

**CITY OF RIVERSIDE  
APPLICATION FOR AMBULANCE PERMIT**

Subject to limited exceptions, Section 5.66.020 of the Riverside Municipal Code mandates that it shall be unlawful and a misdemeanor for any person, either a owner, agent or otherwise, to operate, conduct, advertise or engage in or profess to be engaged in the business or service of transporting patients by ambulance upon the streets or any public way or place in the City, except in conformance with a valid franchise to do so granted by the Council. Pursuant to Section 5.66.040, prerequisites to the granting of a franchise or an extended term of an existing franchise to an applicant shall include the filing with the administrator of an application.

**NOTE:** On July 1, 2011, Resolution 22227 was adopted. This resolution affirmed the fees and charges in City imposes for services, the fee of \$4104.00 is now required with any ambulance franchise application. Payment must be made at the time of submittal with the City of Riverside as the payee.

**INSTRUCTIONS:** Please or print clearly in ink. If additional space is necessary to complete any answer, please complete on additional sheet(s) indicating question number being answered. Reference to any attachments/exhibits must be clearly identified in this application and properly labeled.

☒ **X** New Application      ☐ Renewal      ☐ Amendment

**SECTION A- PLEASE FULLY ANSWER THE FOLLOWING QUESTIONS**

**1. Name and description of applicant:**

Premier Medical Transportation, Inc. Licensed and permitted Ambulance Provider for Riverside County

**2. Business address and residence address of record the applicant:**

575 Maple Court, Ste. A  
Colton, California 92324

Riverside County Address  
416 Johnnie Way  
San Jacinto, Ca. 92583

**CITY OF RIVERSIDE  
FIRE DEPARTMENT**

**AUG 20 2015**

**RECEIVED**

JUN 03 2015

**CITY OF RIVERSIDE  
APPLICATION FOR AMBULANCE PERMIT**

**RECEIVED**

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575 Maple Court, Ste. A  
Colton, California 92324

**3. Trade or firm name or DBA as recorded:**

PMT Ambulance

**4. If a corporation, a joint venture or a partnership or limited partnership, the names of all corporate officers, joint ventures or partners, including limited partners and their permanent addresses and their percentage of participation in the business:**

Tony Myrell, President	45%
575 Maple Court Ste. A	
Colton, Ca. 92324	

Richmond Taylor, Executive V.P.	45%
575 Maple Court, Ste A	
Colton, Ca. 92324	

Richard Card, Executive V.P.	10%
575 Maple Court, Ste A	
Colton, Ca. 92324	

**5. For new applicants only, please provide a statement of facts explaining the past experience of the applicant in the operation of an ambulance service, including the levels of service provided and showing that the applicant is qualified to render efficient twenty-four hour ambulance service:**

Premier Medical Transportation opened its doors in 2000 to supply the residents of Riverside County affordable non emergent Wheelchair and Gurney Van transportation. In 2005, seeing the needs of the hospitals we were servicing, we added our Basic Life Ambulance Service known as PMT Ambulance. Since then we have enhanced our service by adding Critical Care Transport. All our services are licensed accordingly and are overseen by our Medical Director and Riverside County Emergency Medical Services. PMT has maintained a steady growth serving all areas of Riverside and Orange County. We believe our growth is attributed to our high level of patient care and customer service. At PMT Ambulance we stand by our motto, Quality, Integrity and Dependability.

The upper management staff at PMT Ambulance has an extensive background in both hospital and pre-hospital settings. We are also the largest Provider of Home Medical Equipment to the Hospice Industry in the County. The ability to provide both the Medical Equipment and transports allows us to coordinate these services for a seamless transition for end of life patients.

Our staff is well trained professionals whose care and treatment of patients is impeccable.

We maintain a 24 hour dispatch desk staffed with EMD certified Dispatchers. This certification enables the Dispatcher to discern what level of transportation necessary for the patients' well being and following state and local protocols. PMT is also in the process of acquiring the Commission on Accreditation of Ambulances (CAAS) certification and fully expects our process to be completed by late September 2015.

## Management Staff

Name	TITLE	Years in Healthcare/EMS
Antonio Myrell	CEO	40
Bo Myrell	COO	8
Annie Myrell	Business Office Mgr.	15
Dr. Phuong Nyugen	Medical Director	25
Rosemary Dudevoir	Director of Operations	26
Mike Lucas	Dir. Of Business Development	11
Mark Batty	Communications Manager	13
Paul Garcia	Nursing Manager	26
Garfield Pennix	Safety Manager	12

**6. Describe in detail the geographical operating area within the City for which the permit is requested.**

PMT Ambulance is requesting to service the entire City of Riverside.

**7. List the level or levels of service which the applicant proposes to provide.**

PMT Ambulance is requesting to provide BLS or Basic Life Support and CCT or Critical Care transport in the City of Riverside.

**8a. Does applicant own or will have under applicants control all equipment required to conduct an ambulance service competently in the operating area for which you are or propose to be franchised, which meet the requirements established by the California Vehicle Code is applicable?**

☒\_X\_YES      ☐\_\_NO

**8b. Does applicant own or have access to suitable and safe facilities for maintaining your ambulance service in a clean, sanitary and mechanically sound condition?**

☒\_X\_YES      ☐\_\_NO

**If "YES", list each location for maintaining ambulances:**

Premier Medical Transportation, 575 Maple Court, Colton, Ca. 92324. We employ A.S.E. certified mechanics and maintain a full service maintenance department that handles all mechanical issues. This department is diligent in its preventative Maintenance program

9. List each ambulance vehicle operated by the applicant, including the patient capacity thereof, which list shall be promptly amended as required from time to time for any changed, substituted, loaned or leased vehicles.

UNIT #	YEAR	MAKE	MODEL	PLATE #	VIN #
410	2012	FORD	E350	55338G1	1FDSS3ES8BDB38634
411	2009	FORD	E350	90683A1	1FDSS34P09DA93549
412	2009	FORD	E350	54004H1	1FDSS34P99DA93551
414	2013	FORD	E350	90725K1	1FDSS3EL2DDA07291
417	2014	FORD	E350	NEW	1FDSS3EL1EDB14320

10. Do each of the applicant's licensed ambulances and its' appurtenances conform to all applicable provision of this chapter, the California Vehicle Code, the California Code of Regulations, and any other applicable State and local directives?

☒ X YES

☐ NO

**11. State all facts demonstrating that the applicant employs sufficient personnel adequately trained and available to continue delivering ambulance service of good quality at all time in operating area for which applicant are is applying:**

PMT Ambulance employs sufficient personnel to cover all shifts on a daily basis. Premier Medical Transportation routinely hires newly certified Emergency Medical Technicians to begin their employment on non emergency gurney vans. The employees are trained rigorously trained to work on the ambulance as well as the gurney van. It goes without saying that these employees work only in the capacity of the level of service they are providing. Overall the skill level is appreciated on the non emergent transfers. This cross training method also allows us to activate these employees should any surge activity occur within an area or assist in mass causality circumstances.

PMT Ambulance works closely with local colleges such as Riverside Community, Crafton Hills and Victor Valleys' Emergency Medical Technicians classes by providing training support to those programs. By working with these programs we have a surplus of certified personnel that allows us the ability to promote from within the company.

PMT Ambulance was awarded the "Excellence in Partnership Award" from the Inland Empire/Desert Regional Consortium for our work with all Inland Empire colleges to develop skills and employment opportunities.

**12. List each employee of applicant and describe the level of training received by each employee. (Note: applicant must affirmative update this information without request to the Fire Chief to reflect any future personnel changes.)**

Please see Attachment "A"

**13. List any proposed schedule of any special rates to be charged by the applicant for ambulance services:**

PMT Ambulance does not foresee charging or billing for any special rates in the City of Riverside.

**14. Have any ambulances operated by applicant been taken out of service for safety or other reasons by the California Highway Patrol, or any other California law enforcement agency, or any governmental agency?**

☐ YES      ☒ NO

If "YES", please explain:

**15. Has applicant, or any partner, officer, or director of applicant thereof, been previously the holder of a franchise granted by the Council which was revoked or not extended?**

☐ YES      ☒ NO

If "YES" please explain

**16. Has applicant, or any partner, officer, or director of applicant thereof, committed any act involving dishonesty, fraud, or deceit whereby another person was injured or the applicant has unjustly benefitted?**

☐ YES      ☒ NO

If "YES" please explain



**17. Has the applicant currently providing ambulance service within the City without having a franchise therefore as required by this chapter?**

☒ **YES**      ☐ **NO**

**IF "YES" please explain**

Since 2011 PMT Ambulance has been running Hospice transports or "as needed" in the City of Riverside as a subcontract provider of AMR.

**18. Has applicant, or any partner, officer, or director of applicant thereof, entered a plea of guilty to, been found guilty of, or been convicted of a felony, or a crime involving moral turpitude?**

☐ **YES**      ☒ **NO**

**If "YES" name the person convicted, briefly describe the nature of the crimes, the date and place of the conviction and legal disposition of the case.**

**19. For new applicants, state all facts that show to the satisfaction of the Council that the public health, safety, welfare, convenience and necessity require the granting of the franchise.**

Premier Medical Equipment is the largest provider of Home Medical Equipment in Riverside County. We carry contracts with multiple Hospice agencies within the County. We are obligated through our Hospice contracts for both equipment delivery and patient transportation. It is critical to the hospice patient that the delivery of equipment be carefully timed and coordinated with patient transport in order to have a continuum of care and assure that this end of life patient receives the full benefit of their care. Being permitted to operate in the City of Riverside allows us to continue this specialized and highly sensitive operation. It can be said that other ambulance providers are capable of transporting Hospice patients, but because of our combined operation are able to provide seamless transition with delivery of equipment and patient transportation. In addition we have vested a tremendous amount of time in the education of our Emergency Medical Technicians in the handling of these highly, sensitive end of life transports to support not only the patient but the family members involved.

Another benefit of granting an ambulance permit is to allow for hospitals and facilities that have relied our Gurney and Wheelchair services to now experience our full range of cost saving transportation.

In addition, Premier Medical Transportation and PMT Ambulance are vested in Riverside County as well as San Bernardino. The owner Tony Myrell leads the Workforce Investment Board and has teamed with the Riverside County Workforce Investment Board. We are proud that this company has the financial ability to, over the years, hire hundreds of residents of the Inland Empire. When permitted this will no doubt increase volume and therefore put more residents of Riverside to work.

PMT regularly donates to promote the well being of the County of Riverside. The program which we are most proud of is the Second Harvest Food Bank. We have pledged to donate a meal for every call ran by our company. To date we have donated over 100,000 meals and will continue to do so.

**Note: Public convenience and necessity requiring the granting of a franchise exists where there is a demonstrated community need in light of the surrounding circumstances, including needfulness in the present and what is expected in the future. Evidence to support a finding that public convenience and necessity require the granting of a franchise includes, but is not limited, to the following.**

- 1. The ability of the applicant to adequately perform the service.**
- 2. The adequacy of the services being provided by existing franchisee(s)**
- 3. The potential growth and development of the area to be serviced.**
- 4. The scope of service to be afforded by the applicant.**
- 5. The capability to transport patients regardless of ability to pay.**
- 6. The capability of the existing franchisee to handle potential growth of the area.**
- 7. The potential to negatively impact the overall system of providing Efficient delivery of ambulance services in the city.**
- 8. Any other factor deemed relevant by the Administrator or Council**

**1. Ability of the Applicant to adequately perform the service**

PMT Ambulance believes with the number of units that will be licensed and committed to Riverside, that we will have enough of the resources to adequately provide Service. Additionally, PMT is committed to provide more units if the need is realized.

We are licensed in Orange County, Riverside County, San Bernardino County and are waiting our county licensing from Los Angeles.

PMT/Premier Medical Transportation offers all these services so that patients have the appropriate mode of transportation that suits their individual needs. Because of this diversity we have been able to offer affordable, appropriate and caring transportation throughout the counties, for over 20 years. We bill Medicare, Medicaid and have contracts with every health insurance

**2. The adequacy of the services being provided by existing franchisee(s).**

PMT does not presume to rate the adequacy of services being provided by existing franchisee.

The proof of each individual franchisees success would be the efficient safe and ethical service they provide to the constituents of the City of Riverside. Being vested in this county will be the proof. If permitted companies find that they are limited in area, it would not be surprising to see their resources moved out of county to more profitable areas.

In past years many Hospital and Skilled Nursing facilities have expressed and signed petitions so as they may have a choice when deciding on Basic, non 911, services. PMT believes that the organizations are hopeful that with the induction of competition In the City of Riverside, it would allow for better contracted pricing and more efficient patient transfers.

**3. The potential growth and development of the area to be serviced.**

It is no secret that the population of the City and County of Riverside has increased especially with the increase of "baby boomers". The growth has manifested itself within the healthcare system especially with the Affordable Healthcare Act. Rapid population growth without the increase of additional hospitals within the area has put a strain on emergency departments in every hospital. Wait time has been increasing to an unacceptable level reducing resources available in the field. By having resources held up in emergency departments the basic discharges from the hospital floors are being delayed. "Bed delays" in the emergency rooms have been at an all time high and have administrators of the hospitals at loss as how to handle this.

**4. Scope of Service to be offered by the applicant**

PMT Ambulance will provide Basic Life Support and Critical Care Transports, in the City of Riverside on demand. Our standard of operation is to comply with transfer time as requested by the facilities. Discharges from Hospital Floors will be a main priority and resources for this need will be available in order to alleviate emergency room "wait time and bed delay".

It is customary to have a <30 minute arrival time for any BLS call deemed emergent but not falling under an advanced life support criteria.

**5. The capability to transport patients without the ability to pay.**

PMT Ambulance will never refuse a transportation request based on the patients' ability to pay. Our history with hospitals and case workers proves that we are the first company to help when they are faced with a challenge.

**6. Capability of the existing franchisee(s) to handle potential growth of the area:**

Now that the City of Riverside has permitted several franchisees, it must now look at the financial capability and their willingness to expend the necessary monies to expand in the inter-facility transport business. It will also depend on each Franchisees commitment to fulfill the needs and increase their resources as they professed to in each application. Taking the burden off the current 911/Emergency service will allow for a more timely response to the general public. The current Franchisee has dedicated themselves to the people of Riverside for more than 20 years and have proven they can keep up with the growth and the addition permitted ambulance companies will allow the current 911 provider to provide a more rapid response and assure that patients are being treated in the "Golden Hour" as the 911 system was ultimately designed for.

**7. The potential to negatively impact the overall system of providing the efficient delivery of ambulance service in the City.**

Adding ambulance providers in the City of Riverside only enhances the transportation of patients. In Riverside County, multiple permitted providers work in a competitive atmosphere on a daily basis. It is attractive for facilities who can utilize providers that make more financial and resource sense for their clients. When working with Administration from hospitals outside the City of Riverside we have been able to decrease system saturation by providing additional resources for them to utilize, thus cutting ETA's.

20. Has applicant received any customer service complaints (any expression of dissatisfaction, whether oral or written and whether justified or not, from or on behalf of a complainant about the applicant's provision of or failure to provide ambulance service) in the past 24 months?

☒ YES    ☐ NO

If "YES", please explain: Due to the fact that PMT/Premier offers multiple modes of transportation and we are considered as one company. Complaints have been reported for various modes of transportation within the company and are available for inspection upon request. This company has a complaint resolution process please refer to document #1

21. Describe all vehicular accidents involving applicant's ambulances in the past 24 months?

In the past 24 months Premier Medical has encountered 6 incidents company wide. These incidents are on record and available for inspections upon request.

22. Describe all occurrences in the past 24 months that involved failures of equipment or vehicles that occurred during patient delivery.

PMT Ambulance has not had any equipment failure during patient delivery in the past 24 months.

CITY OF RIVERSIDE  
FIRE DEPARTMENT

AUG 20 2015

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NOTE: The City reserves the right to request additional information as it may deem necessary to make determination on the application for an ambulance franchise.

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FIRE DEPARTMENT

AUG 20 2015

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## PREMIER MEDICAL TRANSPORTATION INC.

The purpose of this program is to resolve client service complaints; placed against the organization. Complaints are the assigned to a supervisor for review, in accordance to the department identified in the origins of the complaint. This may include, field operations, communications, customer service and billing departments.

Complaints may be issued or generated in various forms. However generated, **Premier Medical Transportation Inc.** will institute the following guideline in which all complaints will be investigated to a resolution.

### RESOLUTION PROCESS:

- Supervisory staff member receiving initial complaint will determine the appropriate alleged department of origin. Once department of origin is identified, complaint will be assigned to department supervisor for further review.
- Supervisor in receipt of complaint will review all pertinent information stated in complaint. Establish contact with all necessary parties affiliated with complaint to correlated validity of complaint. Compile documentation of information gathered during review and interview process.
- To resolve the complaint, the department supervisor will explore settlement options if needed, with the goal of reaching a resolution that will serve as a measure of improvements if needed and mutually satisfactory outcome for all parties,

Attached outline must be completed by supervisor:

**COMPLAINT AND GREVIANCE RESOLUTION FORM**

Reporting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Complaint: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporting Party Name: \_\_\_\_\_

Patient/Agency Name: \_\_\_\_\_

**Department of Compliant:**

Field \_\_\_\_ Dispatch \_\_\_\_ Billing \_\_\_\_ Unit \_\_\_\_ Mech \_\_\_\_ Personnel \_\_\_\_

Departments Supervisor: \_\_\_\_\_

**Describe Alleged Complaint:**

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**Describe Resolution to Alleged Complaint:**

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Review By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**SECTION B: PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION**

**1. A photocopy of the license(s) if any, issued by the Commissioner of the California Highway Patrol to the applicant in accordance with 2501, California Vehicle Code and Title 13, California Code of Regulations.**

**Section B-1**

**2. For new applicants, attach all documents to demonstrate to the satisfaction of the Council that the granting of a franchise is in the Public interest and that there is a public need for a franchise to be granted in that there is a public need for the type of ambulance service which can be legally provided by the applicant and the service is not being provided and cannot or will not be provided by the existing franchisee(s).**

**Section B-2**

**3, Verification if current accreditation with the Commission on Accreditation of Ambulance Services ("CAAS") if unaccredited, attach all documents demonstrating completion of 25% of the comprehensive self-assessment required by CAAS.**

**Section B-3**

**4. A copy of the most recent Ambulance inspection Report, if any issued by the California Highway Patrol and County of Riverside for each vehicle identified in Question #9 above.**

**Section B-4**

**5. A copy of motor vehicle inspection and maintenance program, if any.**

**Section B-5**

**6. A copy of mutual aid policies and provide a list of mutual aid agreements/providers, if any.**

**Section B-6**

**7. A copy of response time reports for the last two years that identify when the request for service was received, the time the unit was promised/requested and the actual time the unit arrived at scene**

Section B-7

**8. A copy of the preventive maintenance program for vehicles and durable medical equipment, if any**

See B-5

**NOTE: All applicants must have a valid Business Tax Certificate issued by the City to conduct business in the City of Riverside in addition to a franchise. A Business Tax Certificate may be obtained from Business Tax Section in City Hall after the franchise has been approved.**

**NOTE: All applicants are required to have insurance coverage which meets the requirements of the City. Applicant shall submit to the City Attorney evidence of insurance coverage as required by Section 5.66.060(E) before the franchise can be issued.**

See "Licensing"

### **SECTION C - PLEASE HAVE AVAILABLE FOR REVIEW**

- 1. A copy of each certificate or license issued by the State, County, or local EMS Agency establishing qualifications of such personnel in ambulance operations identified above in Section A, Question 12.**
- 2. A photocopy of a valid DMV license for each personnel in ambulance operations identified above in Section A, Question 12.**
- 3. Applicant's fleet of vehicles consistent with Section 5.66.195 of the Riverside Municipal Code.**

## DECLARATION UNDER PENALTY OF PERJURY

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information in this application is true and correct to the best of my knowledge. Applicant signifies by signing this application that the applicant agrees to meet the requirements of the Riverside Municipal Code if the franchise is granted by the City Council.

As a condition of the Council's granting a franchise, applicant will appear in and defend all actions against the City and Council arising out of the exercise of the franchise, and shall indemnify, defend, and save the City and its officers, employees and agents harmless of and from all claims, demands, actions, or causes of action of every kind and description resulting directly or indirectly from, arising out of, or in any way connected with, the granting or exercise of the franchise, unless this would create a conflict of interest.

Additionally, pursuant to Riverside Municipal Code Section 5.66.020(C), this applicant recognizes that it shall be unlawful to refuse or decline to transport a patient in response to a medical request, including due to an actual or perceived inability of the patient to pay for ambulance services. This applicant possesses the ability and commitment to transport all patients in response to medical requests.

I confirm that I have authority to sign on behalf of the legal entity designated as applicant.

Executed on 5-31-2015 at CORTONA, California.  
(date) (city)

SIGNATURE

ROSEMARY DUDEVOIR  
PRINTED NAME

DIRECTOR OF OPERATIONS  
TITLE

Submit application and all attachments, including certificate of insurance, and a check or money order payable to the City of Riverside to:

Fire Chief  
City of Riverside Fire Department  
3401 University Avenue  
Riverside, CA 92501

Please direct any questions to (951) 826-5321.



# EMT EMPLOYEE LIST

Please list the expiration date in the format shown below

	Name (Last, First)	EMT STATUS			CDL EXP DATE	ADC EXP DATE	EMT EXP DATE	CPR EXP DATE
	Doe, John	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	12/31/16	12/31/15	6/13/15	4/2015
1		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
2	Adams, Ryan	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	7/29/16	7/29/16	10/31/15	3/2017
3	Armijo, Ray	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	12/19/19	12/19/19	5/31/16	3/2016
4	Bartlett, Loren	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	11/2/16	11/2/16	3/31/16	3/2016
5	Barlon, Timothy	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	12/10/15	non driver	7/31/16	1/2016
6	Baur, Eli	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	11/19/18	11/19/18	6/30/15	5/2015
7	Bulsanoy, Samrouy	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	10/18/16	non driver	9/30/16	2/2016
8	Bluma, John	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	9/30/18	9/30/18	1/31/16	7/2015
9	Brown, Joshua	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	1/3/2020	1/3/2020	6/30/16	3/2016
10	Capuzzi, Larissa	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	3/26/19	3/26/19	11/30/15	2/2017
11	Copeland, Edward	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	2/2/16	2/2/16	7/31/15	11/2016
12	Cordoba, Ricardo	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	9/8/15	non driver	12/31/16	5/2016
13	Cortez, Jonathan	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	1/14/16	1/14/16	12/31/15	3/2016
14	Cunningham, kashif	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	12/13/18	12/13/18	6/30/15	7/2016
15	Crockett, Dustin	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	5/14/19	5/14/19	6/30/15	12/2016
16	Daley, Jonathan	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	4/5/18	4/5/18	2/28/17	1/2017
17	Del Rio, Jabob	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	2/2/20	2/2/20	3/31/16	12/2015
18	Dyer, Altyson	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	4/12/18	4/12/18	3/31/2017	11/2016
19	Enciso, Josue	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	6/10/19	6/10/19	5/31/16	5/2016
20	Estrada, Ivan	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	6/28/16	6/28/16	8/31/15	12/2016
21	Felix, Noemi	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	2/1/17	2/1/17	7/31/15	5/2015
22	Garcia, Albertino	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	8/3/17	8/3/17	5/31/16	2/2016
23	Garcia, Joshua	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	8/3/15	8/3/15	2/28/17	7/2016
24	Garcia, Rafael	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	6/16/16	6/16/16	12/31/15	12/2015
25	Gerlach, Dayton	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	9/19/16	9/19/16	6/30/16	1/2016
26	Gonzalez, Anthony	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> LOA	7/29/17	7/29/17	7/31/16	12/2015
27	Gonzalez, Juan	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input checked="" type="checkbox"/> LOA	3/22/16	3/22/16	12/31/15	9/2015
28	Gradilla, Jorge	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	5/24/15	5/24/15	2/28/17	5/2016
29	Ferris, Blake	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input checked="" type="checkbox"/> LOA	4/1/2020	4/01/2020	5/31/2016	8/2016
30		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
31	Magee, James	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	12/31/17	12/31/17	11/30/15	8/2015

# EMT EMPLOYEE LIST

Please list the expiration date  
in the format shown below

	Name (Last, First)	EMT STATUS			CDL EXP DATE	ADC EXP DATE	EMT EXP DATE	CPR EXP DATE
32	Mena, Noelle	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	10/29/19	10/29/19	8/31/16	9/2015
33	Murillo, Gabriel	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	3/6/16	3/6/16	11/30/15	11/2015
34	organis, Julio	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> LOA	8/1/16	8/1/16	6/30/16	4/2017
35		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
36	Papageorges, Nicholas	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> LOA	9/3/18	non driver	1/31/16	10/2015
37	Pia, Todd	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> LOA	10/20/17	10/20/17	2/28/17	2/2017
38	Pimentel, Jack	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	7/25/15	7/25/15	4/30/16	8/2016
39	Razo, Barbara	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> LOA	8/26/15	8/26/15	10/31/16	9/2015
40	Ridling, Rhonda	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	12/26/18	12/26/18	3/31/17	2/2017
41	Rogers, Katie	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	11/25/15	11/25/15	1/31/16	9/2015
42		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
43	Ryan, Sean	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	7/21/17	7/21/17	8/31/15	3/2016
44	Sentes Shane	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	3/16/16	3/16/16	7/31/15	1/2017
45	Staggs, Brandon	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	10/8/15	10/8/15	3/31/16	3/2017
46	Taylor, Justin	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	9/6/15	9/6/15	6/30/15	12/2015
47	Torres, Ronald	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	8/28/17	8/28/17	6/30/16	2/2016
48	Torrez, Alex	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	8/1/18	8/1/18	9/30/16	4/2017
49	Tucker, Dustin	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	<input type="checkbox"/> LOA	8/12/16	8/12/16	11/30/15	7/2015
50	Valencia, Pablo	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	10/16/15	non driver	9/30/16	2/2016
51	Warren, Erik	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	5/26/17	5/26/17	6/30/16	12/2015
52	Webb, Garrett	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input checked="" type="checkbox"/> LOA	5/27/15	5/27/15	12/31/15	12/2016
53	Williams, Jessie	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	9/24/19	9/24/19	3/31/17	10/2016
54	Zavala, Jose	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA	5/28/17	non driver	1/31/17	8/2016
55		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
56		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
57		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
58		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
59		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
60		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
61		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
62		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				
63		<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> LOA				

**COURSE TITLE: ORIENTATION**

**COURSE DURATION: 3 DAYS/ MIN. 24 HOURS**

**DAY 1:**

**New Hire paperwork**

- a. Payroll, Handbook, Workman's Comp, Uniforms, Scheduling

**Company Policy Review**

**Being an EMT**

- a. Professionalism
  - 1. What is an EMT?
- b. Appearance
- c. Punctuality
- d. Hygiene

**Documentation**

- a. Paperwork
- b. Electronics
  - 1. Radio
  - 2. EPCR
- c. Writing a PCR
  - 1. How to properly write a complete and accurate narrative.
  - 2. What is a chief complaint vs. diagnosis
  - 3. Patient History
- d. HIPAA
  - 1. What is the EMT responsibility?
  - 2. What is the company responsibility?
  - 3. Internal billing/external billing
  - 4. Public relations/marketing
  - 5. HIPAA Test
- e. Cobra
- f. EMTALA
  - 1. "EMTALA Regulations" handout
  - 2. EMTALA Test



## **DAY 1 continued:**

### **OSHA**

- a. Bloodborne Pathogens
  - 1. Cross Contamination
  - 2. Bleeding Control
  - 3. Needles, Sharps Safety
  - 4. Hep. A, Hep. B, Hep. C Hep. D
  - 5. Bloodborne Pathogens Test
- b. Airborne pathogens
  - 1. Airborne pathogens review
  - 2. Airborne pathogens test
- c. Oxygen
  - 1. Oxygen Safety
  - 2. O2 Cascade System
    - a. SOP and safety measures
- d. Respiratory Protection
  - 1. Simple mask vs N95 vs P100
  - 2. Fit Testing
- e. Back Safety
  - 1. "S Back Exercises" handout
- f. Fire Extinguisher
  - 1. "The Sleeping Giant" handout
  - 2. Fire Extinguisher test
- g. Safety Vest- when to use them
- h. Global Harmonizing System
  - 1. GHS test
- i. Heat Emergencies
- j. Workplace Violence
  - 1. Workplace Violence test

## **DAY 2:**

### **Safety**

- a. MRSA, VRE, Staph, EBOLA
- b. PPE
  - 1. Eye, Face, Head, Ear Protection
  - 2. Gloves
- c. Vehicle Cleaning
- d. Uniform Cleaning
- e. Hand Washing

## **DAY 2 continued:**

### **CEVO**

- a. Drivers training
- b. Drivers education
- c. Drivers Safety & Responsibility
  - 1. Partner Safety
  - 2. Patient Safety
  - 3. Scene Safety
  - 4. Sleep Deprivation
  - 5. Energy Drinks

## **DAY 3:**

### **Skills Training**

- a. Patient Assessment
- b. Skills
  - 1. Vital Signs
  - 2. CPR/AED
  - 3. C-spine, KED, backboard and Traction splint
  - 4. Map Reading – How to read a Thomas Guide
    - a. Thomas Guide Test

### **START Triage**

- a. ICS 100, 200, 700, 800, 808

### **Orientation Review**

- 1. Question and Answer session of information provided.
- 2. Orientation Evaluation worksheet

**Orientation Evaluation**

Name: \_\_\_\_\_

Did your FTO provide all feedback during the Orientation Evaluation in an appropriate and professional manner?

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Do you feel your FTO was knowledgeable in what they were reviewing or testing you on?

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Do you feel your Orientation Evaluation adequately prepared you for the position of EMT?

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If you could change 1 thing about the whole Orientation process, what would it be and why.

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What do you feel are your strengths?

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What do you feel are your weaknesses?

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Any additional comments? Continue on the back if more room needed.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_





STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE  
NON-TRANSFERABLE LICENSE**

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

SERVICE NAME AND PHYSICAL ADDRESS *(only if different from below)*

PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324-

SERVICE NAME AND MAILING ADDRESS

PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324-

Attention: ROSEMARY DUDEVOIR

CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
1877	1877	4/15/2015	5/12/2015	5/11/2016
CHP CARRIER NUMBER	LOCATION	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Renewal	
CA	860			

**PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)**

This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.

Ambulance operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Research and Planning Section at (916) 843-3440.



19. For new applicants, state all facts that shows to the satisfaction of the Council that the granting of a franchise is in the public interest and that there is a public need for a franchise to be granted in that there is a public need for the type of ambulance service which can be legally provided by the applicant and the service is not being provided and cannot or will not be provided by the existing franchisee(s):

As stated Premier Medical Transportation is the largest provider of Home Medical Equipment in Riverside County. We have contracts with all the Hospice agencies within the County. It is the intent of PMT to provide specialized BLS care/ transports of the hospice patients that we are obligated through our contracts for both services with our Hospice agencies. It is critical to the hospice patient that the delivery of equipment be carefully timed and coordinated with their transport in order to have a continuum of care and assure that this end of life patient receives the full benefit of their hospice care.

In addition our Hospice agencies have invested a tremendous amount of time in the education of our Emergency Medical Technicians in the handling of these highly sensitive end of life transports to support not only the patient but the family members involved.

Premier understands the concerns of economic viability by AMR. It is not PMT's intent to suggest that they cannot handle the cities 911 or interfacility needs. We have known them to be very competent in furnishing the needs of the citizens of any city they provide for. We fully understand the need to cover the costs of providing a 911 service. Premier Medical, on a different scale experiences the burden of providing quality wheelchair/gurney van service to the residents of the city for the past eleven (11) years with little reimbursement for these types of transfers. We would like to continue to offer these services that no other company provides, to the same extent, as we do. Permitting PMT to operate the BLS for our Hospice Patients and continuation of care for those needing services in the City will only help us to continue to provide those low reimbursement transports and maintain PMT's economic viability and not infringe on AMRs, by allowing BLS continuum of care transfers within the City of Riverside

**NOTE:** The City reserves the right to request additional information as it may deem necessary to make a determination on the application for an ambulance franchise.







*Commission on Accreditation of Ambulance Services*  
1926 Waukegan Rd., Suite 1  
Glenview, IL 60025 - 1770  
ph 847-657-6828  
fax 847-657-6825  
Website: [www.caas.org](http://www.caas.org)

February 18, 2011

Keri Johnson  
Controller  
Premier Medical Transportation  
575 Maple Court, Suite A  
Colton, CA 92324

Dear Ms. Johnson:

Thank you for your CAAS order. Enclosed please find a copy of the CAAS application (version 3.0) and CAAS standards which reflects the latest revisions to the CAAS standards. In addition, we have enclosed some additional literature about the Commission and the accreditation process.

You might be interested in attending one of our accreditation seminars. These seminars are held several times a year and are in conjunction with the American Ambulance Association. The seminar is an excellent nuts and bolts introduction to the accreditation process, covering how to plan, budget, motivate staff, prepare your application and documentation, and prepare for the on-site visit. Please visit our website at [www.caas.org](http://www.caas.org) for more information.

Please contact me at 847-657-6828, Ext. 3016, or email at [marciem@tcag.com](mailto:marciem@tcag.com) if you have any questions.

Again, thank you for your order. We look forward to working with you in the accreditation process.

Sincerely,

A handwritten signature in black ink, appearing to read "Marcie W. McGlynn".

Marcie W. McGlynn  
Administrative Director

Enclosures


**Board of Directors  
Representatives:**

- American Ambulance Association
- International Association of Fire Chiefs
- National Association of Emergency Medical Technicians

- National Association of EMS Physicians
- National Association of State EMS Directors

**Board Liaison:**

- National Highway Transportation Safety Administration

 **PHEM**  
MEDICAL TRANSPORTATION, INC.  
P.O. BOX 688  
CITY OF RIVERSIDE  
RIVERSIDE, CA 92501  
TEL: 951-517-1100

12943

7/23/2011

PAY TO THE ORDER OF IOS Service Delivery Expense \$ 51.60

Pay On/On 8/1/2011


IOS Inpatient Delivery Service

WELLS

*Tony Murphy*

⑈012943⑈ ⑈12244016⑈ ⑈140506874⑈ ⑈0000005160⑈

08/01/2011 12943 \$51.60

 **PHEM**  
MEDICAL TRANSPORTATION, INC.  
P.O. BOX 688  
CITY OF RIVERSIDE  
RIVERSIDE, CA 92501  
TEL: 951-517-1100

12945

7/23/2011

PAY TO THE ORDER OF City Of Riverside \$ 4,104.00

Pay On/On 8/1/2011


City Of Riverside  
Fire Department  
3085 South Lowndes St  
Riverside, CA 92504

WELLS

*Tony Murphy*

⑈012945⑈ ⑈12244016⑈ ⑈140506874⑈ ⑈0000005160⑈

08/08/2011 12945 \$4,104.00

 **PHEM**  
MEDICAL TRANSPORTATION, INC.  
P.O. BOX 688  
CITY OF RIVERSIDE  
RIVERSIDE, CA 92501  
TEL: 951-517-1100

12949

7/23/2011

PAY TO THE ORDER OF City Of Riverside \$ 126.00

Pay On/On 8/1/2011

City Of Riverside  
Fire Department  
City Hall  
1000 Main Street  
Riverside, CA 92501

WELLS

*Tony Murphy*

⑈012949⑈ ⑈12244016⑈ ⑈140506874⑈ ⑈0000005160⑈

08/01/2011 12949 \$126.00





STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 860

CHP Certificate/Permit Number: 1877- 12418

ISSUED: 5/12/2015

EXPIRES: 5/11/2016

AREA:

☐ INITIAL

☐ DUPLICATE

☒ EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE: 11 FORD E 350

VEHICLE LICENSE NO. 55338G1

VIN: 1FDSS3ES8BDB38634

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

NAME AND MAILING ADDRESS

PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

15

**AMBULANCE INSPECTION REPORT**

CHP 299 (Rev. 9-12) OPI 061

INSPECTION

☐ INITIAL

☒ ANNUAL

☐ COMPLIANCE

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

SERVICE NAME / DOING BUSINESS AS

**PREMIER MEDICAL TRANSPORTATION, INC**

CHP LICENSE NUMBER

**1877**

VEHICLE YEAR, MAKE, AND MODEL

**2011 FORD E350**

SERVICE ADDRESS (number and street)

**575 MAPLE COURT SUITE A**

VEHICLE IDENTIFICATION NUMBER (VIN)

**1FDSS3ES8BDB38634**

(city, state, and zip code)

**COLTON, CA**

VEHICLE LICENSE PLATE NUMBER AND STATE

**55338G1 CA**

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

CHP ID CERTIFICATE NUMBER (annual's and compliance only)

**1877-12418**

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4002, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Identification certificate (annual's/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Ambulance identification sign	13 CCR 1103.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Beam selector/indicator	24252, 24405, 24408	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Steady red warning lamp (required)*	24251, 24252, 25252, 25100; 13 CCR 1103(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Optional warning lamp(s)*	24252, 25252, 25253(a), 25259, 25100	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Clearance/identification lamps (if required)	24252, 25100, 25100.1; 13 CCR 685	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Stoplamps	24252, 24503	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Tail lamps	24252, 24500	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15. Backup lamps	24252, 24605	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Glass	26700, 26701, 26703, 26709.5, 26710	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Windshield wipers	26705, 26707	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19. Defroster	26712	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. Mirrors	26709	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Horn	27000	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Siren*	25100; 27002; 13 CCR 1021, 1025, 1029, 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23. Brake system	25301.5, 25450-25454	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Steering; suspension	24002	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25. Tires; wheels	24002, 27455; 13 CCR 1055, 1057	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Fuel system	24002, 27155, 27155.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
28. Seat belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
30. Portable light	13 CCR 1103(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
31. Spare tire; jack and tools	27435; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33. Court records	13 CCR 1103(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
34. Other safety defects (if yes, explain)	24002	<input checked="" type="checkbox"/>	<input 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 California 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 RECORDS AND DOCUMENTS		
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC/13-CCR	YES NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECORD OF CALLS		
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7	
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)	
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Name of requesting person or agency	(b)	
39. (a) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. Unit ID; personnel dispatched; red light/siren use	(c)	
40. Rigid splints (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. Explanation of failure to dispatch	(d)	
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)	
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Destination of patient; arrival time	(f)	
43. Rigid cervical collars: Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Name of patient transported	(g)	
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONNEL RECORDS		
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. Employment date	13 CCR 1100.8(a)	
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. Facsimile of driver license	(a)	
47. Bandage shears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)	
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Facsimile of medical exam certificate	(b)	
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)	
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73. Work experience summary	(d)	
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	74. AHA/NIH certifying not subject to 13 CCR 1101(b) and/or 13372 CVC provisions	(e)	
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	16CB.1	
53. Half-ring traction splint (Hare/Sager) or equivalent device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMPANY INSPECTION		
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(b)(1)	
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107	
56. Personal protection equipment (masks with one-way valves, gloves, gown, goggles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)	
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79. Financial responsibility	16020, 16500, 16500.5, 13 CCR 1103.2	
58. Urinal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)	
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
61. INSURANCE CARRIER'S NAME ZURICH AMERICAN INSURANCE			POLICY NUMBER CPO9590380-4		POLICY EXPIRATION DATE 12/01/2015
62. REMARKS					

## LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 20 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.

63. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE				DATE	
64. CHECK ALL APPLICABLE BOXES (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"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached			
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified			
65. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)					
<input checked="" 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.					
66. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
<i>[Signature]</i>	15495	8600			8-19-15

DESTROY PREVIOUS EDITIONS

CHP 299, 1212.pdf



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

411

CHP AREA: 860

CHP Certificate/Permit Number: 1877- 11480

ISSUED: 5/12/2015

EXPIRES: 5/11/2016

AREA:

☐ INITIAL  
☐ REPLACEMENT

☐ DUPLICATE  
☒ RENEWAL

☒ EMERGENCY AMBULANCE CERTIFICATE  
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT\*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 09 FORD E 350

VEHICLE LICENSE NO. 90683A1

VIN: 1FDSS34P09DA93549

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

NAME AND MAILING ADDRESS

PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

**AMBULANCE INSPECTION REPORT**

CHP 299 (Rev. 9-12) OPI 061

INSPECTION

☐ INITIAL

☒ ANNUAL

☐ COMPLIANCE

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

SERVICE NAME / DOING BUSINESS AS

PREMIER MEDICAL TRANSPORTATION, INC

CHP LICENSE NUMBER

1877

VEHICLE YEAR, MAKE, AND MODEL

2009 FORD E350

SERVICE ADDRESS (number and street)

575 MAPLE COURT SUITE A

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDSS34P09DA93549

(city, state, and zip code)

COLTON, CA

VEHICLE LICENSE PLATE NUMBER AND STATE

90683A1 CA

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

CHP ID CERTIFICATE NUMBER (annuals and compliance only)  
1877-11480

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Beam selector/indicator	24252, 24405, 24408	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Steady red warning lamp (required)*	24251, 24252, 25252, 25100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Optional warning lamp(s)*	24252, 25252, 25253(a), 25259, 25100	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Clearance/side marker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Stop lamps	24252, 24603	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Tail lamps	24252, 24600	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15. Backup lamps	24252, 24605	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Glass	26700, 26701, 26709, 26709.5, 26710	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Windshield wipers	26703, 26707	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19. Defroster	26712	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. Mirrors	26709	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Horn	27300	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Siren*	26100, 27602; 13 CCR 1021, 1023, 1025, 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23. Brake system	26301.5, 26450-26454	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Steering; suspension	24002	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25. Tires; wheels	24002, 27465; 13 CCR 1055, 1097	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Fuel system	24002, 27155, 27156.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Exhaust system	24002, 27150, 27151, 27154	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
28. Seat belts	27315; 13 CCR 1102(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
29. Fire extinguisher (minimum 4B:C)	13 CCR 1107(c), 1242	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
31. Spare tire, jack and tools	27465; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
34. Other safety defects (if yes, explain)	24002	<input type="checkbox"/>	<input 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 California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.



411

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES		REQUIRED RECORDS AND DOCUMENTS	
ITEM INSPECTED AND IN COMPLIANCE	YES NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR YES NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<b>RECORD OF CALLS</b>	
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	<input checked="" type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	62. Name of requesting person or agency	(b)
39. (8) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	63. Unit ID; personnel dispatched; red light/siren use	(c)
40. Rigid splints (4)	<input checked="" type="checkbox"/>	64. Explanation of failure to dispatch	(d)
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	66. Destination of patient; arrival time	(f)
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	67. Name of patient transported	(g)
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<b>PERSONNEL RECORDS</b>	
45. Self rolled bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>	68. Employment date	13 CCR 1100.8(a)
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	69. Facsimile of driver license	(b)
47. Bandage shears	<input checked="" type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>	71. Facsimile of medical exam certificate	(c)
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	73. Work experience summary	(d)
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC provisions	(e)
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	1208.1
53. Half-ring traction splint (Hare/Sager) or equivalent device	<input checked="" type="checkbox"/>	<b>COMPANY INSPECTION</b>	
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(b)(1)
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107
56. Personal protection equipment (masks with one-way valves, gloves, gown, goggles)	<input checked="" type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>	79. Financial responsibility	16020, 16500, 16500.5, 13 CCR 1108.2
58. Urinal	<input checked="" type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	<input checked="" type="checkbox"/>		
61. INSURANCE CARRIER'S NAME ZURICH AMERICAN INSURANCE		POLICY NUMBER CPO9590380-4	POLICY EXPIRATION DATE 12/01/2015
62. 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.

63. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE		DATE	
64. CHECK ALL APPLICABLE BOXES (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"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached	
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified	
65. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)			
<input checked="" 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.			
66. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME
<i>[Signature]</i>	15445	860	
INSPECTION DURATION		DATE	
		9-17-15	

DESTROY PREVIOUS EDITIONS

Chp299\_1212.F2



CHP Certificate/Permit Number: 1877- 11481		ISSUED: 5/12/2015	EXPIRES: 5/11/2016	CHP AREA: 860
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA: <input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 09 FORD E 350		VEHICLE LICENSE NO. 54004H1		VIN: 1FDSS34P99DA93551
<i>*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a ( ) for</i>				
NAME AND MAILING ADDRESS  PREMIER MEDICAL TRANSPORTATION, INC. 575 MAPLE COURT, SUITE A COLTON, CA 92324			PROPERTY OF CALIFORNIA HIGHWAY PATROL  This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.	

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

INSPECTION:

☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

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

SERVICE NAME / DOING BUSINESS AS <b>PREMIER MEDICAL TRANSPORTATION, INC</b>	CHP LICENSE NUMBER <b>1877</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2009 FORD E350</b>
SERVICE ADDRESS (number and street) <b>575 MAPLE COURT SUITE A</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDSS34P99DA93551</b>	
(city, state, and zip code) <b>COLTON, CA</b>	VEHICLE LICENSE PLATE NUMBER AND STATE <b>54004H1 CA</b>	
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)	CHP ID CERTIFICATE NUMBER (annuals and compliance only) <b>1877-11481</b>	

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Ambulance identification sign	13 CCR 1103.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Beam selector/indicator	24252, 24403, 24409	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Steady red warning lamp (required)*	24251, 24252, 25252, 25100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Optional warning lamp(s)*	24252, 25252, 25255(a), 25259, 25100	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Clearance/side marker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Warning devices (if required)	25320	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Stop lamps	24252, 24603	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Tail lamps	24252, 24600	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. License plate lamp	24252, 24501	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15. Backup lamps	24252, 24605	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Reflectors	24252, 24507	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Glass	25700, 25701, 25703, 25703.5, 25710	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Windshield wipers	25706, 25707	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19. Defroster	25712	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. Mirrors	25703	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Horn	27000	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Siren*	25100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23. Brake system	25301.5, 25450-25454	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Steering; suspension	24002	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25. Tires; wheels	24002, 27455; 13 CCR 1035, 1097	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Fuel system	24002, 27155, 27150.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Exhaust system	24002, 27150, 27151-27154	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
28. Seat belts	27315; 13 CCR 1103(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
29. Fire extinguisher (minimum 4BC)	13 CCR 1103(c), 1212	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
31. Spare tire, jack and tools	27155; 13 CCR 1101(a) & (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32. Maps	13 CCR 1103(j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33. Door latches	13 CCR 1103(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
34. Other safety defects (if yes, explain)	24002	<input type="checkbox"/>	<input 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 California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

412

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES		REQUIRED RECORDS AND DOCUMENTS	
ITEM INSPECTED AND IN COMPLIANCE	YES NO	ITEM INSPECTED AND IN COMPLIANCE	CVC/13CCR YES NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<b>RECORD OF CALLS</b>	
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7
37. Ankle and wrist restraints. Soft ties are acceptable. Total 6	<input checked="" type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	62. Name of requesting person or agency	(b)
39. (a) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	63. Unit ID; personnel dispatched; red light/siren use	(c)
40. Rigid splints (4)	<input checked="" type="checkbox"/>	64. Explanation of failure to dispatch	(d)
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	66. Destination of patient; arrival time	(f)
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	67. Name of patient transported	(g)
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<b>PERSONNEL RECORDS</b>	
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>	68. Employment data	13 CCR 1100.5(a)
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	69. Facsimile of driver license	(a)
47. Bandage shears	<input checked="" type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>	71. Facsimile of medical exam certificate	(c)
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	73. Work experience summary	(d)
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	74. Affidavit certifying not subject to 13 CCR 1101(c) and/or 13372 CVC provisions	(e)
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	1206.1
53. Half-ring traction splint (Haro/Sager) or equivalent device	<input checked="" type="checkbox"/>	<b>COMPANY INSPECTION</b>	
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(c)(1)
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107
56. Personal protection equipment (masks with one-way valves, gowns, goggles)	<input checked="" type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>	79. Financial responsibility	16020, 16560, 16509.5; 13 CCR 1103.2
58. Urinal	<input checked="" type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	<input checked="" type="checkbox"/>		
61. INSURANCE CARRIER'S NAME ZURICH AMERICAN INSURANCE		POLICY NUMBER CPO9590380-4	POLICY EXPIRATION DATE 12/01/2015
62. 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.

63. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE		DATE	
64. CHECK ALL APPLICABLE BOXES (Initial inspection, indicate when replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)			
<input checked="" type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached	
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified	
65. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)			
<input checked="" 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.			
66. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME
<i>[Signature]</i>	15475	860	
			INSPECTION DURATION
			DATE
			4-14-15

DESTROY PREVIOUS EDITIONS

CLP299\_1212.cdr



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

413

CHP Certificate/Permit Number: 1877- 12892

ISSUED: 5/12/2015

EXPIRES: 5/11/2016

CHP AREA: 860

AREA:

☐ INITIAL  
☐ REPLACEMENT

☐ DUPLICATE  
☒ RENEWAL

☒ EMERGENCY AMBULANCE CERTIFICATE  
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT\*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 90706K1

VIN: 1FDSS3ELXDDA19866

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

NAME AND MAILING ADDRESS

PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

**AMBULANCE INSPECTION REPORT**

CHP 269 (Rev. 9-12) OPI 061

DIRECTION:

☐ INITIAL

☒ ANNUAL

☐ COMPLIANCE

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

SERVICE NAME / DOING BUSINESS AS

PREMIER MEDICAL TRANSPORTATION, INC

CHP LICENSE NUMBER

1877

VEHICLE YEAR, MAKE, AND MODEL

2013 FORD E350

SERVICE ADDRESS (number and street)

575 MAPLE COURT SUITE A

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDSS3ELXDDA19866

(city, state, and zip code)

COLTON, CA

VEHICLE LICENSE PLATE NUMBER AND STATE

90706K1 CA

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

CHP ID CERTIFICATE NUMBER (annuals and compliance only)

1877-12892

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration, plates	4000, 4160, 4454, 4457, 5200-5234	/			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	/			
3. Ambulance identification sign	13 CCR 1100.4	/			
4. Headlamps	24252, 24400, 24407	/			
5. Beam selector/indicator	24252, 24408, 24408	/			
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, 25252(a), 25259, 26100	/			
9. Turn signals	24252, 24551-24553; 13 CCR 697-699	/			
10. Clearance/side marker lamps (if required)	24252, 25100, 25100.1; 13 CCR 693	/			
11. Warning devices (if required)	25200	/			
12. Stop lamps	24252, 24603	/			
13. Tail lamps	24252, 24603	/			
14. License plate lamp	24252, 24601	/			
15. Backup lamps	24252, 24623	/			
16. Reflectors	24252, 24637	/			
17. Glass	26700, 26701, 26709, 26709.5, 26710	/			
18. Windshield wipers	26706, 26707	/			
19. Defroster	26712	/			
20. Mirrors	26709	/			
21. Horn	27000	/			
22. Siren*	26100, 27002; 13 CCR 1021, 1026, 1029, 1103(e)	/			
23. Brake system	26301.5, 26450-26454	/			
24. Steering; suspension	24002	/			
25. Tires; wheels	24002, 27465; 13 CCR 1095, 1097	/			
26. Fuel system	24002, 27155, 27155.1	/			
27. Exhaust system	24002, 27153, 27153-27154	/			
28. Seal belts	27315; 13 CCR 1153(d)	/			
29. Fire extinguisher (minimum 4B C)	13 CCR 1100(c) 1242	/			
30. Portable light	13 CCR 1103(d)	/			
31. Spare tire, jack and tools	27485; 13 CCR 1103(e) & (f)	/			
32. Maps	13 CCR 1103(g)	/			
33. Documentation	13 CCR 1103(f)	/			
34. Other safety defects (if yes, explain)	24002	/			

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

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EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7		
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Name of requesting person or agency	(b)		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. Unit ID; personnel dispatched; red light/siren use	(c)		
40. Rigid splints (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. Explanation of failure to dispatch	(d)		
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)		
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Destination of patient; arrival time	(f)		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Name of patient transported	(g)		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONNEL RECORDS			
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. Employment data	13 CCR 1100.8(a)		
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. Facsimile of driver license	(b)		
47. Bandage shears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)		
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Facsimile of medical exam certificate	(b)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)		
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73. Work experience summary	(d)		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC provisions	(e)		
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	1808.1		
53. Half-ring traction splint (Here/Sager) or equivalent device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMPANY INSPECTION			
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(b)(1)		
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107		
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)		
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79. Financial responsibility	18020, 16500, 16500.5; 13 CCR 1100.2		
58. Urinal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)		
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination shortwing boards are acceptable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
81. INSURANCE CARRIER'S NAME <b>ZURICH AMERICAN INSURANCE</b>			POLICY NUMBER <b>CPO9590380-4</b>		POLICY EXPIRATION DATE <b>12/01/2015</b>	
82. 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.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE					DATE	
84. CHECK ALL APPLICABLE BOXES (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"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached				
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified				
85. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks) <input checked="" 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 TRAVEL TIME	INSPECTION DURATION	DATE	
<i>[Signature]</i>	15495	860			4-19-15	

DESTROY PREVIOUS EDITIONS

CHP299\_1217.Fd



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

414

CHP Certificate/Permit Number: 1877- 13016		ISSUED: 5/12/2015	EXPIRES: 5/11/2016	CHP AREA: 860
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA: <input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 13 FORD E 350		VEHICLE LICENSE NO. 90725K1		VIN: 1FDSS3EL2DDA07291

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

NAME AND MAILING ADDRESS



PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



**AMBULANCE INSPECTION REPORT**

CHP 299 (Rev. 9-12) OPI CG1

**INSPECTION**

☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

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

SERVICE NAME / DOING BUSINESS AS <b>PREMIER MEDICAL TRANSPORTATION, INC</b>		CHP LICENSE NUMBER <b>1877</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2013 FORD E350</b>
SERVICE ADDRESS (number and street) <b>575 MAPLE COURT SUITE A</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDSS3EL2DDA07291</b>	
(city, state, and zip code) <b>COLTON, CA</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>90725K1 CA</b>	
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) <b>1877-13016</b>	

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4050, 4180, 4454, 4457, 5200-5204	✓			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	✓			
3. Ambulance identification sign	13 CCR 1103.4	✓			
4. Headlamps	24252, 24403, 24407	✓			
5. Beam selector/indicator	24252, 24405, 24408	✓			
6. Headlamp flasher (if equipped)	24252, 26232.5	✓			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	✓			
8. Optional warning lamp(s)*	24252, 25252, 25255(a), 25259, 26100	✓			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	✓			
10. Clearance/side marker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	✓			
11. Warning devices (if required)	25300	✓			
12. Stoplamps	24252, 24603	✓			
13. Tail lamps	24252, 24600	✓			
14. License plate lamp	24252, 24601	✓			
15. Backup lamps	24252, 24605	✓			
16. Reflectors	24252, 24607	✓			
17. Glass	26700, 26701, 26709, 26709.5, 26710	✓			
18. Windshield wipers	26708, 26707	✓			
19. Defroster	26712	✓			
20. Mirrors	26709	✓			
21. Horn	27000	✓			
22. Siren*	26100, 27002; 13 CCR 1021, 1026, 1029, 1103(a)	✓			
23. Brake system	26301.5, 26450-26454	✓			
24. Steering/suspension	24002	✓			
25. Tires/wheels	24302, 27465; 13 CCR 1035, 1037	✓			
26. Fuel system	24002, 27155, 27159.1	✓			
27. Exhaust system	24002, 27150, 27151-27154	✓			
28. Seat belts	27315; 13 CCR 1103(c)	✓			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(e), 1242	✓			
30. Portable light	13 CCR 1103(d)	✓			
31. Spare tire/jack kit	27455, 13 CCR 1103(a), 8 & (f)	✓			
32. Mats	13 CCR 1103(g)	✓			
33. Door latches	13 CCR 1103(h)	✓			
34. Other safety defects (if yes, explain)	24002				

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

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EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>RECORD OF CALLS</b>			
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7	<input type="checkbox"/>	<input type="checkbox"/>
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)	<input type="checkbox"/>	<input type="checkbox"/>
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Name of requesting person or agency	(b)	<input type="checkbox"/>	<input type="checkbox"/>
39. (5) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. Unit ID; personnel dispatched; red light/siren use	(c)	<input type="checkbox"/>	<input type="checkbox"/>
40. Rigid splints (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. Explanation of failure to dispatch	(d)	<input type="checkbox"/>	<input type="checkbox"/>
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)	<input type="checkbox"/>	<input type="checkbox"/>
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Destination of patient; arrival time	(f)	<input type="checkbox"/>	<input type="checkbox"/>
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Name of patient transported	(g)	<input type="checkbox"/>	<input type="checkbox"/>
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PERSONNEL RECORDS</b>			
45. Soft rolled bandages (8 - 2', 3', 4', or 6')	<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. Employment date	13 CCR 1100.6(a)	<input type="checkbox"/>	<input type="checkbox"/>
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. Facsimile of driver license	(b)	<input type="checkbox"/>	<input type="checkbox"/>
47. Bandage shears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)	<input type="checkbox"/>	<input type="checkbox"/>
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Facsimile of medical exam certificate	(b)	<input type="checkbox"/>	<input type="checkbox"/>
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)	<input type="checkbox"/>	<input type="checkbox"/>
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73. Work experience summary	(d)	<input type="checkbox"/>	<input type="checkbox"/>
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC provisions	(e)	<input type="checkbox"/>	<input type="checkbox"/>
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	1808.1	<input type="checkbox"/>	<input type="checkbox"/>
53. Half-ring traction splint (Hare/Sager) or equivalent device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>COMPANY INSPECTION</b>			
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107	<input type="checkbox"/>	<input type="checkbox"/>
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)	<input type="checkbox"/>	<input type="checkbox"/>
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79. Financial responsibility	18020, 18500, 18500.5; 13 CCR 1100.2	<input type="checkbox"/>	<input type="checkbox"/>
58. Urinal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)	<input type="checkbox"/>	<input type="checkbox"/>
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
61. INSURANCE CARRIER'S NAME	ZURICH AMERICAN INSURANCE		POLICY NUMBER		CPO9590380-4	
62. REMARKS			POLICY EXPIRATION DATE		12/01/2015	

## LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 20 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.

63. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE				DATE	
64. CHECK ALL APPLICABLE BOXES (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"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached			
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified			
65. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)					
<input checked="" 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.					
66. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
<i>R. H. Keen</i>	15775	8600			7-14-15

DESTROY PREVIOUS EDITIONS

CHP299\_1212.pdf

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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**  
CHP 301 (REV 4-97) OPI 052

CHP AREA: 860

CHP Certificate/Permit Number: 1877- 13829

ISSUED: 5/12/2015

EXPIRES: 5/11/2016

AREA:

☐ INITIAL

☐ DUPLICATE

☒ EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE 14 FORD E 350

VEHICLE LICENSE NO. Z356598

VIN: 1FDSS3EL1EDB14320

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

NAME AND MAILING ADDRESS



PREMIER MEDICAL TRANSPORTATION, INC.

575 MAPLE COURT, SUITE A  
COLTON, CA 92324-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

7-11-16

#417

INSPECTION

☒ INITIAL

☐ ANNUAL

☐ COMPLIANCE

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

SERVICE NAME / DOING BUSINESS AS

PREMIER MEDICAL TRANSPORTATION, INC

CHP LICENSE NUMBER

1877

VEHICLE YEAR, MAKE, AND MODEL

2014 FORD E350

SERVICE ADDRESS (number and street)

575 MAPLE COURT SUITE A

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDSS3EL1EDB14320

City, state, and zip code

COLTON, CA

VEHICLE LICENSE PLATE NUMBER AND STATE

NEW 2. 356598

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

STATE # 259302

CHP 10 CERTIFICATE NUMBER (annuals and compliance only)

1877-NEW 13829

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Ambulance identification sign	13 CCR 1100.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Headlamps	24252, 24400, 24407	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Beam selector indicator	24252, 24408, 24408	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Headlamp flasher (if equipped)	24252, 25252.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Steady red warning lamp (required)*	24251, 24252, 25252, 25100; 13 CCR 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Optional warning lamp(s)*	24252, 25252, 25353(a), 25259, 25100	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Clearance/side marker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Warning devices (if required)	25300	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Stoplamps	24252, 24203	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Tail lamps	24252, 24600	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. License plate lamp	24252, 24601	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15. Backup lamps	24252, 24603	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Reflectors	24252, 24607	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Glass	26700, 26701, 26708, 26708.5, 26710	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Windshield wipers	26703, 26707	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19. Defroster	26712	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. Mirrors	26709	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Horn	27003	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23. Brake system	26301.5, 26450-26454	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Steering/suspension	24002	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25. Tires/wheels	24002, 27455, 13 CCR 1095, 1097	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Fuel system	24002, 27155, 27155.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Exhaust system	24002, 27159, 27151-27154	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
28. Seat belts	27315, 13 CCR 1103(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
30. Portable light	13 CCR 1103(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
31. Spare tire lock and tools	27455; 13 CCR 1103(e) & (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32. Maps	13 CCR 1103(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33. Door latches	13 CCR 1103(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
34. Other safety defects (if yes, explain)	24002	<input type="checkbox"/>	<input 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 California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

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EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7	<input type="checkbox"/>	<input type="checkbox"/>
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)	<input type="checkbox"/>	<input type="checkbox"/>
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Name of requesting person or agency	(b)	<input type="checkbox"/>	<input type="checkbox"/>
39. (5) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. Unit ID; personnel dispatched; red light/air use	(c)	<input type="checkbox"/>	<input type="checkbox"/>
40. Rigid splints (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. Explanation of failure to dispatch	(d)	<input type="checkbox"/>	<input type="checkbox"/>
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)	<input type="checkbox"/>	<input type="checkbox"/>
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Destination of patient; arrival time	(f)	<input type="checkbox"/>	<input type="checkbox"/>
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Name of patient transported	(g)	<input type="checkbox"/>	<input type="checkbox"/>
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONNEL RECORDS			
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. Employment date	13 CCR 1100.8(a)	<input type="checkbox"/>	<input type="checkbox"/>
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. Facsimile of driver license	(b)	<input type="checkbox"/>	<input type="checkbox"/>
47. Bandage shears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)	<input type="checkbox"/>	<input type="checkbox"/>
48. Universal dressings (2 - 10" x 10" or larger)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Facsimile of medical exam certificate	(b)	<input type="checkbox"/>	<input type="checkbox"/>
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)	<input type="checkbox"/>	<input type="checkbox"/>
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73. Work experience summary	(d)	<input type="checkbox"/>	<input type="checkbox"/>
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC provisions	(e)	<input type="checkbox"/>	<input type="checkbox"/>
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	1608.1	<input type="checkbox"/>	<input type="checkbox"/>
53. Half-ring traction splint (Hare/Sager) or equivalent device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMPANY INSPECTION			
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107	<input type="checkbox"/>	<input type="checkbox"/>
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)	<input type="checkbox"/>	<input type="checkbox"/>
57. Backboard or fracture pan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1100.2	<input type="checkbox"/>	<input type="checkbox"/>
58. Urinal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)	<input type="checkbox"/>	<input type="checkbox"/>
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
81. INSURANCE CARRIER'S NAME <b>ZURICH AMERICAN INSURANCE</b>			POLICY NUMBER <b>CPO9590380-4</b>		POLICY EXPIRATION DATE <b>12/01/2015</b>	
82. 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.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE				DATE	
84. CHECK ALL APPLICABLE BOXES (Print inspection, and date when the replacement was made on foot; if replacement, retain ID certificate for replaced vehicle)					
<input checked="" type="checkbox"/> In compliance	<input checked="" type="checkbox"/> Addition in foot	<input type="checkbox"/> ID certificate of replaced vehicle attached			
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified			
85. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)					
<input checked="" 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.					
86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
<i>[Signature]</i>	15495	860			4/17/15

DESTROY PREVIOUS EDITIONS

CHP299\_1217.pdf



## Vehicle Maintenance Program

Because of the field background of the Operations Staff, PMT Ambulance believes that well maintained, professionally labeled vehicles are a source of pride for the employees who operate them and a testament to our company motto of *Quality, Integrity and Dependability*.

Our Fleet service department is proud of the Quality of work that is put into each and every vehicle. The Integrity of the Preventative Maintenance Program extends the Dependability of each vehicle to remain on the road or ready for service 24 hours a day, 7 days a week, 365 days a year.

PMT Ambulance boasts a full 3 bay maintenance department staffed with ASE certified mechanics. The department is equipped with heavy duty 4 post vehicle lift that allows us the ability to handle all forms of repair and maintenance. We have a fully stocked parts department as well as tire and balancing machine, full air conditioning service and in house 24 hour road side service.

It is with redundancy of daily vehicle checks that no issue goes unnoticed. After the vehicle is out of service for the evening our vehicle stock technician performs a multitude of tasks that involve the cleanliness, restocking, fluid levels and a vehicle "walk around" for damage or visible signs of needed repair. When the unit is assigned and put into service the crew is responsible for the daily check out sheet. This sheet is to assure the equipment and supplies are stocked and in working condition. There is a second fluid level and engine check.

Should the crew find or suspect mechanical issues they are to note it on the daily vehicle check and prepare a VEHICLE REPAIR REQUISITION Form. Both the daily check out and if necessary the vehicle repair requisition is turned to the Launch Supervisor who will confer with the crew and the maintenance department. If the vehicle cannot be repaired prior to shift, the unit will be taken out of service until the repair is complete.

PMT Ambulance wants its employees to know that we care about the mechanical integrity of our Fleet. By making the employee part of the Preventative Maintenance Program and by their participation in the daily process we instill in them the care and the pride in the vehicle they are assigned.

## **PREVENTATIVE MAINTENANCE SCHEDULE**

### **DAILY CHECK OUT**

As previously described the Pre trip inspection is performed by the crew assigned to the vehicle. These sheets are turned into the Launch Supervisor who will approve the vehicle to go in service and or restock with any supplies needed.

#### **Exhibit 1. Pre Trip Inspection**

Should it be found that the unit needs attention from the maintenance department a vehicle repair form is to be executed and immediately discussed with the mechanics? A work order is generated and the work performed prior to going in service. If for any reason a problem cannot be repaired the unit will be taken out of service until such time the repair can be completed.

#### **Exhibit 2. Vehicle Repair Form**

PMT Ambulance PM for vehicles is on a regime of 5,000, 10,000 and 30,000 mile intervals.

The preventative maintenance program PMT Ambulance uses is the same program that CAAS approves for its maintenance quality. As per the exhibit all vehicles are inspected at 5,000 miles or A schedule. A work order is generated and all service material, repairs and replacements are noted and attached to the Vehicle Repair Form and kept as a permanent record for that vehicle.

At 10,000 mile Schedule A and B as per exhibit 3 inspections are performed and the above records are attached and kept as a permanent record for that vehicle.

At 30,000 mile Schedule A, B, and C are performed and the repair or maintenance records are kept as a permanent record for that vehicle.

#### **Exhibit 3. Preventative Maintenance Inspection Form**



# Preventative Maintenance Inspection (PMI)

## On The Lift Check During PMI Inspections A, B, C

Status	Item	Status	Item	Status	Item
	Drain Engine Oil		Radius Arm Bushings and Brackets		Differential Leaks and Oil Level
	Replace Oil Filter		Remove Tires		Leaf Springs/Center Bolts/Shackles
	Lube Chassis		* Check Front Brakes (See Spec #4)		Inspect Brake Lines
	Inspect Front Bumper and Fasteners		Inspect Hoses / Calipers/ Hardware		* Check Rear Brake (See Spec #4)
	Lower Coolant Hoses / Radiator		Front Rotor Condition (See Spec #5)		Inspect Hoses / Calipers / Hardware
	Trans Cooling Lines, Fasteners		Inspect Bearings / Adjustment		Rear Rotors / Drums condition (Spec #5)
	Fan Clutch and Shroud		Motor Mounts		Inspect Bearings / Adjustment
	Water Pump / Condition		Oil Leaks		Check Axle Seals / Leaks
	Coolant Leaks		Fuel Leaks		Spare Tire / Secure & PSI (See Spec #3)
	Front Stabilizer Bushings		Trans Mount and Leaks		Rear Step, Bumper, Lift and Brackets
	PS Box, Hoses and Leaks		Inspect Parking Brake Cable		Rear Kick Plate
	Tighten Pitman Arm and Nut.		Parking Brake Assembly		Check Wheel Covers / Hub Caps
	Check Drag Link		U-Joints / Yokes / Center Brgs.		Steel Valve Stems
	Check Inner Drag link		Inspect Exhaust Sys. and Brackets		* Tire Pressure (See Spec # 2)
	Tie Rod Ends, Sleeves, Clamps		Inspect Body Mounts		* Tread Depth (See Spec # 3)
	Ball Joints		Inspect Fuel Tank and Straps		Rotate Tires / Inspect Rims / Clean
	Control Arm Bushings (Chevy)		Inspect Rear Shocks / Mounts		* Torque Lug Nuts 140 Ft lbs.
	Front Shocks / Towers / Coil Springs		Inspect Rear Stabilizer / Bushings		See Sprinter PMI Tasks.

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

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

Document	Specifications
<b>Position - LF</b> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> #2 Tire PSI _____ #3 Tread Depth _____ /32nds #4 Brake Pads _____ /32nds Rotor Condition _____	# 1 Steering - Acceptable Play 1 1/2 " to 2" # 2 Tire PSI - Check Builders Recommendation. # 3 Tread Depth < 4/32 nds at thinnest point # 4 Brake Pad Pull < 5/32 nds. # 5 See manufacturer rotor specification. # 6 At Idle - Holds in Forward & Reverse # 7 Vacuum HV range 17-21 # 8 Starter Draw > 500 Amps. # 9 Ant/freeze Mix 60/40 #10 Idlers/Tensioners 30k or 60k see components
<b>Position - RF</b> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> #2 Tire PSI _____ #3 Tread Depth _____ /32nds #4 Brake Pads _____ /32nds Rotor Condition _____	
<b>Position - LR</b> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> #2 Tire PSI _____ #3 Tread Depth _____ /32nds #4 Brake Pads _____ /32nds Rotor Condition _____	
<b>Position - RR</b> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> #2 Tire PSI _____ #3 Tread Depth _____ /32nds #4 Brake Pads _____ /32nds Rotor Condition _____	
<b>Dual Rear - LRI</b> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> #2 Tire PSI _____ #3 Tread Depth _____ /32nds	
<b>Dual Rear - RRI</b> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> #2 Tire PSI _____ #3 Tread Depth _____ /32nds	

Notes

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Mechanic Signature \_\_\_\_\_

# Preventative Maintenance Inspection (PMI)

**Operating Company** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Vehicle Number** \_\_\_\_\_ **Cot Number** \_\_\_\_\_  
**VIN Number** \_\_\_\_\_ **Stair Chair Number** \_\_\_\_\_  
(Last 5 Digits)  
**Odometer** \_\_\_\_\_  
**Hours** \_\_\_\_\_

- (✓) Item Is Okay  
 (X) Repairs are Needed  
 (O) Circle X When Repairs are Completed

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

## Ground Level Check During PMI Inspections A, B, C

Status	Item	Status	Item	Status	Item
	Review Unit History		AM / FM Radio		Body Panels / Rust / Paint
	Scan - Pull Vehicle Codes		Two Way Radios		Striping and Decals
	Road Test - Eng and Trans Run Smooth		Road Safety Speaker		Grille and Hood Condition
	Shifter Operation / OD Light		Dome and Map Lights		Antennas
	Engine Power - Response		Engine Cover, Latches and Gasket		Running Boards Tight / Secure
	Steering Control & Tightness		Emergency Switches and Knobs		Shoreline Cover
	* Steering - (See Spec #1)		Emergency Console Lights and Labels		Box Rub Rails - Tight / Secure
	Brakes - Pedal, Stopping, Pulsation		Siren / PA - Function		AMB Compartment Doors
	Pedal Pads		Handheld Spot Light		Tire Jack and Storage
	Test City and Air Horns		Windows and Regulators		Road Safety Spotter Button
	* Parking Brake Holds (See Spec #6)		Door Panels and Locks		Pressure Check Coolant System
	High Idle Operation		Door Gaskets and Hinges		Antifreeze Level & Protection F
	Gauges, Warning Lights, Dash Lights		Lube Doors, Hinges, Alignment OK		Antifreeze PH (Record 7-9.5)
	Wipers, Operation and Washer		Fire Extinguishers 2 ea. 5 lbs.		Engine Oil Level
	Mirrors and Glass		Headlights - Hi / Low		Power Steering Fluid Level
	Headliner and Visor		Running Lights / Markers / Reflectors		Brake Fluid Level
	Registration or Copy		Turn Signals and Hazards		Windshield Washer Fluid
	Fuel Card #		All Brake Lights		ATF Level
	Floor mats and Carpet		Back Up Alarm and Light		* Vac Pump Pressure (See Spec #7)
	Seat Belts and Seats		License Plate and Lights		Fan Shroud / Upper Radiator
	Defrost, Heat, A/C		Emergency Lights and Light Bar		Belt / Tensioner / Idlers (Spec # 10)
	Vents and Louvers		Flood Lights		GM / Chevy - Check Ball Joints
	A/C Operation F Ambient		Scene Lights on with Door Open		* Inspect Lift (Aux Equip guide)
	Front F Rear F		Document Body Damage		*Onboard Gen. (Aux Equip Insp. Guide)

## Check Charging System

Status	Item	Status	Item	Status	Item
	Up Alt. Output Amps		Primary Battery		Secondary Battery
	Low Alt. Output Amps		# 1 Volts #1 Amps		# 1 Volts #1 Amps
	Starter Draw (Spec #8)		# 2 Volts #2 Amps		# 2 Volts #2 Amps
	Battery Box & Hold Downs		Visual		Visual
	Cables & Connections				

## Patient Compartment

Status	Item	Status	Item	Status	Item
	Ceiling, Floor - no wood visible		Patient Compartment Lighting		O2 Tanks and Brackets Secured
	Cabinets, Walls, Bench no wood visible		Exhaust Fan		O2 Regulator / Tanks Closed
	Upholstery - tight, no rips or cuts		Onboard Suction, Quick Disconnect		Compressed Air Mounted / Secured
	Doors and Latches		Inverter Operation		Air Regulator / Tanks Closed
	Cabinet Door Latches		Lighted 110 VAC Outlet Operation		Antlers - Damage / Secure / Floor Hook
	Storage Straps and Brackets		Grab Handles		*Inspect Stretcher-use Inspection Guide
	Safety Straps, Patient Seat Belts		Sharps Secured		Stretcher Bar / Match / Adjustment
					Road Safety Spotter Button

## VEHICLE REPAIR REQUISITION FORM

VEHICLE # \_\_\_\_\_

ODOMETER READING \_\_\_\_\_

EXPLAIN IN DETAIL THE PROBLEM THAT EXISTS

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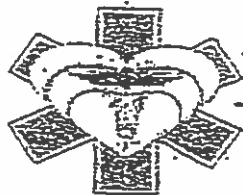
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Driver \_\_\_\_\_ Date submitted \_\_\_\_\_

Received by \_\_\_\_\_

Date Fleet Manager received \_\_\_\_\_

Date of Repair \_\_\_\_\_



*PREMIER*

AMBULANCE

PREMIER  
Medical Transportation

DRIVER \_\_\_\_\_  
ATTEND \_\_\_\_\_  
V.S.T. \_\_\_\_\_

UNIT# \_\_\_\_\_ DATE: \_\_\_\_\_

CAB AREA

PCR FORMS \_\_\_\_\_  
CLIPBOARD \_\_\_\_\_  
FLASHLIGHT \_\_\_\_\_  
PENS/ENVELOPES \_\_\_\_\_

ENGINE-BEFORE STARTING

ENGINE OIL \_\_\_\_\_  
TRANSMISSION \_\_\_\_\_  
FAN BELT \_\_\_\_\_

ENGINE-RUNNING

HEADLIGHTS \_\_\_\_\_  
BRAKE/TAIL LIGHTS \_\_\_\_\_  
TURN INDICATORS F & R \_\_\_\_\_  
EMERGENCY FLASHERS \_\_\_\_\_  
DASH LAMPS \_\_\_\_\_  
MAP LIGHT \_\_\_\_\_  
WIPERS \_\_\_\_\_  
REAR DOME LIGHTS \_\_\_\_\_  
LIGHT BAR \_\_\_\_\_  
AMBERS \_\_\_\_\_  
RUNNING LIGHTS \_\_\_\_\_  
STROBES \_\_\_\_\_  
FLOOD LIGHTS \_\_\_\_\_  
SIREN \_\_\_\_\_

LICENSING DMV, COUNTY, STATE \_\_\_\_\_  
INS. CARD/P.W. CHP, REGISTRATION \_\_\_\_\_  
DOT EMERGENCY RESPONSE BOOK \_\_\_\_\_

TIRE CONDITON

DRIVER FRONT \_\_\_\_\_ REAR \_\_\_\_\_  
PASS FRONT \_\_\_\_\_ REAR \_\_\_\_\_

SPARE TOOLS \_\_\_\_\_  
FIRE EXTINGUISHER \_\_\_\_\_  
GLOVES \_\_\_\_\_

GURNEY

8 FT. RESTRAINTS \_\_\_\_\_  
2 BLANKETS \_\_\_\_\_  
4 SHEETS \_\_\_\_\_  
2 PILLOWS \_\_\_\_\_  
PILLOW CASES \_\_\_\_\_

COUNTY BAG \_\_\_\_\_

MECHANICAL NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPPLIES NEEDED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

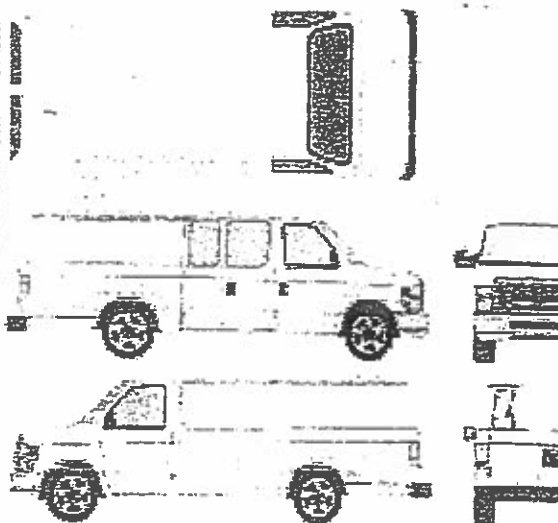
# PMT AMBULANCE

## EQUIPMENT AND SUPPLIES CHECKLIST

AIRWAYS	yes	No	SUCTION EQUIPMENT	Yes	No	OB KIT	Yes	No
Npa's			Suction Catheters w/valve			1-OB Kit		
Sizes(20,30,32,34)			2-Sizes(8,10,14,18)					
Orapharangeal Kit			1-Portable Suction Kit			EXTRA EQUIP		
BANDAGING MATERIALS			1-Wall Mount Suction			2-Stethoscope		
24-Compresses (4x4)			2-Suction Tubing			1-Trauma Shears		
3-ABD Pads (9x5)			2-Rigid Pharyngeal Tip			1-Cutting Tool		
2-Trauma Dressing			1-Bulb Syringe			6-Tongue Depress		
2-Petroleum Dressing			BLOOD PRESSURE CUFF			2-Com. Tourniquet		
4-Triangular Dressing			1-Adult			3-Emesis Basin		
6-Kling Dressing			1-Adult XL			3-Urinals		
1-Box Band Aid			1-Pediatric			1-Bed Pan		
2- 1" Tape			1-Infant			2-Glucose		
2- 2" Tape			SAFETY EQUIPMENT			2-Pen Lights		
6-Kwik Cold			4-Safety Protec. Lenses			2-Flash Lights		
2-Burn Sheets			6-N95 Mask			1-Waste Disp. Bag		
			2-ISO Gowns w/Shoes			1-Bio Haz Bag		
CERVICAL COLLARS			2-P100 Mask			1-spit socket		
4-Adult C-Collar			1-Sharp Container			1-pedimate		
2-Ped C-Collar			1-Portable Sharp Container			OXYGEN EQUIP		
4-Head Immob Restraint			2-Work Gloves			3-D or 2-E Cylinder		
SPINAL IMMOBILIZATION			2-High Visiblilty Vest			1-House O2 Tank		
2-Long Back Board			2-Hard Hats			1-Tank Wrench		
4-Pt restraints			1-Hazardous Mat Guide			1-Wall mounted o2		
2-15' D Rings			1-Triage Kit			2-Shoulder straps		
1-Ked			2-Hearing Protection			4-Gurney grips		
1-Ped Immob Device			1-Hand Sanatizer			6-Weather strips		
SPLINTS			IRRIGATION SOLUTION					
1-Traction Splint Adu/Ped			2-Ltrs Normal Saline			Cabinets Locks		
4-Arm Splint			2-Ltrs H2O					
4-Leg Splint			1-Gallon Water					
OXYGEN ADM. EQUIP.			AED (Riverside Units only)					
6-Adult O2 Mask			1-AED					
6-Ped O2 Mask			2-Adult AED Pads					
4-Inf O2 Mask			2-Peds AED Pads					
1-Adult BVM w/Mano			1-Disposable Razor					
1-Ped BVM w/Mano			GLOVES					
1-Inf BVM			1-Medium					
1-Neonate BVM			1-Large					
1-Adult Pocket Mask			LEGAL FORMS					
6-Adult Nasal Cannula			1-ICS Forms Package					
6-Ped Nasal Cannula			1-REMSA Chart					
1-Oxygen Supply Tubing								

RIVERSIDE COUNTY UNIT : \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ORANGE COUNTY UNIT : \_\_\_\_\_ RODRIGO MURGUIA  
DATE: \_\_\_\_\_







## Medical Services Mutual Aid Agreement

**THIS AGREEMENT** is made between the American Medical Response company and the provider set out on the signature page of this Agreement. The parties shall mutually be referred to as the "Contracting Agencies" or singularly as "Agency".

**WHEREAS**, the Contracting Agencies maintain paid emergency medical services, together with personnel and equipment used to provide such services;

**WHEREAS**, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle or an emergency may arise that is of such intensity that it cannot be handled solely by the equipment and manpower of the Agency in whose jurisdiction the emergency occurs or an emergency may arise which transcends jurisdictional boundaries;

**WHEREAS**, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs or a non-emergency may arise which transcends jurisdictional boundaries;

**NOW, THEREFORE**, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1. **Definitions.** The "Answering Agency" is the Agency that responds to the request for emergency medical services or non-emergency medical services. The "Requesting Agency" is the Agency requesting medical transportation services assistance under this Agreement.
2. **Mutual Assistance and Aid.** Subject to the exceptions stated below, the Contracting Agencies agree to respond when possible to requests for medical transportation services assistance. These requests by the requesting agency may or may not originate within jurisdictional boundaries of the other Contracting Agency. The extent of any response to a request, including the choice of personnel and equipment, shall be entirely within the discretion of the Answering Agency. Included in such Answering Agency's discretion shall be a determination of whether or not such a request for assistance may be answered without jeopardizing the safety and protection of the citizens and property of the Answering Agency. Any decision not to respond to a request for aid shall be promptly communicated to the Requesting Agency.

3. **Requests for Assistance and Aid.** An authorized official representing a Requesting Agency shall make all requests for aid. Each request for aid is subject to approval by an official of the Answering Agency, without charge to the Requesting Agency, and with the understanding that personnel and equipment of the Answering Agency shall be subject only to the liability, workers' compensation, and/or other insurance of that Answering Agency. Any request for assistance hereunder should include a statement of the amount and type of equipment and personnel requested, and shall specify the location to which the equipment and response personnel are to be dispatched. However, an official of the Answering Agency shall determine the type and quantity of equipment and personnel to be furnished. The equipment and personnel of the Answering Agency shall at all times be under the supervision and control of the official(s) of that Answering Agency.

4. **Emergency Medical Services.** When emergency medical services are requested, the Answering Agency shall have its personnel report to the Incident Commander ("IC") or other scene commander at the location to which the equipment and personnel are dispatched. All activities shall be coordinated with the IC. Though coordination of activities occurs by the IC, the equipment and personnel of the Answering Agency shall be under the ultimate supervision of the designated personnel of the Answering Agency. The personnel of the Answering Agency shall coordinate the Answering Agency's efforts with the IC. At no time shall the Answering Agency be expected to operate contrary to standing orders or protocols of its physician advisor, company policies, operating licenses, or federal or state regulations, except as specifically provided for in writing by local, state or federal authority and/or except when destination policies are otherwise modified as necessary.

If at any time the Answering Agency responds to a mutual aid call for emergency medical services where the Requesting Agency is not at the scene, the Answering Agency will follow the treatment protocols and procedures of its physician advisor or other medical control, pursuant to the applicable Incident Command System. Response personnel shall contact the medical base of their own Agency for further orders and designation sites.

It is agreed that the Answering Agency shall not be responsible for any response time compliance or penalties under this Agreement.



## Medical Services Mutual Aid Agreement

5. **Release of Answering Agency.** For emergency medical services, an Answering Agency shall be released from service by the Requesting Agency/Incident Commander when the services of the Answering Agency are no longer required, or when the Answering Agency determines, in its discretion, that its services are needed in another jurisdiction.

For non-emergency medical services, an Answering Agency shall be released from service when the services are complete or the Requesting Agency notifies the Answering Agency that the services are no longer required.

6. **Rights and Privileges Retained.** The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights and privileges notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols shall govern the Answering Agency's actions.
7. **Compensation and Billing.** The Answering Agency shall be responsible for all Patient and third party billing, and agrees that the rates to be billed shall comply with applicable laws.
8. **Indemnification.** Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.
9. **Insurance.** Each party represents that it has and will maintain comprehensive automobile insurance, comprehensive general liability insurance, and professional liability insurance all in minimum amounts that are customary and usual within the emergency medical services industry and workers' compensation insurance in the statutory required amounts.
10. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

**If to Other Agency:**

Tony Myrell  
Premier Medical Transportation "PMT"  
1012 E. Cooley Drive, Suite G  
Colton, CA 92324  
909-433-3939

**If to AMR:**

General Manager  
American Medical Response  
7925 Center Avenue  
Rancho Cucamonga, Ca 91730  
909-477-5000

**With Mandatory Copy to:**

Legal Department  
American Medical Response, Inc.  
6200 South Syracuse Way, Suite 200  
Greenwood Village, Colorado 80111

11. **Term.** The initial term of this Agreement shall be one year, commencing on the commencement date hereof, and this Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".
12. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon fifteen (15) days written notice to the other party; or (b) immediately upon the material breach of this Agreement by the other party.
13. **Referrals.** It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided.
14. **Relationship.** In the performance of this Agreement, each party hereto shall be, as to the other, an independent contractor and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained





## Medical Services Mutual Aid Agreement

in this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. The parties' administrative staff shall meet on a regular basis to address issues of mutual concern related to the provision of aid and the parties' respective rights and obligations hereunder. It is agreed that the parties shall not be liable for payment of any salary, wages, or other compensation for any of the other Agency's personnel performing services under this Agreement.

15. **Force Majeure.** Neither party shall be responsible for any delay in or failure of performance resulting from acts of God, riot, war, civil unrest, natural disaster, labor dispute or other circumstances not reasonably within its control.
16. **Compliance.** The parties will comply in all material respects with all applicable federal, state and local laws and regulations, including the federal Anti-kickback Statute. Each party's ambulances will conform to applicable state and local regulations for medical equipment for ambulances and be duly licensed for the transportation of patients. All personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.
17. **Compliance Program and Code of Conduct.** AMR has made available to the Facility a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: [www.amr.net](http://www.amr.net), and the Facility acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies, including training related to the Anti-kickback Statute.
18. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

19. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

*[Signature page to follow]*



## Medical Services Mutual Aid Agreement

IN WITNESS WHEREOF, the parties have hereto  
executed this Agreement as of April 28, 2015  
("Commencement Date").

American Medical Response of Inland Empire

By: [Signature]  
Referee D.S. Colarossi  
Title: General Manager  
Date: May 1, 2015

Premier Medical Transportation

By: [Signature]  
Print Name: Antonio Myrell  
Print Title: President / CEO



TXTIME	MODE	CITYNAME	PLACENAME	ADDRESS	ZIP
02-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
04-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
06-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
06-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
09-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
11-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
11-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
13-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
13-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
16-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
17-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
18-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
18-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
20-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
20-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
23-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
23-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
23-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
25-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504

CITY OF RIVERSIDE  
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AUG 20 2015

RECEIVED

25-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE	92505
26-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
26-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
27-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
27-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
30-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
30-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
30-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-Sep-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
01-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
02-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
02-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
02-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE	92505
03-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE	92505
04-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
04-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE ACCESS CENTER	4100 LATHAM ST. STE A	92501
04-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
04-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
07-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
07-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
08-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
09-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
09-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
11-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
11-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
12-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
14-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505

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RECEIVED

14-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
14-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
15-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
16-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
16-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
17-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
18-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
18-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
18-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
21-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
21-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
21-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
22-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
23-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
23-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
23-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
23-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
23-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
25-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
25-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
25-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE ACCESS CENTER	4100 LATHAM ST. STE A	92501
25-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
25-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
28-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
28-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
28-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505

CITY OF RIVERSIDE  
FIRE DEPARTMENT

AUG 20 2015

RECEIVED

28-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
29-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
30-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
30-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
30-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
30-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE	92505
31-Oct-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
01-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
01-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
01-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
01-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
01-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
04-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
04-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
04-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
04-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
06-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
06-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
06-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
06-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
08-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
08-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
08-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
11-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
11-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
11-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
11-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
13-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
13-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
13-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505

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13-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
14-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
15-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
15-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
15-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
15-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
15-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
18-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
18-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
18-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
19-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	PD CENTRAL	3660 PARK SIERRA DRIVE STE 108	92505
20-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
20-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
20-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
22-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
22-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
22-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
22-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
25-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
25-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
25-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
25-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
25-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
27-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
27-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
27-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

CITY OF RIVERSIDE  
FIRE DEPARTMENT

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RECEIVED



27-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
29-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
29-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
29-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE	92505
29-Nov-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
02-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
02-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
02-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
02-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
04-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
04-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
04-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
04-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
04-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
06-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
06-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
06-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
06-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
06-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
09-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
09-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
10-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
11-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
11-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505
11-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
12-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	MAGNOLIA WEST AT HOME	3660 PARK SIERRA DR STE 103	92505

CITY OF RIVERSIDE  
FIRE DEPARTMENT

AUG 20 2015

RECEIVED

13-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
13-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
13-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
16-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
16-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
18-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	VILLA HEALTH CARE	8965 MAGNOLIA AVE	92505
18-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
18-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
20-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
20-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
22-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
22-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
24-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
27-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
27-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
29-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
31-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
31-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

CITY OF RIVERSIDE  
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RECEIVED

31-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
31-Dec-13	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
03-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
03-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
03-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
06-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
08-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
08-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
08-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
10-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
10-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
10-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
13-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
15-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
15-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
17-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
17-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
17-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
20-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE COMMUNITY HOSPITAL	4445 MAGNOLIA AVE	92501
20-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
22-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
24-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
27-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

CITY OF RIVERSIDE  
FIRE DEPARTMENT

AUG 20 2015

RECEIVED

27-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
27-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
29-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
29-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
29-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
31-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
31-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
31-Jan-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
03-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
03-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
05-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
05-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
07-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
07-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
10-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
10-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
10-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
10-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
10-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
12-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
12-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
12-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
12-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
12-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
12-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
14-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
14-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
14-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505

CITY OF RIVERSIDE  
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RECEIVED



14-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
17-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
17-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
17-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
17-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
17-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
19-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
19-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
19-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
19-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
21-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
21-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
24-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
24-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
26-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
26-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
26-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
28-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
28-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
28-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Feb-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
03-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
03-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
03-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

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05-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
05-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
05-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
07-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
07-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
07-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
10-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
10-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
10-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
10-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
10-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
12-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
12-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
12-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
12-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
12-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
14-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
14-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
14-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
17-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
17-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
17-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
17-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
17-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
19-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
19-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
19-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
19-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504

CITY OF RIVERSIDE  
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RECEIVED

21-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
21-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
24-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
24-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
26-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
26-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
26-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
28-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
28-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
28-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
31-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
31-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
31-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
31-Mar-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
01-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
02-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
02-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
04-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
04-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
04-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
07-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

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07-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
07-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
09-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
09-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
11-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
11-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
11-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
11-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
14-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
14-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
14-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
16-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
16-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
18-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
18-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
18-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
21-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
21-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
23-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
23-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
23-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
23-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

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23-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
25-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
25-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
25-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
28-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
28-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
28-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
28-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
30-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
30-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
30-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-Apr-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
02-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
02-May-14	BLS NON-EMERGENCY	RIVERSIDE	ARLINGTON GARDENS	3688 NYE AVE	92505
02-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
05-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
05-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
05-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
05-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
07-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
07-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
07-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
09-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
12-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD,ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
12-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
12-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

CITY OF RIVERSIDE  
FIRE DEPARTMENT

AUG 20 2015

RECEIVED

12-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
14-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
14-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
14-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
16-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
19-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
19-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
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21-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
21-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
23-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
23-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
23-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
26-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
26-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
26-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
28-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
28-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
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30-May-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
30-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-May-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-May-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
02-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
02-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
02-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
04-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
04-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

CITY OF RIVERSIDE  
FIRE DEPARTMENT

AUG 20 2015

RECEIVED

04-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
06-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
06-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
06-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
09-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
09-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
11-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
13-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
13-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
16-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
16-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
18-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
18-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
20-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
20-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
23-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
23-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
23-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
25-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
25-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
27-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
27-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
30-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
30-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
30-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
02-Jun-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501

CITY OF RIVERSIDE  
FIRE DEPARTMENT

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[illegible]



17-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
19-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
22-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
22-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
22-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	RIVERSIDE DIALYSIS	4361 LATHAM STREET	92501
24-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
26-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	RESIDENCE WORD, ESTELLE-45809	4291 MONROE ST APT 46 BLDG 6	92504
26-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
26-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
29-Sep-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
01-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
06-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
08-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
10-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
13-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
15-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
17-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
20-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
27-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
29-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
31-Oct-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
05-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
07-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
10-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
17-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
19-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
21-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
24-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
26-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
28-Nov-14	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505

CITY OF RIVERSIDE  
FIRE DEPARTMENT

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02-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
04-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
06-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
09-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
11-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
13-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
16-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
20-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
25-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
27-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
30-Mar-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
03-Apr-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
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13-Apr-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
15-Apr-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
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27-Apr-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505
04-May-15	BLS NON-EMERGENCY	RIVERSIDE	DAVITA MAGNOLIA WEST	11161 MAGNOLIA AVE.	92505

CITY OF RIVERSIDE  
FIRE DEPARTMENT

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## BUSINESS TAX CERTIFICATE

This certificate is issued for revenue purposes only and does not constitute a permit to operate a business. Renewal of this certificate is due no later than 60 days from the posted expiration date to avoid penalties. Failure to receive a renewal notice does not relieve the holder's responsibility to maintain a current certificate while conducting business in the City.

**BUSINESS NAME:** PREMIER MEDICAL TRANSPORTATION  
**BUSINESS LOCATION:** 575 MAPLE CT A  
COLTON, CA 92324-3209  
**BUSINESS OWNER:** MEDICAL TRANSPORTATION PREMIER

PREMIER MEDICAL TRANSPORTATION  
PO BOX 690  
COLTON, CA 92324-0641



*City of Arts & Innovation*

3900 Main Street  
Riverside, CA 92522  
(951) 826-5465  
FAX (951) 826-2356

**Account No.:** 0102380  
**Expiration Date:** August 31, 2015  
**Business Type:** NON-EMERGENCY  
TRANSPORT

**NAICS:**

TO BE POSTED IN A CONSPICUOUS PLACE AT BUSINESS LOCATION • NOT TRANSFERABLE



**CITY OF RIVERSIDE**  
CALIFORNIA  
**VEHICLE FOR HIRE PERMIT**  
NOT TRANSFERRABLE

FINANCE DEPARTMENT  
3900 MAIN STREET  
RIVERSIDE, CA 92522  
(951)826-5465

ACCOUNT NO: 0102380

EXPIRATION DATE

03/01/2016

BUS. ADDRESS: 575 MAPLE CT, STE. A

OWNER NAME: PREMIER MEDICAL TRANSPORTATION

BUSINESS NAME: PREMIER MEDICAL TRANSPORTATION

MAIL ADDRESS: 575 MAPLE CT, STE. A  
COLTON, CA 92324-

*This Permit authorizes the applicant to conduct business in the City of Riverside, California pursuant to meeting the requirements of the Riverside Municipal Code.*

APPROVED BY:

Finance Director

DESCRIPTION: GURNEY TRANSPORT/WHEELCHAIR VAN

03-25-2014

Issue Date



COUNTY OF RIVERSIDE

# DEPARTMENT OF ENVIRONMENTAL HEALTH

## Environmental Health Permit Non-Transferable - Non-Refundable

**Facility #:** FA0028026

**Permit Expiration Date:** 12/31/2015

**District Number:** 0001

**DBA:**

Premier Medical Transportation

1012 E Cooley Dr G

Riverside Countywide, CA 92324

Premier Medical Transportation

Premier Medical Transportation

PO Box 690

Colton, CA 923240690

**Record ID#:** PR0038112

### Type Of Business

4332 - Med Small Quantity Generator

This permit is granted for the business indicated on the condition that the business will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, and the County of Riverside pertaining to the above mentioned business. This permit serves as a receipt for payment of fees for the above listed programs. This permit must be renewed on or before the expiration date shown above. This permit may be suspended or revoked by the enforcement officer for cause. Inspection of this business may be conducted by a duly authorized representative of the Director of Environmental Health. **THIS PERMIT IS NOT TRANSFERABLE OR REFUNDABLE.**

**POST IN A CONSPICUOUS PLACE**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/2/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Mike Haffar Insurance Services 150 N. Grand Ave., Suite 209 CA Lic. #0C92488 West Covina CA 91791		<b>CONTACT NAME:</b> Mike Haffar <b>PHONE (A/C No. Ext.):</b> (626) 966-9800 <b>E-MAIL ADDRESS:</b> mikehaffar@hotmail.com <b>FAX (A/C No.):</b> (626) 966-9882	
<b>INSURED</b> Premier Medical Transportation, Inc. DBA: Premier Medical Transportation 575 Maple Court Suite A Colton CA 92324		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Zurich American Insurance Co <b>INSURER B:</b> Barrett Business Services Inc <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: CL11113000718

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS										
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>ABUSIVE ACTS LIABILITY</b> <input checked="" type="checkbox"/> <b>INLAND MARINE</b> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>	X	X	CPO959038004	12/1/2014	12/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 EMPLOYEE BENEFITS LIAB \$ 1,000,000										
	A						<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input checked="" type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>	X	CPO959038004	12/1/2014	12/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ DEDUCTIBLE - COMP/COLL \$ 1,000					
							A					<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$</b> 0 <input checked="" type="checkbox"/>	X	AUC595419301	12/1/2014	12/1/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
												<b>B</b>					<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A
							A					<b>PROFESSIONAL LIABILITY (OCCURRENCE)</b>			PL939521602	12/1/2014	12/1/2015

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

Non-Emergency Patient Transportation

Certificate Holder is named as an Additional Insured.

## CERTIFICATE HOLDER

## CANCELLATION

City of Riverside  
Attn: Business Tax Office  
3900 Main St  
Riverside, CA 92522

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mike Haffar/MK

June 23, 2014

PREMIER MEDICAL TRANSPORTATION  
575 Maple Ct.  
Colton, CA 92324

Re: Barrett Business Services, Inc. ("BBSI")  
Letter of Self-Insurance for Workers' Compensation Coverage

As the named addressee of this Letter, your company's required workers' compensation coverage is provided through BBSI's state approved Self-Insured Workers' Compensation Plan by way of your co-employment contract with BBSI. BBSI's California customers can also verify BBSI's state certification at <http://www.dir.ca.gov/osip/PrivateRoster.pdf>; then scroll down to Barrett (the list is alphabetical by company name). Additional information is as follows:

State:	California	Workers' Compensation Limits:	Employer Liability Limits:
Self Insurance Certification #:	2246	Statutory	\$5,000,000.0 Each Accident
			\$5,000,000.0 Disease Coverage Limit by Client
			\$5,000,000.0 Disease; Each Employee

Other Comments (place an "X" if applicable):

☒ Waiver of Subrogation: BBSI and PREMIER MEDICAL TRANSPORTATION agree to waive their right of subrogation for the benefit of:  
at

☒ Named "Letter Holder": GENERAL INFORMATION ,

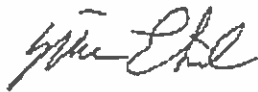
☒ Other: EVIDENCE OF WORKERS COMPENSATION COVERAGE EFFECTIVE THRU CANCELLATION. BBSI WILL ENDEAVOR TO PROVIDE 30 DAYS NOTICE OF CANCELLATION.

Additionally, BBSI's self-insured program is further supported by an excess workers' compensation insurance policy with ACE American Insurance Co.. Copy of certificate is available upon request.

For additional information, please contact your local BBSI office at: ONTARIO

(909) 605-6862  
3401 Centerlake Drive Suite 150  
Ontario, CA 91761

Very truly yours,



Michael L. Elich  
President and Chief Executive Officer



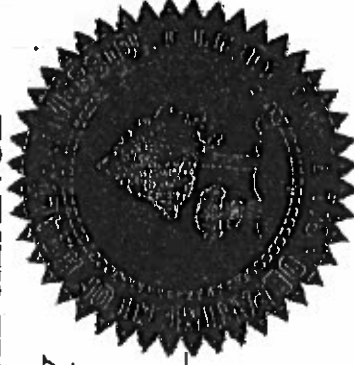
**RIVERSIDE COUNTY  
EMERGENCY  
MEDICAL SERVICES AGENCY**

**AMBULANCE OPERATOR**

**PERMIT IS ISSUED TO:**

**PREMIER MEDICAL TRANSPORTATION  
575 MAPLE COURT, SUITE A  
COLTON, CA 92324**

**IS PERMITTED TO OPERATE BLS/CCT AMBULANCE  
SERVICE IN RIVERSIDE COUNTY**



7/1/2015

Issued Date

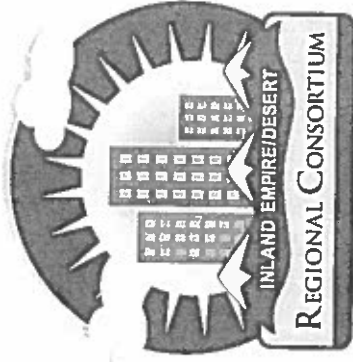
6/30/2016

Expiration Date

*B. Barton*

Bruce Barton, Director  
Riverside County Emergency Medical Services Agency

2014



2015

## EXCELLENCE IN PARTNERSHIP AWARD

Presented to

*Premier Medical Transport*

May 4, 2015

"Light is the task where many share the toil." ~HOMER

*Julie Pehkonen*  
Julie Pehkonen, Chair

### Member Colleges:

Barstow Community College  
Chaffey College  
College of the Desert  
Copper Mountain College  
Crafton Hills College

Moreno Valley College  
Mt. San Jacinto College  
Norco College  
Palo Verde College

Riverside City College  
Riverside Community College District  
San Bernardino Community College District  
San Bernardino Valley College  
Victor Valley Community College