



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:

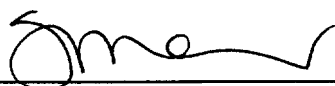
1. Direct the County Administrative Officer to issue an ambulance operator's license to American Medical Response West for Fiscal Year 2001-2002.
2. Accept and file this report.

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 *RK*
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



0288



May 18,2001

Vol Ranger, EMS Manager
Emergency Medical Services Agency
County of Santa Cruz
1080Emeline 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**

0289

I. APPLICANT INFORMATION:

Legal Owner(s) American Medical Response Inc
Address 2821 S. Parker Rd.
Aurora, CO 80014
Telephone (303) 614-8749

II. BUSINESS INFORMATION:

DBA American Medical Response
Address 116 Hubbard St.
Santa Cruz, CA 95060
Telephone (408) 423-7030

III. Does the applicant have any special training or experience in the transportation and care of patients? YES
Explain. (This section for initial licensing only).

IV. VEHICLES DESCRIPTION:

Make, year, model	Motor and chassis number	Year put in use	State License#	Insignia, name, special lettering, monogram, or other characteristics - color scheme
see attached				

(USE REVERSE SIDE FOR ADDITIONAL SPACE IF NECESSARY).

V. Location and description of places from which vehicles are operated.

see attached

(COMPLETE THE ATTACHED REPORT OF AMBULANCE PERSONNEL).

VI. Does owner have insurance coverage equal to or in excess of that stipulated in Section 9.06.050 of the County Code? YES

(ATTACH CERTIFICATE OF INSURANCE, ISSUED BY INSURER, TO THIS APPLICATION).

VII. Date of last State Inspection by California Highway Patrol 4/20/01

Name of California Highway Patrol Inspecting Officer Bonfilio

(ATTACH COPY OF INSPECTION REPORT).

DATE: May 18, 2001

SIGNATURE OF APPLICANT: David Zenker

TITLE: Operations Manager

**American Medical Response
Santa Cruz Division
Vehicle List**

Year	Make	Model	VIN Number	Fender Number	Year in Service	License Number	Expiration
2000	Ford	Ambulance	1FDSS34F7YHB63109	00-109	2000	6H17643	Aug-01
1995	Ford	Ambulance	1FDJS34F9SH81921	301	1995	5B92532	Apr-02
1995	Ford	Ambulance	1FDJS64F7SHA81917	302	1995	5B92579	May-02
1993	Ford	Ambulance	1FDJS24M2PHB52933	307	1993	4T53296	Sep-01
1991	Ford	Ambulance	1FDHS34M5MHA57678	310	1991	4G54974	Jul-01
1997	Ford	Ambulance	1FDJS34FXVHA75291	97-291	1997	5R98540	Jan-02
1999	Ford	Ambulance	1FDSS34F5XHA71494	99-494	1999	5Y85767	Jun-01
1996	Ford	Ambulance	1FDJS34F2THA82846	96-846	1996	5G31483	Jun-01
1996	Ford	Ambulance	1FDJE34FXTHA70895	96-895	1996	5G31292	Jun-01
1987	Ford	Van	1FMEE11T9HHB50991	S-2	1994	3H93264	May-02
	Note:	All units are lettered per County of Santa Cruz ordinance.					
		All units are white with red belts					

0290



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



INSPECTION



INITIAL



ANNUAL



COMPLIANCE

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

SERVICE NAME/DOING BUSINESS AS

AMR

CHP LICENSE NUMBER

VEHICLE YEAR, MAKE, AND MODEL

00 FORD E-350

SERVICE ADDRESS (number and street)

7575 SOUTHFRONT RD.

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDSS34F7YHB 63109

(city, state, and zip code)

LIVERMORE, CA 94550

VEHICLE LICENSE PLATE NUMBER AND STATE

6H17643

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

116 HUBBARD ST. SANTA CRUZ CA 95060

CHP ID CERTIFICATE NUMBER (annuals and compliance only)

1786-7404

ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION 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	X			
4. Headlamps	24252, 24400, 24407	X			
5. Beam selector/indicator	24252, 24406, 24408	X			
6. Headlamp flasher (if equipped)	24252, 25252.5	X			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	X			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	X			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	X			
10. Clearance/sidemarkers (if required)	24252, 25100, 25100.1; 13 CCR 688				
11. Warning devices (if required)	25300	X			
12. Stoplamps	24252, 24603	X			
13. Taillamps	24252, 24600	X			
14. License plate lamp	24252, 24601	X			
15. Backup lamps	24252, 24606	X			
16. Reflectors	24252, 24607	X			
17. Glass	26700, 26701, 26708, 26708.5, 26710	X			
18. Windshield wipers	26706, 26707	X			
19. Defroster	26712	X			
20. Mirrors	26709	X			
21. Horn	27000	X			
22. Siren	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	X			
23. Brakesystem	26301.5, 26450-26454	X			
24. Steering suspension	24002	X			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	X			
26. Fuel system	24002, 27155, 27156.1	X			
27. Exhaust system	24002, 27150, 27151-27154	X			
28. Seat belts	27315; 13 CCR 1103(b)	X			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	X			
30. Portable light	13 CCR 1103(d)	X			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	X			
32. Maps	13 CCR 1103(g)	X			
33. Door latches	13 CCR 1103(h)	X			
34. Other safety defects (if yes, explain)	24002		X		

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO
35. Ambulance cot and collapsible stretcher	<input checked="" type="checkbox"/>		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>		59. Location of records; retained for 3 years	13 CCR 1100.7	<input checked="" type="checkbox"/>	
37. Ankle and wrist restraints	<input checked="" type="checkbox"/>		60. Date, time, and location of call received by whom	(a)	<input checked="" type="checkbox"/>	
38. Sheets; pillow cases; blankets; towels; pillows	<input checked="" type="checkbox"/>		61. Name of requesting person or agency	(b)	<input checked="" type="checkbox"/>	
39. Oropharyngeal airways (3 sizes)	<input checked="" type="checkbox"/>		62. Unit ID; personnel dispatched; red light/siren use	(c)	<input checked="" type="checkbox"/>	
40. Pneumatic or rigid splints (4)	<input checked="" type="checkbox"/>		63. Explanation of failure to dispatch	(d)	<input checked="" type="checkbox"/>	
41. Resuscitator	<input checked="" type="checkbox"/>		64. Dispatch time; scene arrival and departure times	(e)	<input checked="" type="checkbox"/>	
42. Oxygen and equipment	<input checked="" type="checkbox"/>		65. Destination of patient; arrival time	(f)	<input checked="" type="checkbox"/>	
43. Sterile bandage compresses or equivalent (12)	<input checked="" type="checkbox"/>		66. Name of patient transported	(g)	<input checked="" type="checkbox"/>	
44. Sterile gauze pads (4 - 3" x 3")	<input checked="" type="checkbox"/>		PERSONNEL RECORDS			
45. Roller bandages (62", 3", 4", or 6")	<input checked="" type="checkbox"/>		67. Employment date	13 CCR 1100.8(a)	<input checked="" type="checkbox"/>	
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>		68. Facsimile of driver license	(b)	<input checked="" type="checkbox"/>	
47. Bandage shears	<input checked="" type="checkbox"/>		69. Facsimile of ambulance driver certificate	(b)	<input checked="" type="checkbox"/>	
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>		70. Facsimile of medical exam certificate	(b)	<input checked="" type="checkbox"/>	
49. Emesis basin or disposable basins; covered waste container	<input checked="" type="checkbox"/>		71. Facsimile of EMT certificate or medical license	(c)	<input checked="" type="checkbox"/>	
50. Portable suction equipment	<input checked="" type="checkbox"/>		72. Work experience summary	(d)	<input checked="" type="checkbox"/>	
51. Bandages (2) or equivalent material to restrict movement	<input checked="" type="checkbox"/>		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	<input checked="" type="checkbox"/>	
52. Spinal immobilization devices (2 sizes)	<input checked="" type="checkbox"/>		74. Employer notification (DMV Pull Notice System)	1808.1	<input checked="" type="checkbox"/>	
53. Full-ring traction splint or equivalent device	<input checked="" type="checkbox"/>		COMPANY INSPECTION			
54. Blood pressure manometer, cuff, and stethoscope	<input checked="" type="checkbox"/>		75. Company or corporation ownership	13 CCR 1107(b)(1)	<input checked="" type="checkbox"/>	
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>		76. One or more ambulances available 24 hours	13 CCR 1107	<input checked="" type="checkbox"/>	
56. Potable water (1 gal.) or sterile saline solution (2 liters)	<input checked="" type="checkbox"/>		77. Fees posted/maintained	13 CCR 1107(d)	<input checked="" type="checkbox"/>	
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2	<input checked="" type="checkbox"/>	
58. Urinal	<input checked="" type="checkbox"/>		79. 24-hour direct telephone service	13 CCR 1107(e)	<input checked="" type="checkbox"/>	
80. INSURANCE CARRIER'S NAME			POLICY NUMBER	POLICY EXPIRATION DATE		
AIMS INT'L			RMCA 5273144	7-1-2002		
81. 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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE 4/20/01

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 only after correction

☒ Replacement

☐ Absence of official brake adjusting station verified

☐ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

OFFICER'S TRAVEL TIME

INSPECTION DURATION

DATE

M. J. BONFILIO

13294

720

0

4-16-01

4-16-01

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 4-98) OPI 062



0294

301

INSPECTION		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE

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

SERVICE NAME/ WING BUSINESS AS AMR	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL 95 FORD E-350
SERVICE ADDRESS (number and street) 7575 SOUTHERN RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDJS34F9SHA 81921
(city, state, and zip code) LIVERMORE CA 94550		VEHICLE LICENSE PLATE NUMBER AND STATE 5B9Z534
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 116 HUBBARD ST. SANTA CRUZ CA 95060		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 1786-390

ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204				
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)				
3. Ambulance identification Sign	13 CCR 1100.4	X			
4. Headlamps	24252, 24400, 24407	X			
5. Beam selector/indicator	24252, 24406, 24408	X			
6. Headlamp flasher (if equipped)	24252, 25252.5	X			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	X			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	X			
9. Turn signals	24252, 24951-24953; 13 CCR 697499	X			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	X			
11. Warning devices (if required)	25300	X			
12. Stop lamps	24252, 24603	X			
13. Taillamps	24252, 24600	X			
14. License plate lamp	24252, 24601	X			
15. Backup lamps	24252, 24606	X			
16. Reflectors	24252, 24607	X			
17. Glass	26700, 26701, 26708, 26708.5, 26710	X			
18. Windshield wipers	26706, 26707	X			
19. Defroster	26712	X			
20. Mirrors	26709	X			
21. Horn	27000	X			
22. Siren	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	X			
23. Brake system	26301.5, 26450-26454	X			
24. Steering; suspension	24002	X			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	X			
26. Fuel system	24002, 27155, 27156.1	X			
27. Exhaust system	24002, 27150, 27151-27154	X			
28. Seat belts	27315; 13 CCR 1103(b)	X			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	X			
30. Portable light	13 CCR 1103(d)	X			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	X			
32. Maps	13 CCR 1103(g)	X			
33. Door latches	13 CCR 1103(h)	X			
34. Other safety defects (if yes, explain)	24002		X		

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO
35. Ambulance cot and collapsible stretcher	X		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	X		59. Location of records; retained for 3 years	13 CCR 1100.7		
37. Ankle and wrist restraints	X		60. Date, time, and location of call; received by whom	(a)		
38. Sheets; pillow cases; blankets; towels; pillows	X		61. Name of requesting person or agency	(b)		
39. Oropharyngeal airways (3 sizes)	X		62. Unit ID; personnel dispatched; red light/siren use	(c)		
40. Pneumatic or rigid splints (4)	X		63. Explanation of failure to dispatch	(d)		
41. Resuscitator	X		64. Dispatch time; scene arrival and departure times	(e)		
42. Oxygen and equipment	X		65. Destination of patient; arrival time	(f)		
43. Sterile bandage compresses or equivalent (12)	X		66. Name of patient transported	(g)		
44. Sterile gauze pads (4 - 3" x 3")	X		PERSONNEL RECORDS			
45. Roller bandages (6 - 2", 3", 4", or 6")	X		67. Employment date	13 CCR 1100.8(a)		
46. Adhesive tape (2 rolls - 1", 2", or 3")	X		68. Facsimile of driver license	(b)		
47. Bandage shears	X		69. Facsimile of ambulance driver certificate	(b)		
48. Universal dressings (2 - 10" x 30" or larger)	X		70. Facsimile of medical exam certificate	(b)		
49. Emesis basin or disposable bags; covered waste container	X		71. Facsimile of EMT certificate or medical license	(c)		
50. Portable suction equipment	X		72. Work experience summary	(d)		
51. Sandbags (2) or equivalent material to restrict movement	X		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)		
52. Spinal immobilization devices (2 sizes)	X		74. Employer notification (DMV Pull Notice System)	1808.1		
53. Half-ring traction splint or equivalent device	X		COMPANY INSPECTION			
54. Blood pressure manometer, cuff, and stethoscope	X		75. Company or corporation ownership	13 CCR 1107(b)(1)		
55. Sterile obstetrical supplies	X		76. One or more ambulances available 24 hours	13 CCR 1107		
56. Potable water (1 gal.) or sterile saline solution (2 liters)	X		77. Fees posted/maintained	13 CCR 1107(d)		
57. Bedpan or fracture pan	X		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
58. Urinal	X		79. 24-hour direct telephone service	13 CCR 1107(e)		
80. INSURANCE CARRIER'S NAME			POLICY NUMBER		POLICY EXPIRATION DATE	
MIMS INT'L			RMCA5273144		9-1-02	
81. 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 a road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE 4/20/01

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 only after correction
 ☐ Replacement
 ☐ Absence of official brake adjusting station verified

84. ☐ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
M. I. S. BONFILLO	13274	720	0	20 MIN	4-16-01

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, Vehicle Code, Title 13 CCR, and GO 100.5

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

SERVICENAME/DOING BUSINESS AS AMR	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE AND MODEL 95 FORD E-350
SERVICE ADDRESS (number and street) 7575 SOUTHERN RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDJS34F7SHA81917
(city, state, and zip code) LIVERMORE, CA 94550		VEHICLE LICENSE PLATE NUMBER AND STATE SB92579
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 116 HUBBARD ST. SANTA CRUZ, CA 95060		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 1786-6897

ITEM INSPECTED AND IN COMPLIANCE	VC 113 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification Sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252, 24406, 24408	<input checked="" type="checkbox"/>			
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951, 44953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stop lamps	24252, 24603	<input checked="" type="checkbox"/>			
13. Tail lamps	24252, 24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706, 26707	<input checked="" type="checkbox"/>			
19. Defroster	26712	<input checked="" type="checkbox"/>			
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brakes system	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering; suspension					
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	<input checked="" type="checkbox"/>			
26. Fuel system	24002, 27155, 27156.1				
27. Exhaust system	24002, 27150, 27151-27062	<input checked="" type="checkbox"/>			
28. Seat belts	27313.08, 27315, 27316	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	1302, 27155, 27156.1	<input checked="" type="checkbox"/>			
30. Portable light	27150, 27151-27154	<input checked="" type="checkbox"/>			
31. Spare tire; jack and tools	27465; 13 CCR 1085, 1087	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002	<input checked="" type="checkbox"/>			

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO
35. Ambulance cot and collapsible stretcher	X		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	X		59. Location of records; retained for 3 years	13 CCR 1100.7	X	
37. Ankle and wrist restraints	X		60. Date, time, and location of call; received by whom	(a)	X	
38. Sheets; pillow cases; blankets; towels; pillows	X		61. Name of requesting person or agency	(b)	X	
39. Oropharyngeal airways (3 sizes)	4		62. Unit ID; personnel dispatched; red light/siren use	(c)	X	
40. Pneumatic or rigid splints (4)	X		63. Explanation of failure to dispatch	(d)	X	
41. Resuscitator	X		64. Dispatch time; scene arrival and departure times	(e)	X	
42. Oxygen and equipment	X		65. Destination of patient; arrival time	(f)	X	
43. Sterile bandage compresses or equivalent (12)	X		66. Name of patient transported	(g)	X	
44. Sterile gauze pads (4 - 3" x 3")	X		PERSONNEL RECORDS			
45. Roller bandages (6 - 2", 3", 4", or 6")	X		67. Employment date	13 CCR 1100.8(a)	X	
46. Adhesive tape (2 rolls - 1", 2", or 3")	X		68. Facsimile of driver license	(h)	X	
47. Bandage shears	X		69. Facsimile of ambulance driver certificate	(b)		
48. Universal dressings (2 - 10" x 30" or larger)	X		70. Facsimile of medical exam certificate	(b)	X	
49. Emesis basin or disposable bags; covered waste container	X		71. Facsimile of EMT certificate or medical license	(c)	X	
50. Portable suction equipment	X		72. Work experience summary	(d)	X	
51. Sandbags (2) or equivalent material to restrict movement	X		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	X	
52. Spinal immobilization devices (2 sizes)	X		74. Employer notification (DMV Pull Notice System)	1808.1	X	
53. Half-ring traction splint or equivalent device	X		COMPANY INSPECTION			
54. Blood pressure manometer, cuff, and stethoscope	X		75. Company or corporation ownership	13 CCR 1107(b)(1)		
55. Sterile obstetrical supplies	X		76. One or more ambulances available 24 hours	13 CCR 1107		
56. Potable water (1 gal.) or sterile saline solution (2 liters)	X		77. Fees posted/maintained	13 CCR 1107(d)		
57. Bedpan or fracture pan	X		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
58. Urinal	X		79. 24-hour direct telephone service	13 CCR 1107(e)		
80. IF SURVIVANCE CARRIER NAME			POLICY NUMBER		POLICY EXPIRATION DATE	
MIMS INT'L			RMCA 5273144		9-1-2002	
81. 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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
4/20/01

83. CHECK ALL APPLICABLE BOXES (In 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. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
A. I. S. - BUNFILL	132.94	720	0	20 min	4-10-01

307

0298

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 Rev. 4-98) OPI 062



INSPECTION		
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE

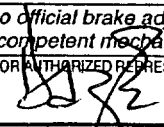

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to CVS; make copies for Area and Licensee

SERVICE NAME / WWW BUSINESS AS	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE AND MODEL
AMR		93 FORD E-350
SERVICE ADDRESS (number and street)		VEHICLE IDENTIFICATION NUMBER (VIN)
7575 SOUTHERN RD.		1FDJS34M2PHB52933
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
LIVERMORE, CA 94550		4T53296
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 95060		1786-6894

ITEM INSPECTED AND IN COMPLIANCE	VC 113 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; dates	4000,4160,4454,4457,5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252,24400,24407	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252,24406,24408	<input checked="" type="checkbox"/>			
6. Headlamp flasher (if equipped)	24252,25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)	24251,24252,25252,26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259,26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252,25100,25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stop lamps	24252,24603	<input checked="" type="checkbox"/>			
13. Tail lamps	24252,24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252,24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706,26707				
19. Defroster	26712				
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brakes system	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering suspension	24002	<input checked="" type="checkbox"/>			
25. Tires: wheels	24002,27465; 13 CCR 1085,1087	<input checked="" type="checkbox"/>			
26. Fuel system	24002, 27155, 27156.1	<input checked="" type="checkbox"/>			
27. Exhaust system	24002,27150,27151-27154	<input checked="" type="checkbox"/>			
28. Seat belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>			
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>			
31. Spare tires; jack and tools	27465; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002	<input checked="" type="checkbox"/>			

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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	YES	NO
35. Ambulance cot and collapsible stretcher	X		RECORD OF CALLS		
36. Securement straps for patient and cot/stretcher	X		59. Location of records; retained for 3 years	13 CCR 1100.7	
37. Ankle and wrist restraints	X		60. Date, time, and location of call; received by whom	(a)	
38. Sheets; pillow cases; blankets; towels; pillows	X		61. Name of requesting person or agency	(b)	
39. Oropharyngeal airways (3 sizes)	X		62. Unit ID personnel dispatched; red light/siren use	(c)	
40. Pneumatic or rigid splints (4)	X		63. Explanation of failure to dispatch	(d)	
41. Resuscitator	X		64. Dispatch time; scene arrival and departure times	(e)	
42. Oxygen and equipment	X		65. Destination of patient; arrival time	(f)	
43. Sterile bandage compresses or equivalent (12)	X		66. Name of patient transported	(g)	
44. Sterile gauze pads (4 - 3" x 3")	X		PERSONNEL RECORDS		
45. Roller bandages (6", 3", 4", or 6")	X		67. Employment date	13 CCR 1100.8(a)	
46. Adhesive tape (2 rolls - 1", 2", or 3")	X		68. Facsimile of driver license	(b)	
47. Bandage shears	X		69. Facsimile of ambulance driver certificate	(b)	
48. Universal dressings (2 - 10" x 30" or larger)	X		70. Facsimile of medical exam certificate	(b)	
49. Emesis basin or disposable bags; covered waste container	X		71. Facsimile of EMT certificate or medical license	(c)	
50. Portable suction equipment	X		72. Work experience summary	(d)	
51. Sandbags (2) or equivalent material to restrict movement	X		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	
52. Spinal immobilization devices (2 sizes)	X		74. Employer notification (DMV Pull Notice System)	1808.1	
53. Half-ring traction splint or equivalent device	X		COMPANY INSPECTION		
54. Blood pressure manometer, cuff, and stethoscope	X		75. Company or corporation ownership	13 CCR 1107(b)(1)	
55. Sterile obstetrical supplies	X		76. One or more ambulances available 24 hours	13 CCR 1107	
56. Potable water (1 gal.) or sterile saline solution (2 liters)	X		77. Fees posted/maintained	13 CCR 1107(d)	
57. Bedpan or fracture pan	X		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2	
58. Urinal	X		79. 24-hour direct telephone service	13 CCR 1107(e)	
80. INSURANCE CARRIER'S NAME			POLICY NUMBER		
MIMS INC			RMCA 527 3147		
81. REMARKS			POLICY EXPIRATION DATE		
			7-1-02		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE					
<p>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 competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.</p>					
82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE					DATE
					4/20/01
83. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)					
<input checked="" type="checkbox"/> In compliance <input type="checkbox"/> In compliance only after correction		<input type="checkbox"/> Addition to fleet <input type="checkbox"/> Replacement		<input type="checkbox"/> ID certificate of replaced vehicles attached <input type="checkbox"/> Absence of official brake adjusting station verified	
<input type="checkbox"/> NOT TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks) <input type="checkbox"/> 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.					
85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S PAVEL TIME	INSPECTION DURATION	DATE
	13274	720	0	20 min	4-16-01

310

0300

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, Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to CVS; make copies for Area and Licensee

SERVICE NAME/DOING BUSINESS AS AMR	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE AND MODEL 91 FORD E-350
SERVICE ADDRESS (number and street) 7575 SOUTHFRONT RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDHS34M5MHA 57678
(city, state, and zip) code LIVERMORE, CA 94550		VEHICLE LICENSE PLATE NUMBER AND STATE 4G54974
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 116 HUBBARD ST. SANTA CRUZ, CA 95060		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 1786-6895

ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252, 24406, 24408	<input checked="" type="checkbox"/>			
6. Headlamp Rasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stoplamp	24252, 24603	<input checked="" type="checkbox"/>			
13. Taillamps	24252, 24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706, 26707	<input checked="" type="checkbox"/>			
19. Defroster	26712	<input checked="" type="checkbox"/>			
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brakesystem	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering/suspension	24002	<input checked="" type="checkbox"/>			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	<input checked="" type="checkbox"/>			
26. Fuelsystem	24002, 27155, 27156.1	<input checked="" type="checkbox"/>			
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>			
28. Seat belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>			
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002		<input checked="" type="checkbox"/>		

* **NOTE:** It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR YES NO
35.	Ambulance cot and collapsible stretcher	X	RECORD OF CALLS		
36.	Securement straps for patient and cot/stretcher	X	59.	Location of records; retained for 3 years	13 CCR 1100.7 Y
37.	Ankle and wrist restraints	X	60.	Date, time, and location of call; received by whom	(a) Y
38.	Sheets; pillow cases; blankets; towels; pillows	X	61.	Name of requesting person or agency	(b) Y
39.	Oropharyngeal airways (3 sizes)	X	62.	Unit ID; personnel dispatched; red light/siren use	(c) Y
40.	Pneumatic or rigid splints (4)	X	63.	Explanation of failure to dispatch	(d) Y
41.	Resuscitator	X	64.	Dispatch time; scene arrival and departure times	(e) Y
42.	Oxygen and equipment	X	65.	Destination of patient; arrival time	(f) Y
43.	Sterile bandage compresses or equivalent (12)	X	66.	Name of patient transported	(g) Y
44.	Sterile gauze pads (4 - 3" x 3")	X	PERSONNEL RECORDS		
45.	Rollerbandages (6 - 2", 3", 4", or 6")	X	67.	Employment date	13 CCR 1100.8(a) Y
46.	Adhesive tape (2 rolls - 1", 2", or 3")	X	68.	Facsimile of driver license	(b) Y
47.	Bandage shears	X	69.	Facsimile of ambulance driver certificate	(b) Y
48.	Universal dressings (2 - 10" x 30" or larger)	X	70.	Facsimile of medical exam certificate	(b) Y
49.	Emesis basin or disposable bags; covered waste container	X	71.	Facsimile of EMT certificate or medical license	(c) Y
50.	Portable suction equipment	X	72.	Work experience summary	(d) Y
51.	Sandbags (2) or equivalent material to restrict movement	X	73.	Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e) Y
52.	Spinal immobilization devices (2 sues)	X	74.	Employer notification (DMV pull Notice System)	1808.1 Y
53.	Half-ring traction splint or equivalent device	X	COMPANY INSPECTION		
54.	Blood pressure manometer, cuff, and stethoscope	X	75.	Company or corporation ownership	13 CCR 1107(b)(1)
55.	Sterile obstetrical supplies	X	76.	One or more ambulances available 24 hours	13 CCR 1107
56.	Potable water (1 gal.) or sterile saline solution (2 liters)	X	77.	Fees posted/maintained	13 CCR 1107(d)
57.	Bedpan or fracture pan	X	78.	Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2
58.	Urinal	X	79.	24-hour direct telephone service	13 CCR 1107(e)
80. INSURANCE CARRIERS NAME MIMS INT'L			POLICY NUMBER RMCA5273144		POLICY EXPIRATION DATE 9-1-02
81. 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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
4/20/01

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 only after correction ☐ Replacement ☐ Absence of official brake adjusting station verified

84. ☐ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

OFFICER'S TRAVEL TIME

INSPECTION DURATION

DATE

A. I. S. BONFILLO

13294

720

0

20 min

4-16-01

43

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, Vehicle Code, Title 13 CCR, and GO 100.5

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

SERVICE NAME/DOING BUSINESS AS AMR	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE AND MODEL 97 FORD E-350
SERVICE ADDRESS (number and street) 7575 SOUTHFRONT RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDJS³⁴FXVHA 75291
(city, state, and zip code) LIVERMORE, CA 94550		VEHICLE LICENSE PLATE NUMBER AND STATE 5R98540
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 116 HUBBARD ST. SANTA CRUZ CA 95060		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 1786-6889

ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252, 24406, 24408	<input checked="" type="checkbox"/>			
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stoplamps	24252, 24603	<input checked="" type="checkbox"/>			
13. Taillamps	24252, 24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706, 26707	<input checked="" type="checkbox"/>			
19. Defroster	26712	<input checked="" type="checkbox"/>			
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brake system	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering; suspension	24002	<input checked="" type="checkbox"/>			
25. Tires; wheels	24002.27465; 13 CCR 1085.1087	<input checked="" type="checkbox"/>			
26. Fuel system	24002, 27155, 27156.1	<input checked="" type="checkbox"/>			
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>			
28. Seal belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>			
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) 6 (f)	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002	<input checked="" type="checkbox"/>			

43

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO
35. Ambulance cot and collapsible stretcher	<input checked="" type="checkbox"/>		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>		59. Location of records; retained for 3 years	13 CCR 1100.7	<input checked="" type="checkbox"/>	
37. Ankle and wrist restraints	<input checked="" type="checkbox"/>		60. Date, time, and location of call; received by whom	(a)	<input checked="" type="checkbox"/>	
38. Sheets; pillow cases; blankets; towels; pillows	<input checked="" type="checkbox"/>		61. Name of requesting person or agency	(b)	<input checked="" type="checkbox"/>	
39. Oropharyngeal airways (3 sizes)	<input checked="" type="checkbox"/>		62. Unit ID; personnel dispatched; radio light/equipment	(c)	<input checked="" type="checkbox"/>	
40. Pneumatic or rigid splints (4)	<input checked="" type="checkbox"/>		63. Explanation of failure to dispatch	(d)	<input checked="" type="checkbox"/>	
41. Resuscitator	<input checked="" type="checkbox"/>		64. Dispatch time; scene arrival and departure times	(e)	<input checked="" type="checkbox"/>	
42. Oxygen and equipment	<input checked="" type="checkbox"/>		65. Destination of patient; arrival time	(f)	<input checked="" type="checkbox"/>	
43. Sterile bandage compresses or equivalent (12)	<input checked="" type="checkbox"/>		66. Name of patient transported	(g)	<input checked="" type="checkbox"/>	
44. Sterile gauze pads (4 - 3" x 3")	<input checked="" type="checkbox"/>		PERSONNEL RECORDS			
45. Roller bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>		67. Employment date	13 CCR 1100.8(a)	<input checked="" type="checkbox"/>	
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>		68. Facsimile of driver license	(b)	<input checked="" type="checkbox"/>	
47. Bandage shears	<input checked="" type="checkbox"/>		69. Facsimile of ambulance driver certificate	(b)	<input checked="" type="checkbox"/>	
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>		70. Facsimile of medical exam certificate	(b)	<input checked="" type="checkbox"/>	
49. Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>		71. Facsimile of EMT certificate or medical license	(c)	<input checked="" type="checkbox"/>	
50. Portable suction equipment	<input checked="" type="checkbox"/>		72. Work experience summary	(d)	<input checked="" type="checkbox"/>	
51. Sandbags (2) or equivalent material to restrict movement	<input checked="" type="checkbox"/>		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	<input checked="" type="checkbox"/>	
52. Spinal immobilization devices (2 sizes)	<input checked="" type="checkbox"/>		74. Employer notification (DMV Pull Notice System)	1808.1	<input checked="" type="checkbox"/>	
53. Half-ring traction splint or equivalent device	<input checked="" type="checkbox"/>		COMPANY INSPECTION			
54. Blood pressure manometer, cuff, and stethoscope	<input checked="" type="checkbox"/>		75. Company or corporation ownership	13 CCR 1107(b)(1)	<input checked="" type="checkbox"/>	
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>		76. One or more ambulances available 24 hours	13 CCR 1107	<input checked="" type="checkbox"/>	
56. Potable water (1 gal.) or sterile saline solution (2 liters)	<input checked="" type="checkbox"/>		77. Fees posted/maintained	13 CCR 1107(d)	<input checked="" type="checkbox"/>	
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2	<input checked="" type="checkbox"/>	
58. Urinal	<input checked="" type="checkbox"/>		79. 24-hour direct telephone service	13 CCR 1107(e)	<input checked="" type="checkbox"/>	
80. INSURANCE CARRIER'S NAME			POLICY NUMBER	POLICY EXPIRATION DATE		
MIMS INT'L			RMCA 5273144	9-1-02		
81. 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 road tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
4/20/01

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 only after correction
☐ Replacement
☐ Absence of official brake adjusting station verified

84. ☐ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

OFFICER TRAVEL TIME

INSPECTION DURATION

DATE

M. I. S. ~

13294

720

0

20 min

4-16-01

43

494

0304

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, Vehicle Code, Title 13 CCR, and GO 100.5
 Distribution: Original to CVS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS AMR	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL 99 FORD E-350
SERVICE ADDRESS (number and street) 7575 SOUTHFRONT RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDSS34F5XHA7149Y
(city, state, and zip code) LIVERMORE, CA 94550		VEHICLE LICENSE PLATE NUMBER AND STATE 5Y85767
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 116 HUBBARD ST. SANTA CRUZ, CA 95060		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 1786-714Y

ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252, 24400, 2447	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252, 24406, 24408	<input checked="" type="checkbox"/>			
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)	24251, 24252, 25252, 26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stop lamps	24252, 24603	<input checked="" type="checkbox"/>			
13. Tail lamps	24252, 24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706, 26707	<input checked="" type="checkbox"/>			
19. Defroster	26712	<input checked="" type="checkbox"/>			
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brake system	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering; suspension	24002	<input checked="" type="checkbox"/>			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	<input checked="" type="checkbox"/>			
26. Fuel system	24002, 27155, 27156.1	<input checked="" type="checkbox"/>			
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>			
28. Seat belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>			
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) 6(9)	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002	<input checked="" type="checkbox"/>			

43

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO	
35. Ambulance cot and collapsible stretcher	<input checked="" type="checkbox"/>		RECORD OF CALLS				
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>		59. Location of records; retained for 3 years	13 CCR 1100.7	<input checked="" type="checkbox"/>		
37. Ankle and wrist restraints	<input checked="" type="checkbox"/>		60. Date, time, and location of call; received by whom	(a)	<input checked="" type="checkbox"/>		
38. Sheets; pillow cases; blankets; towels; pillows	<input checked="" type="checkbox"/>		61. Name of requesting person or agency	(b)	<input checked="" type="checkbox"/>		
39. Oropharyngeal airways (3 sizes)	<input checked="" type="checkbox"/>		62. Unit ID; personnel dispatched; red light/siren use	(c)	<input checked="" type="checkbox"/>		
40. Pneumatic or rigid splints (4)	<input checked="" type="checkbox"/>		63. Explanation of failure to dispatch	(d)	<input checked="" type="checkbox"/>		
41. Resuscitator	<input checked="" type="checkbox"/>		64. Dispatch time; scene arrival and departure times	(e)	<input checked="" type="checkbox"/>		
42. Oxygen and equipment	<input checked="" type="checkbox"/>		65. Destination of patient; arrival time	(f)	<input checked="" type="checkbox"/>		
43. Sterile bandage compresses or equivalent (12)	<input checked="" type="checkbox"/>		66. Name of patient transported	(g)	<input checked="" type="checkbox"/>		
44. Sterile gauze pads (4 - 3" x 3")	<input checked="" type="checkbox"/>		PERSONNEL RECORDS				
45. Roller bandages (6 - 2.3" or 63)	<input checked="" type="checkbox"/>		67. Employment date	13 CCR 1100.8(a)	<input checked="" type="checkbox"/>		
46. Adhesive tape (2 rolls - 1", 2" or 33)	<input checked="" type="checkbox"/>		68. Facsimile of driver license	(h)	<input checked="" type="checkbox"/>		
47. Bandage shears	<input checked="" type="checkbox"/>		69. Facsimile of ambulance driver certificate	(b)	<input checked="" type="checkbox"/>		
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>		70. Facsimile of medical exam certificate	(h)	<input checked="" type="checkbox"/>		
49. Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>		71. Facsimile of EMT certificate or medical license	(e)	<input checked="" type="checkbox"/>		
50. Portable suction equipment	<input checked="" type="checkbox"/>		72. Work experience summary	(d)	<input checked="" type="checkbox"/>		
51. Sandbags (2) or equivalent material to restrict movement	<input checked="" type="checkbox"/>		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	<input checked="" type="checkbox"/>		
52. Spinal immobilization devices (2 suits)	<input checked="" type="checkbox"/>		74. Employer notification (DMV Pull Notice System)	1808.1	<input checked="" type="checkbox"/>		
53. Half-ring traction splint or equivalent device	<input checked="" type="checkbox"/>		COMPANY INSPECTION				
54. Blood pressure manometer, cuff, and stethoscope	<input checked="" type="checkbox"/>		75. Company or corporation ownership	13 CCR 1107(b)(1)	<input checked="" type="checkbox"/>		
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>		76. One or more ambulances available 24 hours	13 CCR 1107	<input checked="" type="checkbox"/>		
56. Potable water (1 gal.) or sterile saline solution (2 liters)	<input checked="" type="checkbox"/>		77. Fees posted/maintained	13 CCR 1107(d)	<input checked="" type="checkbox"/>		
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2	<input checked="" type="checkbox"/>		
58. Urinal	<input checked="" type="checkbox"/>		79. 24-hour direct telephone service	13 CCR 1107(e)	<input checked="" type="checkbox"/>		
80. INSURANCE CARRIER'S NAME	MIMS INT'L		POLICY NUMBER	RMCA5273144		POLICY EXPIRATION DATE	9.1.02
81. 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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
4/20/01

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 only after correction
☐ Replacement
☐ Absence of official brake adjusting station verified

84. ☒ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

OFFICER'S TRAVEL TIME

INSPECTION DURATION

DPTE

M. I. S.

13294

720

0

20 min

4.16.01

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, Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to CVS; make copies for Area and Licensee

SERVICE NAME / WWW BUSINESS AS

CHP LICENSE NUMBER

VEHICLE YEAR, MAKE, AND MODEL

AMR

96 FORD E-350

SERVICE ADDRESS (number and street)

VEHICLE IDENTIFICATION NUMBER (VIN)

7575 SOUTHFRONT RD.

1FDJS3YF2THA82846

(city, state, and zip code)

VEHICLE LICENSE PLATE NUMBER AND STATE

LIVERMORE, CA 94550

5G31483

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. 95060

1786-6890

ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252, 24406, 24408	<input checked="" type="checkbox"/>			
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stoplamps	24252, 24603	<input checked="" type="checkbox"/>			
13. Taillamps	24252, 24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706, 26707	<input checked="" type="checkbox"/>			
19. Defroster	26712	<input checked="" type="checkbox"/>			
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brake system	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering suspension	24002	<input checked="" type="checkbox"/>			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	<input checked="" type="checkbox"/>			
26. Fuel system	24002, 27155, 27156.1	<input checked="" type="checkbox"/>			
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>			
28. Seat belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>			
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002	<input checked="" type="checkbox"/>			

* NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO
35. Ambulance cot and collapsible stretcher	X		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	X		59. Location of records; retained for 3 years	13 CCR 1100.7	X	
37. Ankle and wrist restraints	X		60. Date, time, and location of call received by whom	(a)	X	
38. Sheets; pillow cases; blankets; towels; pillows	X		61. Name of requesting person or agency	(b)	X	
39. Oropharyngeal airways (3 sizes)	X		62. Unit ID; personnel dispatched; red light/siren use	(c)	X	
40. Pneumatic or rigid splints (4)	X		63. Explanation of failure to dispatch	(d)	X	
41. Resuscitator	X		64. Dispatch time; scene arrival and departure times	(e)	X	
42. Oxygen and equipment	X		65. Destination of patient; arrival time	(f)	X	
43. Sterile bandage compresses or equivalent (12)	X		66. Name of patient transported	(g)	X	
44. Sterile gauze pads (4 - 3" x 3")	X		PERSONNEL RECORDS			
45. Roller bandages (6 - 2", 3", 4", or 6")	X		67. Employment date	13 CCR 1100.8(a)	X	
46. Adhesive tape (2 rolls - 1", 2", or 3")	X		68. Facsimile of driver license	(b)	X	
47. Bandage shears	X		69. Facsimile of ambulance driver certificate	(b)	X	
48. Universal dressings (2 - 10" x 30" or larger)	X		70. Facsimile of medical exam certificate	(b)	X	
49. Emesis basin or disposable bags; covered waste container	X		71. Facsimile of EMT certificate or medical license	(c)	X	
50. Portable suction equipment	X		72. Work experience summary	(d)	X	
51. Sandbags (2) or equivalent material to restrict movement	X		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	X	
52. Spinal immobilization devices (2 sizes)	X		74. Employer notification (DMV Pull Notice System)	1808.1	X	
53. Half-ring traction splint or equivalent device	X		COMPANY INSPECTION			
54. Blood pressure manometer, cuff, and stethoscope	X		75. Company or corporation ownership	13 CCR 1107(b)(1)		
55. Sterile obstetrical supplies	X		76. One or more ambulances available 24 hours	13 CCR 1107		
56. Potable water (1 gal.) or sterile saline solution (2 liters)	X		77. Fees posted/maintained	13 CCR 1107(d)		
57. Bedpan or fracture pan	X		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
58. Urinal	X		79. 24-hour direct telephone service	13 CCR 1107(e)		
80. INSURANCE CARRIERS NAME			POLICY NUMBER	POLICY EXPIRATION DATE		
MIMS INT'L			RMCA5273144	9-1-02		
81. REMARKS						

LICENSEE CERTIFICATION IN LIE

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 competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
4/2/01

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
☐ In compliance only after correction
☐ Addition to fleet
☐ Replacement
☐ ID certificate of replaced vehicle attached
☐ Absence of official brake adjusting station verified

☐ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
M. J. Bonfilio	13294	720	0	20 min	4-16-01

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, Vehicle Code, Title 13 CCR, and GO 100.5

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

SERVICE NAME / DOING BUSINESS AS AMR	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL 96 FORD E-350
SERVICE ADDRESS (number and street) 7575 SOUTHFRONT RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDJS34EXTHA70895
(city, state, and zip code) LIVERMORE, CA 94550		VEHICLE LICENSE PLATE NUMBER AND STATE SG3129Z
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 116 HUBBARD ST. SANTA CRUZ, CA 95060		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 1786-6891

ITEM INSPECTED AND IN COMPLIANCE	VC/13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>			
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>			
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>			
5. Beam selector/indicator	24252, 24406, 24408	<input checked="" type="checkbox"/>			
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	<input checked="" type="checkbox"/>			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>			
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>			
12. Stoplamps	24252, 24603	<input checked="" type="checkbox"/>			
13. Taillamps	24252, 24600	<input checked="" type="checkbox"/>			
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>			
15. Backup lamps	24252, 24606	<input checked="" type="checkbox"/>			
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>			
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>			
18. Windshield wipers	26706, 26707	<input checked="" type="checkbox"/>			
19. Defroster	26712	<input checked="" type="checkbox"/>			
20. Mirrors	26709	<input checked="" type="checkbox"/>			
21. Horn	27000	<input checked="" type="checkbox"/>			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>			
23. Brake system	26301.5, 26450-26454	<input checked="" type="checkbox"/>			
24. Steering; suspension	24002	<input checked="" type="checkbox"/>			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	<input checked="" type="checkbox"/>			
26. Fuel system	24002, 27155, 27156.1	<input checked="" type="checkbox"/>			
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>			
28. Seat belts	27315 13 CCR 1103(b)	<input checked="" type="checkbox"/>			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>			
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>			
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>			
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>			
34. Other safety defects (if yes, explain)	24002		<input checked="" type="checkbox"/>		

*NOTE: It is 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 Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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 CCR	YES	NO
35. Ambulance cot and collapsible stretcher	<input checked="" type="checkbox"/>		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>		59. Location of records; retained for 3 years	13 CCR 1100.7	<input checked="" type="checkbox"/>	
37. Ankle and wrist restraints	<input checked="" type="checkbox"/>		60. Date, time, and location of call; received by whom	(a)	<input checked="" type="checkbox"/>	
38. Sheets; pillow cases; blankets; towels; pillows	<input checked="" type="checkbox"/>		61. Name of requesting person or agency	(b)	<input checked="" type="checkbox"/>	
39. Oropharyngeal airways (3 sizes)	<input checked="" type="checkbox"/>		62. Unit ID; personnel dispatched; red light/siren use	(c)	<input checked="" type="checkbox"/>	
40. Pneumatic or rigid splints (4)	<input checked="" type="checkbox"/>		63. Explanation of failure to dispatch	(d)	<input checked="" type="checkbox"/>	
41. Resuscitator	<input checked="" type="checkbox"/>		64. Dispatch time; scene arrival and departure times	(e)	<input checked="" type="checkbox"/>	
42. Oxygen and equipment	<input checked="" type="checkbox"/>		65. Destination of patient; arrival time	(f)	<input checked="" type="checkbox"/>	
43. Sterile bandage compresses or equivalent (12)	<input checked="" type="checkbox"/>		66. Name of patient transported	(g)	<input checked="" type="checkbox"/>	
44. Sterile gauze pads (4 - 3" x 3")	<input checked="" type="checkbox"/>		PERSONNEL RECORDS			
45. Roller bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>		67. Employment date	13 CCR 1100.8(a)	<input checked="" type="checkbox"/>	
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>		68. Facsimile of driver license	(b)	<input checked="" type="checkbox"/>	
47. Bandage shears	<input checked="" type="checkbox"/>		69. Facsimile of ambulance driver certificate	(b)	<input checked="" type="checkbox"/>	
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>		70. Facsimile of medical exam certificate	(b)	<input checked="" type="checkbox"/>	
49. Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>		71. Facsimile of EMT certificate or medical license	(c)	<input checked="" type="checkbox"/>	
50. Portable suction equipment	<input checked="" type="checkbox"/>		72. Work experience summary	(d)	<input checked="" type="checkbox"/>	
51. Sandbags (2) or equivalent material to restrict movement	<input checked="" type="checkbox"/>		73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)	<input checked="" type="checkbox"/>	
52. Spinal immobilization devices (2 sizes)	<input checked="" type="checkbox"/>		74. Employer notification (DMV Pull Notice System)	1808.1	<input checked="" type="checkbox"/>	
53. Half-ring traction splint or equivalent device	<input checked="" type="checkbox"/>		COMPANY INSPECTION			
54. Blood pressure manometer, cuff, and stethoscope	<input checked="" type="checkbox"/>		75. Company or corporation ownership	13 CCR 1107(b)(1)	<input checked="" type="checkbox"/>	
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>		76. One or more ambulances available 24 hours	13 CCR 1107	<input checked="" type="checkbox"/>	
56. Potable water (1 gal.) or sterile saline solution (2 liters)	<input checked="" type="checkbox"/>		77. Fees posted/maintained	13 CCR 1107(d)	<input checked="" type="checkbox"/>	
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>		78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2	<input checked="" type="checkbox"/>	
58. Urinal	<input checked="" type="checkbox"/>		79. 24-hour direct telephone service	13 CCR 1107(e)	<input checked="" type="checkbox"/>	
80. INSURANCE CARRIER'S NAME			POLICY NUMBER		POLICY EXPIRATION DATE	
81. REMARKS			RMCA5273144		9-1-02	

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
4/20/01

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
☐ In compliance only after correction
☐ Addition to fleet
☐ Replacement
☐ ID certificate of replaced vehicle attached
☐ Absence of official brake adjusting station verified

84. ☐ NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

☐ 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.

85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
M. J. BONFILLO	13294	720	0	20 MIN	4-16-01

SANTA CRUZ COUNTY
INTER-OFFICE CORRESPONDENCE

0310

DATE: June 20,2001
TO: Natalie
FROM: Ruth, EMS *RS*
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!