EMT certificate or medical license (c	7-				
50. Portable suction equipment	X		72. Work experience summary (d	1				
51. Sandbags (2) α equivalent material to restrict movement	K		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions (e) c r	Γ			
52. Spinal immobilization devices (2 sizes)	×		74. Employer notification(DMV Pull Notice System) 1808.	1 4	Γ			
53. Half-ringtraction splint or equivalent device	K		COMPANY INSPECTION		-			
54. Blood pressure manometer, cuff, and stethoscope	Ж		75. Company or corporation ownership 13 CCR 1107(b)(1)					
55. Sterile obstetrical supplies	લ		76. One or more ambulances available 24 hours 13 CCR 1107					
56. Potablewater (1 gal.) or sterile saline solution (2 liters)	~		77. Fees posted/maintained 13 CCR 1107(d)					
57. Bedpan or fracture pan	15		78. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106.2					
58. Urinal	F		79. 24-hour direct telephone service 13 CCR 1107(e)					
80. I VSURANCE CARRIER'S NAME MIMS INT'L			RIMCASZ73144 9.1.		ATE			
81. FEMARKS								

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								
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 ana road-tesfed by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.								
82. S GNATURE OF LICENSEE OF AUTHORIZED REPRESENTATIVE								
83. C HECK ALL APPLICABLE BOXES (in thial inspection, indicate whether replacement or addition to fleet if replacement, return ID certificate for replaced vehicle)								
In compliance								
In compliance only after correction	☐ Replacer	ment		Absence	of official brake adjustin	g station verified		
84. [] NO TEMPORARY OPERATING AUTHORIZA	TION. REVIEW REQUIR	ED. (explain in re	emarks)					
[] TEMPORARY OPERATING AUTHORIZATIO	N: This vehicle may be	e operated as an	emergency ambular	nce. This authorizati	on must be carried in	the vehicle when		
used in lieu of the special vehicle identi	fication certificate and	expires 30 days	after the date showr	n below.				
85. S'SNATURE OF COMMANDER OR INSPESSING OFFICER	_	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE		
	SONFILLO	13274	720.	Ф	20 min	4.16:01		

STATE OF CA JFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT

Distribution: Original to CVS; make copies for Area and Licensee



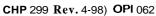
AMDIII ANCE INCRECTION DEPORT		INSPECTION		
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 4-98) OPI 062		I INITIAL	ANNUAL	COMPLIANC
REFERENCES - Completion: CHP 299A, HPM 82.1, I	HPG 83.2,Vehicle Code, Title 13 CCR, and GO	100.5		

SERVICENAME/ DOING BUSINESS AS			CHP LICENSE NUMBER	VEHICLE YEAR, MAKE AND MODEL		
AMR SERVICE ADDRESS (number and street)				95 FORD E-35	<u>o</u> '	
				VEHICLE IDENTIFICATION NUMBER (VIN)	81917	
7575 SOUTHERONT RD.				FDJS 3 4 F 7 SHA	F	
				-		
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)				SB9Z579 CHP ID CERTIFICATE NUMBER (annuals and compliance only)		
HE HUBBARD ST. SANTA CRUZ, CA 950	6ပ			1786-6897		
ITEM INSPECTED AND IN COMPLIANCE VC I 13 CCR	YES	NO	IF NO, DESCR	RIPTION OF DEFICIENCIES	COMPLIANCEDATE	
1. Registration; plates 4000, 4160, 4454, 4457, 5200-5204	4					
2. Identificat on certificate (annuals/compliance only) 13 CCR 1107.2(a)	×					
3. Ambulance identitation Sign 13 CCR 1100.4	K					
4. Headlam; s 24252,24400,24407	X					
5. Beam selector/indicator 24252,24406,24408	×					
6. Headlamı flasher (if equipped) 24252,25252 5	×					
7. Steady red warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103(a)	, x					
8. Optional varning lamp(s)* 24252, 25252, 25258(a), 25259,26100	<i>}</i>	l				
9. Turn sign ils 24252,2495144953; 13 CCR 697-699	κ					
10. Ctearance/sidemarker lamps (if required) 24252,25100,25100.1; 13 CCR 688	х	<u>'</u>	Ī		1	
11. Warning levices (if required) 25300	x				1	
12. Stoplamps <u>24252, 24603</u>	x				<u> </u>	
13. Taillamps 24252, 24600	4					
14. License plate lamp 24252,24601	۲					
15. Backup k mps 24252,24606	¥_]		<u>.</u>	
16. Reflectors 24252, 24607	1.	ł			İ	
17. Glass 26700, 26701, 26708, 26708.5, 26710	-		1			
18. Windshie d wipers 26706,26707	×					
19. Defroster 26712	x					
20. Mirrors 26709	l _×					
21. Hom 27000	۲					
22. Siren' 26100,27002; 13 CCR 1021, 1028, 1029, 1103(a)	×] ·	
23. Brake system 26301.5, 26450-26454	4					
24. Steering, suspension						
25. Tires; wt eels 24002, 27465; 13 CCR 1085,1087	×					
26. Fuel system 24002,27155,27156.1						
27. Exhaust system 24002, 27150, 27151-240624	%					
28. Seat belts 273 13.(仓户(分65)(986))	×					
29. Fire extinguisher (minimum 4B:C) 13 02, 27155, 27156.1	~					
30. Portable light	×			,		
31. Sparefire; jack and tools 27465; 1850 (1980)	44					
32. Maps 13 CCR 1103(g)	४					
33. Door latches 13 CCR 1103(h)	×					
34. Othersalety defects (ifyes, explain) 24002		×				
NOTE: t is the responsibility of the licenses to ensure that the warning lame/	clare	d oiro	n are in compliance wi	ith the requirements established	the CUBin the	

		1207					
EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES REQUIRED BY 13 CCR 1103,2(a)(1) - (19)			REQUIRED RECORDS AND DOCUMENTS				
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC 113 CCF	YES	NC		
35. Ambulance cot and collapsiblestretcher	۳		RECORD OF CALLS				
36. Securement straps for patient and cottstretcher	×		59. Location of records; retained for 3 years 13 CCR 1100.	7 4			
37. Ankle and wrist restraints	к		60. Date, lime, and location of call: received by whom (a	Y			
38. Sheets; pillow cases; blankets; towels; pillows	α	1	61. Name of requestingpersonor agency (b) ~			
39. Oropharyngealairways (3 sizes)	4		62. Unit ID; personnel dispatched; red light/siren use (C) 45			
40. Pneumatic or rigid splints (4)	×	Γ	63. Explanationof failure lo dispatch (d) ~			
41. Resuscitator	×		64. Dispatchtime; scene arrival and departure times	15	Г		
42. Oxygen and equipment	रि		65. Destinationof patient; arrivaltime	1			
43. Sterile bandage compresses or equivalent (12)	×		66. Name of patient transported) -			
44. Sterile gauze pads (4 · 3" x 3")	~		PERSONNEL RECORDS				
45. Roller bandages (6 - 2", 3", 4", or 6")	~		67. Employmentdate 13 CCR 1100.8(a	1			
46. \dhesive tape (2 rolls- 1", 2", or 3")	×		68. Facsimile of driver license (h) 4			
47. Bandage shears	~		69. Facsimile of ambulance driver certificate (b)			
48. ¹ Jniversal dressings (2 • 10" x 30" or larger)	1-<	Π	70. Facsimileof medical exam cerlifiite (b) <			
49. Emesis basin or disposable bags; covered waste container	×		71. Facsimile of EMT certificate or medical license (c) 4			
50. Portable suction equipment	4		72. Work experience summary (d) -			
51. Sandbags (2) or equivalent malerial to restrict movement	~		73. Affidavit certifying not subject to 13 CCR 1101(b) andor 13372 VC prohibitions (e)			
52. Spinal immobilization devices (2 sizes)	×		74. Employer notification (DMV Pull Notice System) 1808.	1			
53. Half-ring traction splint or equivalent device	2		COMPANY INSPECTION				
54 Blood pressure manometer, cuff, and stethoscope	· v	\Box	75. Company or corporationownership 13 CCR 1107(b)(1)			
55. Sterile obstetrical supplies	×		76. One or more ambulances available 24 hours 13 CCR 110	7	_		
56. Potablewater (1 gal.) or sterilesalinesolution (2 liters)	×		77. Feesposted/maintained 13 CCR 1107(d)	Γ		
57. Bedpan or fracture pan	~		78. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106.	2			
58 Urinal	12		79. 24-hour direct telephone service 13 CCR 1107(e)			
MIMS INT'L			POLICY NUMBER POLICY EXPI				

	LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE									
ar	certify that there is no official brake adjusting station within 30 miles of the operating base & this vehicle; however, the brake system & this vehicle has been inspected not read-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13. California Code of Regulations.									
	SIGNATURE OF LICENSEF OR AUTHORIZED REPRESENT						4/20/01			
83	CLECK AU APPLICABLEBOXES (in initial inspection, inc	ficate whether replacement or add	lition lo fleet; if replacem	nent, return ID certificate	for replaced vehicle)		-			
	In compliance	Addition	to fleet	ID certificate of replaced vehicle attached						
R4L	In compliance only after correction	Replacer	ment	Absence of oflicial brake adjusting station verified						
-	NO TEMPORARY OPERATING AUTHORI	ZATION. REVIEW REQUIR	ED. (explain in rei	marks)						
	TEMPORARY OPERATING AUTHORIZAT	ion: This vehicle may be	e operated as an e	mergency ambula	nce. This authorizati	on must be carried in	the vehicle when			
_	used in lieu of the special vehicle ide	ntification certificate and	expires 30 days af	ter the date show	n below					
85.	SICNATURE OF COMMANDER OF INSPECTING OFFICER		IDNUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE			
_	1.15,	BUNFILLO	132.94	านว	Ø	20 mm	4. IC. 01			
							THE R. P. LEWIS CO., LANSING, MICH.	_		

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT





INSPECTION		
☑ INITIAL	ANNUAL	COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Distribution: Original to CVS; make copies for Area are				100.5	
SERVICE NAME / WWG BUSINESS AS	IG LIO	01100	CHP LICENSENUMBER	VEHICLE YEAR, MAKE. AND MODEL	
AMR				93 FORD E-350 VEHICLE IDENTIFICATION NUMBER (VIN)	0
SERVICE ADDF ESS (number and street)				1	400000
7575 SOUTHFRONT RD.				FDTS 34 MZ PHB VEHICLE LICENSE PLATE NUMBER AND ST	
(city, state, and tip code)					AIE.
LIVERMORE, CA 94550 USUAL VEHICL ELOCATION (number, street, city, state, and zip code, if different from service address)				4T53Z96 CHP ID CERTIFICATE NUMBER (annuals and	compliance only)
116 HUBBARD ST. SANTACRUZ, CA 9506	ث			1786-6894	
ITEM INSPECTED AND IN COMPLIANCE VC //3 CCR		NO	IF NO, DESC	RIPTION OF DEFICIENCIES	COMPLIANCEDATE
1. Registration; dates 4000,4160,4454,4457,5200-5204	X				
2 Identification certificate (annuals/compliance only) 13 CCR 1107.2(a)	X				
Ambulance identificationsign 13 CCR 1100.4	×		1		
4. Headlamps 24252,24400,24407	×				
5. Beamse lector/indicator 24252,24406,24408	х				
6. Headlanp flasher (if equipped) 24252,25252.5	×				
7. Steady rad warning lamp (required) 24251,24252,25252,26100; 13 CCR 1103(a)	×				
B. Optional warning lamp(s)* 24252, 25252, 25258(a), 25259,26100	×				
9. Turnsignals 24252, 24951-24953; 13 CCR 697-699	×				
10. Clearanx e/sidemarker lamps (if required) 24252,25100,25100.1; 13 CCR 688	ıχ				
11. Warning devices (if required) 25300	A				
12. Stoplamı's 24252,24603	α				
13. Taillamp; 24252,24600	×				
14. License plate lamp 24252, 24601	1				
15. Backup lamps 24252, 24606	ď				
16. Reflectors 24252,24607	×				1
17. Glass 26700, 26701, 26708, 26708.5, 26710	K				
18. Windshi Idwipers 26706,26707					
19. Defroste 26712					
20. Mirrors 26709	K				
21. Horn 27000	×				
22. Siren' 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	×				
23. Brakesystem 26301.5, 26450-26454	x				1
24. Steering suspension 24002	Ī«				1
25. Tires: wt eels 24002.27465: 13 CCR 1085.1087	×				
26. Fuel system 24002, 27155, 27156.1	lα				
27. Exhaust system 24002,27150,27151-27154	l _{oc}				
28. Seat belts 27315; 13 CCR 1103(b)	×				
29. Are extinguisher (minimum4B:C) 13 CCR 1103(c), 1242	Κ.				
30. Portablelight 13CCR 1103(d)	w.				
31. Spare tir 3; jack and tools 27465; 13 CCR 1103(e) & (f)	T				
32. Maps 13 CCR 1103(g)	~ ~				
33. Door latches 13 CCR 1103(h)	K				
34. Other salety defects (ifyes, explain) 24002		×			

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPL REQUIRED BY 13 CCR 1103.2(a)(1) - (19)			REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC I13 CCR	YES	NO	
35. Ambulance cot and collapsible stretcher	~		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	~		59. Location of records; retained for 3 years 13 CCR 1100.7			
37. Ankle and wrist restraints	×		60. Dale, time, and location of call; received by whom (a)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
38. 3heets; pillow cases; blankets; towels; pillows	×	Ī	61. Name of requesting person or agency (b)	*		
39. Dropharyngeal airways (3 sizes)	∀		62. Unit Dipersonnel dispatched; red light/siren use (c)	<u>`</u>		
40. 'neumatic or rigid splints (4)	×		63. Explanation of failure to dispatch (d)	_		
41. Resuscitator	×		64. Dispatch time; scene arrival and departure times (e)	~		
42. Dxygen and equipment			65. Destination of patient; arrival time (f)			
43. Sterile bandage compresses or equivalent (12)	×		66. Name of patient transported (g)	4		
44. Sterile gauze pads (4 - 3" x 3")	7	<u> </u>	PERSONNELRECORDS			
45. Roller bandages (62", 3", 4", or 6")		<u> </u>	67. Employment date 13 CCR 1100.8(a)			
46. Adhesive tape (2 rolls - 1", 2", or 3")	~	·	Racsimile of driver license	7		
47. 3andage shears	×	 	69. Facsimile of ambulance driver certificate (b)			
48. Jniversal dressings (2 • 10" x 30" or larger)	<	ļ	70. Facsimile of medical exam certificate (b)	 -7-		
49. Emesis basin α disposable bags; covered waste container	_	<u> </u>	71. Facsimile of EMT certificate or medical license (c)	5		
50. ortable suction equipment	X		72. Work experience summary (d)	~		
51. Sandbags (2) or equivalentmaterial to restrict movement	×	·	73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372VC prohibitions (e)	7		
52. Spinalimmobilization devices (2 sizes)	~		74. Employernotification(DMV Pull Notice System) 1808.1	`		
53. 4alf-ring tractionsplint or equivalent device	~		COMPANY INSPECTION	<u>I</u>		
54. 3lood pressure manometer, cuff. and stethoscope	~		75. Company or corporationownership 13 CCR 1107(b)(1)			
55. Sterile obstetrical supplies	a	\vdash	76. One or more ambulances available 24 hours 13 CCR 1107			
56. ordable water (1 gal.) or sterile saline solution (2 liters)	×		77. Feesposted/maintained 13 CCR 1107(d)			
57. 3edpan or fracture pan	~		78. Financialresponsibility 16020, 16500, 16500.5; 13 CCR 1106.2			
58. Jrinal	×		79. 24-hour direct telephone service 13 CCR 1107(e)			
80. I/ISURANCE CARPIER'S NAME			POLICY NUMBER POLICY EXPIRATION			
MIMS IN17L		RMCA SZ7 3144 9.1.0	Z			

81. FEMARKS

LIC	CENSEE CERTIFICA	TION IN LIEU	OF OFFICIAL B	RAKE CERTIFI	CATE			
I ce tify that there is no official brake adjusting	ng station within 30 mile.	s of the operatin	g base of this vehic	le; however, the b	orake system of this vehi	icle has been inspected		
and road-tested by a competent mechanic at		the requiremen	ts of the California	Vehicle Code and	Title 13, California Code	of Regulations.		
82. S GNATURE OF LICENSEE OR AUTHORIZED REPRESENTA	TIVE					DATE 120 01		
83. C IECK ALL APPLICABLE BOXES (if initialling) ection, indica	ate whether replacement or add	lition to fleet; if replac	ement, retum ID certificate	for replaced vehicle)				
f3Lin compliance		☐ Addition to fleet ☐ ID certificate of replaced vehicls at				attached		
In compliance only after correction	Replacer	ment		Absence of official brake adjusting station verified				
[] NOTEMPORARY OPERATING AUTHORIZA	ATION. REVIEW REQUIR	ED. (explain in l	remarks)					
TEMPORARY OPERATING AUTHORIZATION	าง: This vehicle may be	operated as an	emergency ambula	ance. This authori	ization must be carried i	the vehicle when		
used in lieu of the special vehicle ident	ification certificate and	expires 30 days	after the date show	n below.	_			
85 SIGNATURE OF COMMANDER OR INSPECTING OFFICER		ID NUMBER	LOCATION CODE	OFFICER'STPAVEL TIM	E INSPECTIONOURATION	DATE		
n.131~	- BUNFILLO	132.94	720	Ø	ZO MIN	4-16-01		

0300

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 4-98) OPI 062



REFERENCES -Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code, Title 13 CCR, and GO 100.5

INSPECTION		
☐ Initial	ANNUAL	COMPLIANCE

SERVICE NAME / DOING BUSINESS AS	u Lic	ense	CHP LICENSENUMBER	VEHICLEYEAR. MAKE.AND MOCEL	
AMR] .]	91 FORD E-350	
SERVICE ADDRESS (number and street)				VEHICLE IDENTIFICATION NUMBER (VIN)	57618
7575 SOUTHFRONT RD.				FDHS 34 M 5 M	HA
					E
LIVERWORE CA 74550 USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)				4654974 CHP ID CERTIFICATE NUMBER (annuals and c	ompliance only)
116 HUBBARD ST. SANTA CRUZ, CA	99	so.	,	1786-6895	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ITEM INSPECTED AND IN COMPLIANCE VC / 13 CCR	T			PTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates 4000, 4160, 4454, 4457, 5200-5204	×				
2. Identificatoncertificate (annuals/compliance only) 13 CCR 1107.2(a)	×				
3. Ambulance identificationsign 13 CCR 1100.4	×				
4. Headlam; s 24252,24400,24407	X				
5. Beamselector/indicator 24252, 24406, 24408	×				
6 Headlam, Rasher (if equipped) 24252, 25252 5	文		and the state of t		
7. Steady re1 warning lamp (<i>required</i>)* 24251, 24252, 25252, 26100; 13 CCR 1103(a)	X				1
8. Optional v/aming lamp(s)* 24252, 25252, 25258(a), 25259,26100	г ι				
9. Turn signals 24252, 24951-24953; 13 CCR 697-699	X				•
10. Clearance/sidemarker lamps (if required) 24252, 25100, 25100.1; 13 CCR 688	×				
11. Warning devices (if required) 25300	×				
12. Stoplamp; 24252.24603	×				
13. Taillamps 24252,24600	ĸ			··	
14. License p ale lamp 24252,24601	X				
15. Backup lamps 24252,24606	×				
16. Reflectors 24252,24607	×				
17. Glass 26700, 26701, 26708, 26708.5, 26710	-				
18. Windshie d wipers 26706,26707	×				
19. Defroster 26712	ox				
20. Mirrors 26709	à				
21. Hom 27000	x				
22. Siren' 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	×				
23. Brakesystem 26301.5, 26450-26454	×				
24. Steeling;suspension 24002	α				1
25. Tires; whitels 24002, 27465; 13 CCR 1085,1087	X				1
26. Fuels yst:m 24002,27155,27156.1	X				1
27. Exhaust ;ystem 24002, 27150, 27151-27154	X	 			1
28. Seat belts 27315; 13 CCR 1103(b)	X				
29. Fire extir guisher (minimum 4B:C) 13 CCR 1103(c), 1242	X				
30. Portable ight 13 CCR 1103(d)	×				
31. Spare tini; jack and tools 27465; 13 CCR 1103(e) & (f)	×				
32. Maps 13 CCR 1103(g)	X				
33. Door latcres . 13 CCR 1103(h)	×				
34. Other salety delects (if yes, explain) 24002		V			
NOTE: the responsibility of the licensee to ensure that the warning lamp(s	s) and		are in compliance wil	h the requirements established	by the CHP in the

New E: the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIF REQUIRED BY 13 CCR 1103.2(a)(1) - (19)				REQUIRED RECORDS AND DOCUMENTS					
ITE	INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	VC I13 CCR	YES	N		
35.	Ambulance cot and collapsible stretcher	V		RECORD OF CALLS					
36.	Securement straps for patient and cot/stretcher	x		59. Location of records; retained for 3 years	13 CCR 1100.7	1			
37.	Ankle and wrist restraints	×		60. Date, time, and location of call; received by whom	(a)	Y			
38.	Sheets; pillow cases; blankets; towels; pillows	×		61. Name of requesting person or agency	(b)	٢			
39.	Oropharyngeal airways (3 sizes)	×		62. Unit ID; personnel dispatched; red light/siren use	(c)	4			
40.	Pneumatic or rigid splints (4)	x		63. Explanation of failure to dispatch	(d)	ď			
41.	Resuscitator	×		64. Dispatch time; scene arrival and departure times	(e)	4	Γ		
42.	Oxygen and equipment	X		65. Destination of patient; arrival time	(1)	٢			
43.	Sterile bandage compresses or equivalent (12)	×		66. Name of patient transported	(g)	9			
44.	Sterile gauze pads (4 - 3" x 3")	×	Г	PERSONNEL RECORDS					
45.	Rollerbandages (6 - 2", 3", 4", or 6")	×		67. Employment date	13 CCR 1100.8(a)	4	Γ		
46.	Adhesive tape (2 rolls - 1", 2", or 3")	×		68. Facsimile of driver license	(b)	4			
47.	Bandage shears	a		69. Facsimile of ambulance driver certificate	(b)	4	Г		
48.	Universaldressings (2 • 10" x 30" or larger)	X		70. Facsimile of medical exam certificate	(b)	۲			
49.	Emesis basin or disposable bags; covered waste container	×		71. Facsimile of EMT certificate or medical license	(c)	4	Γ		
50.	Portable suction equipment	×		72. Work experience summary	(d)	4			
51.	Sandbags (2) or equivalent material to restrict movement	×		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC	prohibitions (e)	4			
52.	Spinal immobilization devices (2 sues)	l x		74. Employer notification (DMV pull Notice System)	1808.1	*			
53.	Half-ring traction splint or equivalent device	~		COMPANY INSPECTION	-				
54	Blood pressure manometer, cuff, and stethoscope	K		75. Company or corporation ownership	13 CCR 1107(b)(1)				
55.	Stenle obstetrical supplies	×		76. One α more ambulances available 24 hours	13 CCR 1107				
56.	Potable water (1 gal.) or sterile saline solution (2 liters)	×		77. Fees posted/maintained	13 CCR 1107(d)				
57.	Bedpanor fracture pan	X		78. Financialresponsibility 16020, 16500, 16500	.5; 13 CCR 1106.2				

58. Urinal

81. FEMARKS

80. I VSURANCE CARRIERS NAME

Mims

INTIL

Temporary operating authorization: This vehicle may be operated as an emergency ambulance. This authorization must be carried in tho vehicle when

720

13214

used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

85 SIGNATURE OF COMMANDER OR INSPECTING OFFICERS TRAVEL TIME

10 TO THE STATE OF THE STA

BONFILLO

79. 24-hour direct telephone service

RMCA 5273144

20 min 4.16.01

INSPECTIONDURATION

Ø

13 CCR 1107(e)

POLICY EXPIRATION DATE

9.1.02

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 4-98) OPI 062



REFERÊNCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code, Title 13 CCR, and GO 100.5

INSPECTION		
INITIAL	ANNUAL	COMPLIANCE

Distribution: Original to CVS; make copies for Area an	d Lic	ense			
SERVICE NAVE / DOING BUSINESS AS			CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	
AMR SERVICE ADDRESS (number and street)				97 FORD E-39 VEHICLE IDENTIFICATION NUMBER (VIN)	. 0
7575 SOUTHFRONT RD				FDTS 34 FXVHA	75291
					NE.
LIVERWORE, CA 94550 USUAL VEHIC .E LOCATION (number, street, city, state, and zip code, if different from service address)				5 R 9 8 5 4 0 CHP ID CERTIFICATE NUMBER (annuals and	compliance only)
116 HUBBARD ST. SANTA CRUZ CA	75	06	0	1786-6889	,,,,
ITEM INSPECTED AND IN COMPLIANCE VC / 13 CCR	YES	NO	IF NO, DESCI	RIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates 4000, 4160, 4454, 4457, 5200-5204	×				
Identification certificate (annuals/compliance only) 13 CCR 1107.2(a)	9				
3. Ambulance identification sign 13 CCR 1100.4	×				
4. Headlamps 24252, 24400, 24407	×				
5. Beams elector/indicator 24252, 24406, 24408	X				
6. Headlanp flasher (if equipped) 24252, 25252.5	X				
7. Steady red warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103(a)	α				
8. Optional warning lamp(s)* 24252, 25252, 25258(a), 25259, 26100	a				
9. Tum signals 24252, 24951-24953; 13 CCR 697-699	x				
10. Clearar ce/sidemarker lamps (if required) 24252, 25100, 25100.1; 13 CCR 688	x				
11. Warnin ; devices (if required) 25300	×				
12. Stoplan ps 24252, 24603	K				
13. Taillam _i s 24252, 24600					
14. License plate lamp 24252, 24601	×				
15. Backup lamps 24252, 24606	×				1
16. Reflectors 24252, 24607	×				
17. Glass 26700, 26701, 26708, 26708.5, 26710	×				
18. Windshield wipers 26706, 26707	×		-		
19. Defrostir 26712	-				
00.11					
21. Hom 27000	 ` -				
22. Siren' 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)					
23. Brake system 26301.5, 26450-26454					-
24. Steerin;; suspension 24002	 				-
25. Tires; w heels 24002.27465; 13 CCR 1085.1087	-1				
26. Fuelsy:tem 24002, 27155, 27156.1	-				
27. Exhaust svslem 24002, 27150, 27151-27154					
28. Sealbeits 27315; 13 CCR 1103(b)					
29. Fire extinguisher (minimum 4B:C) 13 CCR 1103(c), 1242	 				
30. Portabl : light 13 CCR 1103(d)					
31. Spare 1 re; jack and tools 27465; 13 CCR 1103(e) 6 (f)		\Box			
32. Maps 13 CCR 1103(g)				111 - 112	
33. Door laches 13 CCR 1103(h)	4				
34. Other safety defects (if yes, explain) 24002		×			
NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s	s) and	ll d sirer	are in compliance v	vith the requirements established	by the CHP in the

Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

			<u>*</u>					
EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES REQUIRED BY 13 CCR 1103.2(a)(1) - (19)			REQUIRED RECORDS AND DOCUMENTS					
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC / 13 CCF	YES	NO			
35. Ambulance cot and collapsible stretcher	iX,		RECORD OF CALLS					
36. Securement straps for patient and cot/stretcher	4		59. Location of records; retained for 3 years 13 CCR 1100.	1				
37. Ankle and wrist restraints	~		60. Date, lime, and location of call; received by whom (a	T.	Γ			
38. Sheets; pillow cases; blankets; towels; pillows	\ <u>~</u>		61. Name of requesting person or agency (b					
39. Oropharyngealairways (3 sizes)	x	1	62 Unit ID; parennal dispatched; red light/eiron use (c)	×				
40. Pneumatic or rigid splints (4)	K		63. Explanation of failure to dispatch (d	1				
41. Resuscitator	×		64. Dispatch time; scene arrival and departure times (e	1				
42. Oxygen and equipment	K		65. Destination of patient; arrival time	R	T			
43. Sterile bandage compresses or equivalent (12)	×		66. Name of patient transported (g	~				
44. Sterile gauze pads (4 - 3" x 3")	×		PERSONNEL RECORDS	•				
45. Roller bandages (6 - 2", 3", 4", or 6")	K		67. Employment date 13 CCR 1100.8(a	4	T			
46. Adhesive tape (2 rolls - 1", 2", or 3")	1		68. Facsimile of driver license (b	Or .	T			
47. Bandage shears	×		69. Facsimile of ambulance driver certificate (b	R	Τ			
48. Universal dressings (2 - 10" x 30" or larger)	9		70. Facsimile of medical exam certificate (b) ar				
49. Emesis basin or disposable bags; covered waste container	K		71. Facsimile of EMT certificate or medical license (c	4	Г			
50. Portable suction equipment	K		72. Work experience summary (d	9	Г			
51. Sandbags (2) or equivalent material to restrict movement	R.		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions (e	4				
52. Spinal immobilization devices (2 sizes)	1		74. Employer notification (DMV Pull Notice System) 1808.	9	Г			
53. Half-ring traction splint or equivalent device	1		COMPANY INSPECTION					
54. Blood pressure manometer, cuff, and stethoscope	4		75. Company or corporation ownership 13 CCR 1107(b)(1		Π			
55. Sterile obstetrical supplies	19	Г	76. One or more ambulances available 24 hours 13 CCR 110	/				
56. Potable water (1 gal.) or sterile saline solution (2 liters)	9		77. Fees posted/maintained 13 CCR 1107(d					
57. Bedpan or fracture pan	12		78. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106.2	2				
58. Urinal	7		79. 24-hour direct telephone service 13 CCR 1107(e					
BO. TISURANCE CARRIER'S NAME MIMA INTIL			POLICY NUMBER POLICY EXPIR		DATE			

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE									
I ce tily 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 road-tested by a competent mechanicand is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.									
82. S GNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE				4/20/01					
83. C IECKALL APPLICABLE BOX (S) initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)									
In compliance	Addition to fleet	☐ ID certificate of replaced vehicle attached							
In compliance only after correction	☐ Replacement		Absence of official brake adjusting station verified						
84. [] NO TEMPORARY OPERATING AUTHORIZATION	I. REVIEW REQUIRED. (explain in rema	rks)							
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 identificat	ion certificate and expires 30 days after	the date shown below.							
31 STATURE OF COMMANDER OR INSPECTING OFFICER	D NUMBER	LOCATION CODE OFFICERSTE	AVEL TIME INSPECTIONDURATION	DATE					
n.1 S.~	13294	720 0	ZO MIN	4.16.01					
				A 4					

494

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

7575 SOUTH FRONT RD. (city, state, and zip code)

ITEM INSPECTED AND IN COMPLIANCE

2. Identification certificate(annuals/compliance only)

LIVERMORE, CA 94550
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)

116 HUBBARD ST. SANTA CRUZ

REFERENCES-Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code,

Distribution: Original to CVS; make copies for Area and Licen

CHP 299 !Rev. 4-98) OPI 062

SERVICE NAME/DOING BUSINESSAS

SERVICE ADDRESS (number and street)

1. Registration; plates

4. Headlar vps

9. Tum signals

12. Stoplan ps

13. Taillamps

16. Reflectors

17. Glass

20. Mirrors

21. **Horn**

22. Siren'

23. Brake: ystem

25. Tires; v/heels

26. Fuel system

28. Seat belts

30. Portable light

33. Door latches

32. **Maps**

31. Spare fre; jack and tools

27. Exhaut t system

Fire extinguisher (minimum 4B:C)

34. Other :: afety defects (if yes, explain)

24. Steering; suspension

14. License plate lamp

15. Backup lamps

18. Windshield wipers19. Defroster

3. Ambulance identificationsign

6. Headlainp flasher (if equipped)

7. Steady ed warning lamp (required)

10. Clearar ce/sidemarker lamps (if required)

5. Beams elector/indicator

8. Optional warning lamp(s)*

11. Warning devices (if required)

AMR



9506

CA

13 CCR 1107.2(a)

24252,24400,2447

24252, 24406, 24408

24252, 25252,5

24252,24603 24252,24600

24252, 24601

24252.24606

24252,24607

26706,26707

26301.5, 26450-26454

24002,27155,27156.1

24002, 27150, 27151-27154

13 CCR 1103(c), 1242

27465; 13 CCR 1103(e) 6 (9

27315; 13 CCR 1103(b) 💌

13 CCR 1103(d)

13 CCR 1103(g)

13 CCR 1103(h)

24002

24002, 27465; 13 CCR 1085, 1087

26712

26709

27000

24002

X

×

13 CCR 1100.4

4000, 4160, 4454, 4457, 5200-5204

24251,24252,25252,26100; 13 CCR 1103(a)

24252, 25252, 25258(a), 25259,26100 24252,24951-24953;13 CCR 697-699

24252, 25100, 25100.1; 13 CCR 688

26700, 26701, 26708, 26708.5, 26710

26100,27002; 13 CCR 1021, 1028, 1029, 1103(a)

VC / 13 CCR YES

				7 17
_	_	0304		•
ſ		INSPECTION		
=		☐ INITIAL	ANNUAL	COMPLIANCE
Tit	e 13 CCR, and GO	100.5		
see		NELUCIE VEAD MAKE	- 440.140.051	
	CHP LICENSE NUMBER	VEHICLE YEAR, MAKI	=,ANU MODEL D = 7 C	· A
		VEHICLE IDENTIFICAT	TON NUMBER (VIN)	
		'FDSS ³	D E-35 TION NUMBER (VIN) Y F S X H A ATE NUMBER AND STATI	71494
		VEHICLE LICENSE PL	ATE NUMBER AND STATI	=
		CHP ID CERTIFICATE	NUMBER (annuals and co	moliance only)
0		1786-7	144	,
0	IF NO, DESCR	IPTION OF DEF		COMPLIANCE DATE
٦				
				1
_				
_				
4				
_				
_				
4				<u> </u>
-				<u>f</u>
-				
-	•			
1				†
				<u>.</u>
_ <u> </u>				1
<u></u>				1
7				
				
\dashv				
\dashv		<u> </u>	•	
	_			J

• NOTE: It is the responsibility of the licensee to ensure that the warninglamp(s) and siren are In compliance with the requirements established by the CHP in the Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

X

				0305			
EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES REQUIRED BY 13 CCR 1103.2(a)(1) • (19)			REQUIRED RECORDS AND DOCUMENTS				
ITI	MINSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC / 13 CC	RY	ES NO	
35.	Ambulance cot and collapsible stretcher	X		PECORD OF CALLS			
36.	Securement straps for patient and cot/stretcher	α		59. Location of records; retained for 3 years 13 CCR 1100	7 •	〈	
37.	Ankle and wrist restraints	N(60. Date, time, and location of call: received by whom) -	7	
38.	Sheets; pillow cases; blankets; towels; pillows	V.		61. Name of requesting person or agency) [,	
39	Oropharyngealairways (3 sizes)	94		62 Unit ID; personnel dispatched; red light/siren use) (7	
40	Pneumatic a rigidsplints (4)	K		63. Explanation of failure to dispatch		7	
41	Resuscitator	K		64 Dispatch time; scene arrival and departure times () (۲	
42	. Oxygen and equipment	X	Γ	65. Destination of patient; arrival time	n d	4	
43	. Sterile bandage compresses or equivalent (12)	K		66. Name of patient transported (3) -	7	
44	Sterile gauze pads (4 - 3'x 3")	X	Г	PERSONNEL RECORDS			
45	Roller bandages (6. 2.3.4°, or 63	K	 	67. Employment date 13 CCR 1100.9(c	1) 4	1	
46	Adhesive tape (2 rolls - 1", 2.or 33	K		68. Facsimile of driver license (I) ^	,	
47	Bandageshears	7		69. Facsimile of ambulance driver certificate (I)		
48	Universal dressings (2 - 10" x 30" or larger)	K	Г	70. Facsimile of medical exam certificate (1			
49	Emesis basin or disposable bags; covered waste container	1		71. Facsimile of EMT certificate or medical license (c) .	7	
50	Portable suction equipment	×		72. Work experience summary	5) /	4	
51	Sandbags (2) a equivalent material to restrict movement	1	<u> </u>	73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372VC prohibitions (9) 1	V	
52	. Spinal immobilization devices (2 sues)	9		74. Employer notification(DMV Pull Notice System) 1808.	1 4	0	
53	. Half-ringtraction splint or equivalent device	19		COMPANY INSPECTION			
54	Blood pressuremanometer, cuff, and stethoscope	×		75. Company or corporation ownership 13 CCR 1107(b)(1)		
55	. Sterile obstetrical supplies	~		76. One or more ambulances available 24 hours 13 CCR 110	7		
56	Potable water (1 gal.) or sterile saline solution (2 liters)	٥		77. Fees posted/maintained 13 CCR 1107(c	1)	\top	
57	. Bedpan or fracture pan	~		78. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106	.2	7	
	. Urinal	4		79. 24-hour direct telephone service 13 CCR 1107(e)		
80.	INSURANCECARRIERSNAME	-		POLICY NUMBER POLICY EXP			
81.	MIMS INT'L			RMCA5273144 9.1.	0	2	

LICEN	ISEE CERTIFICATION IN LIEU OF	OFFICIAL B	RAKE CERTIFICA	TE				
I certify that there is no official brake adjusting si	tation within 30 miles of the operating ba	se of this vehic	le; however, the brak	e system of this vehi	cle has been inspected			
and road-tested by a competent mechanic and is	s in compliance with the requirements of	the California \	ehicle Code and Title	e 13, California Code	of Regulations.			
82. 3IGNATURE OF LICENSEE OR ATHORIZED REPRESENTATIVE					1 20 01			
83. CHECK ALL APPLICABLE OXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)								
🗊 In compliance	☐ Addition to fleet				☐ ID certificate of replaced vehicle attached			
In compliance only after correction	Replacement		Absence	of official brake adjusti	ng station verified			
84. No temporary operating authorizatio	N. REVIEW REQUIRED. <i>(explain</i> in <i>rema</i>	rks)						
TEMPORARY OPERATING AUTHORIZATION:	This vehicle may be operated as an eme	rgency ambula	nce. This authorizati	on must be carried in	the vehicle when			
Used in lieu of the special vehicle identifica		the date show	n below.	_				
85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICERS TRAVEL TIME	INSPECTIONDURATION	DPTE			
- 11.13	13294	720	φ	20 m.w	4.16 01			

846

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 4-98) OPI 062



INSPECTION		
☐ INITIAL	ANNUAL	COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehic Distribution: Original to CVS; make copies for Area				100.5	
SERVICE NAME / WWG BUSINESS AS			CHPLICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	
AMR				96 FORD E-3 VEHICLE IDENTIFICATION NUMBER (VIN)	50
SERVICE ADDRESS (number and street)				FDTS 34 F 2 THE	
7575 SOUTHFRONT RD.				VEHICLE LICENSE PLATE NUMBER AND ST	ATE .
				5631483	
USUAL VERWORE, CA 94550 USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)				CHP ID CERTIFICATE NUMBER (annuals and	compliance only)
116 HUBBARD ST. SANTA CRUZ CA.	95	06	Ö	1786-6890	
ITEM INSPECTED AND IN COMPLIANCE VC / 13 CC	RYES	NO	IF NO, DESCI	RIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates 4000, 4160, 4454, 4457, 5200-520	4 🗙				
Identification certificate (annuals/compliance only) 13 CCR 1107.2(a) 🛛				
3. Ambulance identification sign 13 CCR 1100	.4 🗶				
4. Headlamps 24252, 24400, 2440	07 ~				
5. Beam se ector/indicator 24252, 24406, 2440	08 ×	T	,		
6. Headlamp flasher (if equipped) 24252, 25252	.5 ≪				
7. Steady red warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103(a) 🔀				
8. Optional warning lamp(s)* 24252, 25252, 25258(a), 25259, 2610	∞ ∝				
9. Turn sigr als 24252, 24951-24953; 13 CCR 697-69	9 0				
10. Clearanx e/sidemarker lamps (if required) 24252, 25100, 25100.1; 13 CCR 68	8 0				
11. Warning devices (if required) 2530	0 &				
12. Stoplamps 24252, 2460	3 4				
13. Tailtamps 24252, 2460	0 ~				
14. License plate lamp 24252, 2460					
15. Backup lamps 24252, 2460	 				
16. Reflectors 24252, 2460					
17. Glass 26700, 26701, 26708, 26708.5, 2671	0 ~				
18. Windshield wipers 26706, 2670	7 00				
19. Defroste 2671	\rightarrow				
20. Mirrors 2670					
21. Hom 2700					
22. Siren* 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a	1) 9				
23. Brake system 26301.5, 26450-2645					
24. Steering suspension 2400	 `				
25. Tires; wf eels 24002, 27465; 13 CCR 1085, 108	7 ×				
26. Fuel sys'em 24002, 27155, 27156.					
27. Exhaust system 24002, 27150, 27151-2715					
28. Seat bet's 27315; 13 CCR 1103(t					
29. Fire extinguisher (minimum 4B:C) 13 CCR 1103(c), 124	+-				
30. Portable light 43 CCH 1103(1			
31. Spare tire; jack and tools 27465; 13 CCR 1103(e) &	· · ·	1			
32. Maps 13 CCR 1103(
33. Door lat hes 13 CCR 1103(—"\-				
34. Other salety defects (ifyes, explain) 2400	\rightarrow	12			<u> </u>

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES REQUIRED BY 13 CCR 1103.2(a)(1) - (19)			REQUIRED RECORDS AND DOCUMENTS				
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC / 13 CC	RIY	/ES	NO	
35. Ambulance cot andcollapsible stretcher	×		RECORD OF CALLS				
36. Securement strapsfor patient and cot/stretcher	×		59. Location of records; retained for 3 years 13 CCR 1100).7			
37. Ankle and wrist restraints	×		60. Date. time. and location of calt received by whom	(a)	3,		
38. Sheets; pillow cases: blankets; towels; pillows	~		61. Name of requesting person or agency	(b)	χ		
39. Oropharyngealairways (3 sizes)	~		62. Unit ID; personnel dispatched; red light/siren use	(c) 4	,		
40. Pneumatic or rigid splints (4)	×		63. Explanation of failure to dispatch	(d)	4		
41. Resuscitator	×		64. Dispatch time; scene arrival and departure times	(e) 4	~		
42. Oxygen and equipment	×		65. Destination of patient; arrival time	(f) ,	4		
43. Sterile bandage compresses or equivalent (12)	K	Г	66. Name of patient transported	(g)	*		
44. Sterile gauze pads (4 - 3" x 3")	×		PERSONNEL RECORDS				
45. Roller bandages (6 - 2", 3", 4", or 6")	×		67. Employment date 13 CCR 1100.8	a)	4		
46. Adhesive tape (2 rolls - 1", 2", or 3")	X		68. Facsimile of driver license	(b)	7		
47. Bandage shears	K		69. Facsimile of ambulance driver certificate	(b)			
48. Universal dressings (2 - 10" x 30" or larger)	×		70. Facsimile of medical exam certificate	(b)	,		
49. Emesis basin or disposable bags; covered waste container	4		71. Facsimile of EMT certificate or medical license	(c)	4		
50. Portable suction equipment	\		72. Work experience summary	(d) 4	7		
51. Sandbags (2) or equivalent material to restrict movement	A		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	~		
52. Spinal immobilization devices (2 sizes)	4		74. Employer notification (DMV Pull Notice System) 1808	1.1	7		
53. Half-ring traction splint or equivalent device	<u>م</u>		COMPANY INSPECTION				
54. Blood pressure manometer, cuff, and stethoscope	a		75. Company or corporation ownership 13 CCR 1107(b)	1)	\neg		
55. Sterile obstetrical supplies	×		76. One or more ambulances available 24 hours 13 CCR 11	07			
56. Potable water (1 gal.) or sterile saline solution (2 liters)	a		77. Fees posted/maintained 13 CCR 1107	d)			
57. Bedpan or fracture pan	a		78. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106	.2	ヿ		
58. Urinal	1 8		79. 24-hour direct telephone service 13 CCR 1107	e)	丁		
80. NSURANCE CARRIERS NAME MIMS INT'L 81. REMARKS			POLICY NUMBER POLICY EXP			ΓÉ	

LICEN	SEE CERTIFICATION IN LIE						
I certify that there is no official brake adjusting sta	ation within 30 miles of the operating ba	se of this vehic	de; however, the brak	e system of this vehi	icle has been inspected		
and road-tested by a competent mechanic and is	in compliance with the requirements of	the California	Vehicle Code and Tita	le 13, California Code	e of Reguļations.		
82. SIGNATURE OF LICENSECOR AUTHORIZED REPRESENTATIVE					H 2001		
83. CHECK ALL APPLICABLE BOXES (if Initial inspection, indicate with	hether replacement or addition to fleet; if replacement	t, return ID certificate	e for replaced vehicle)				
AD In compliance			☐ ID certificate of replaced vehicle attached				
In compliance only after correction	Replacement		Absence	of official brake adjusti	ng station verified		
NO TEMPORARY OPERATING AUTHORIZATIO	N. REVIEW REQUIRED. (explain in rema	arks)	A-CALLET				
LJ TEMPORARY OPERATING AUTHORIZATION: 7	This vehicle may be operated as an emo	ergency ambula	ance. This authorizat	on must be carried ir	the vehicle when		
used in lieu of the special vehicle identifica	tion certificate and expires 30 days afte	r the date show	n below.				
85 - GNATURE OF OMMAN INSPECTINGOFFICER JRE OF CO WIDER OR INS	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE		
	NFILLO 13294_	720	9	20 min	4.16.01		

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 4-98) OPI 062



REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code, Title 13 CCR, and GO 100.5

INSPECTION		
INITIAL	ANINILAN	Communication

Distribution: Original to CVS; make copies for Area ar	d Lic	ense				
SERVICE NAME / DOING BUSINESS AS				VEHICLE YEAR, MAKE, AND MODEL		
A IV. R SERVICE ADD RESS (number and street)				96 FORD E-350 VEHICLE IDENTIFICATION NUMBER (VIN)		
7575 SOUTHFRONT RD.						
(city, state, and zip code)				FDTS 34 FXTH P. VEHICLE LICENSE PLATE NUMBER AND STA	TE TE	
LIVERMORE, CA 94550				5631292		
USUAL VEHIC E LOCATION (number, street, city, state, and zip code, il different from service address)				CHP ID CERTIFICATE NUMBER (annuals and o	compliance only)	
116 HUBBARD ST. SANTA CRUZ, CA 9	506	0		1786-6891		
ITEM INSPECTED AND IN COMPLIANCE VC / 13 CCR	YES	NO	IF NO, DESCR	IPTION OF DEFICIENCIES	COMPLIANCE DATE	
1. Registration; plates 4000, 4160, 4454, 4457, 5200-5204	X					
2. Identification certificate (annuals/compliance only) 13 CCR 1107.2(a)	X					
3. Ambulance identification sign 13 CCR 1100.4	×					
4. Headlar ps 24252, 24400, 24407	×					
5. Beam s elector/indicator 24252, 24406, 24408	X					
6. Headlanp flasher (if equipped) 24252, 25252.5	×					
7. Steady ed warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103(a)	X					
8. Optiona' warning lamp(s)* 24252, 25252, 25258(a), 25259, 26100	×					
9. Turn signals 24252, 24951-24953; 13 CCR 697-699	X					
10. Clearar ce/sidemarker lamps (if required) 24252, 25100, 25100.1; 13 CCR 688	2					
11. Warning devices (if required) 25300					+	
12. Stoplan ps 24252, 24603	α			<u></u>		
13. Taillamys 24252, 24600	x		İ			
14. License plate lamp 24252, 24601	7		 			
15. Backup lamps 24252, 24606	a					
16. Reflectr rs 24252, 24607	 					
17. Glass 26700, 26701, 26708, 26708.5, 26710						
18. Windsh eld wipers 26706,26707	<u>_</u> x_					
19. Defroster 26712						
20. Mirrors 26709	\prod_{α}^{\vee}					
21. Hom 27000	1	i	i		<u> </u>	
22. Siren* 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	a	 			+	
23. Brake system 26301.5, 26450-26454	-					
24. Steering; suspension 24002			<u>.</u>		<u> </u>	
25. Tires; wheels 24002,27465; 13 CCR 1085,1087	×					
	X -					
	×				_	
	ο _λ					
28. Seat belts 27315 13 CCR 1103(b)	-	<u> </u>	<u> </u> 	<u></u>	-	
29. Fire extinguisher (minimum 4B:C) 13 CCR 1103(c), 1242	צו	<u> </u>				
30. Portable light 13 CCR 1103(d)	8				1	
31. Spare tire; jack and tools 27465; 13 CCR 1103(e) & (f)						
32. Maps 13 CCR 1103(g)		 	1		<u> </u>	
33. Door larches 13 CCR 1103(h)	×		ļ			
34. Other safety defects (if yes, explain) 24002		α				
TENTED Is the responsibility of the licensee to ensure that the warning lamp(s) and	d sire	n are in compliance wi	th the requirements established	by the CHP in the	

EMERGENCY MEDICAL CARE EQUIPMENT AND SU REQUIRED BY 13 CCR 1103.2(a)(1) - (19)	REQUIRED RECORDS AND DOCUMENTS						
ITEM INSPECTEDAND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE VC / 13 CC	RYE	S NO		
35. Ambulance cot and collapsible stretcher	α		RECORD OF CALLS				
36. Securement straps lor patient and cot/stretcher	4		59. Location of records; retained for 3 years 13 CCR 1100.	7 🖢			
37. Ankle and wrist restraints	4		60. Date, time, and location of call; received by whom) 🔻			
38. Sheets; pillow cases; blankets; towels; pillows	oc		61. Name of requesting person or agency (I) 4			
39. Dropharyngeal airways (3 sizes)	×		62. Unit ID; personnel dispatched; red light/siren use (d) 4			
40. Pneumatic or rigid splints (4)	Υ		63. Explanation of failure to dispatch (c) 9			
41. Resuscitator	×		64. Dispatch time; scene arrival and departure times) 9	1		
42. Oxygen and equipment	7		65. Destination of patient; arrival time () 9	1		
43. Sterile bandage compresses or equivalent (12)	×		66. Name of patient transported (g) 5			
44. Sterile gauze pads (4 - 3" x 3")	×		PERSONNEL RECORDS				
45. Roller bandages (6- 2.3", 4", or 6")	14		67. Employment date 13 CCR 1100.8(a) r	1		
46. Adhesive tape (2 rolls · 1", 2", or 3")	4		68. Facsimile of driver license (t) 4			
47. Bandage shears	4		69. Facsimile of ambulance driver certificate (t) 1	1		
48. Universaldressings (2 • 10" x 30" or larger)	~		70. Facsimile of medical exam certificate (t) 7			
49. Emesis basinor disposable bags; covered waste container	۲		71. Facsimileof EMT certificate or medical license (C) 4			
50. Porlable suction equipment	4		72. Work experience summary) 🖡			
51. Sandbags (2) α equivalent material to restrict movement	4		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibilions (e) ,			
52. Spinal immobilization devices (2 sizes)			74. Employernotification (DMV Pull Notice System) 1808.	1 0			
53. Half-ringtraction splint or equivalent device	نه		COMPANY INSPECTION	-			
54. Blood pressure manometer, cuff, and stethoscope	×		75. Company or corporation ownership 13 CCR 1107(b)(1)			
55. Sterile obstetrical supplies	۲		76. One or more ambulances available 24 hours 13 CCR 110	7			
56. Potable water (1 gal.) or sterile saline solution (2 lilers)	9		77. Fees postedImaintained 13 CCR 1107(c)			
57. Bedpan or fracture pan	۲		78. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106.	2			
58. Urinal	<		79. 24-hour direct telephone service 13 CCR 1107(c)			
80. I SURANCE CARRIER'S NAME		-	POLICY NUMBER POLICY EXP				
Mrm < 81. FEMARKS			RMCA5273144 9-1.	02			
WILL PERSON NAME							

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKECERTIFICATE										
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 road-tested by a completent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.										
82. SIGNATURE OF LICENSSE OF AUTHORIZED REPRESENTATIVE					DATA 20101					
	83. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)									
🔯 In compliance	Addition to fleet	☐ ID certificate of replaced vehicle attached								
In compliance onty after correction	3 Replacement	Absence of official brake adjusting station verified								
84. [] No temporary operating authorization. Revie	EW REOUIRED. (explain in ren	narks)								
TEMPORARY OPERATING AUTHORIZATION: This vehi			nce. This aulhorizat	ion rnust be carried i r	the vehicle when					
used in lieu of the special vehicle identification certification	ficate and expires 30 days aft	ter the date show	n below.							
85. S GNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'STRAVEL TIME	INSPECTIONOURATION	DATE					
M. 1). BONFILLO	13294	720	\mathcal{D}	20 min	4.16.01					
					43					

DATE:

June 20,2001

TO:

Natalie

FROM:

Ruth, EMS /CS

SUBJECT:

Check deposit

Please deposit the following check to budget #365002/subobject #0302:

American Medical Response check dated 5/21/01 for Ambulance licensing

\$ 675.00

TOTAL DEPOSIT

\$675.00

THANK YOU!