



CITY OF RIVERSIDE FIRE

APPLICATION FOR MEDICAL TRANSPORT AMBULANCE FRANCHISE

Subject to limited exceptions, Section 5.66.020 of the Riverside Municipal Code mandates that it shall be unlawful for any person, either as owner, agent or otherwise, to operate, conduct, maintain, advertise or be engaged in or profess to be engaged in the operation of ambulance services 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.

Chapter 5.66 of the Riverside Municipal Code governing Ambulances may be found online at <http://www.riversideca.gov/municode/pdf/05/5-66.pdf>.

APPLICATION FEE

The fee of \$1,858.00 is required with any medical transport ambulance franchise application. Payment must be made at the time of submittal with the City of Riverside as the payee. Per Resolution 22904, adopted September 8, 2015.

INSTRUCTIONS

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.

APPLICATION TYPE

NEW APPLICATION

RENEWAL APPLICATION

AMENDMENT

SECTION A – PLEASE FULLY ANSWER THE FOLLOWING QUESTIONS

1. Name and description of applicant:

American Medical Response

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

879 Marlborough Avenue
Riverside, CA 92507



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3. Trade or Firm name or DBA as recorded:

American Medical Response
Global Medical Response

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:

President and CEO - Nick Loporcaro, COO - Edward Van Horne, CFO - Michael Preissler

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:

N/A

6. Describe in detail the geographical operating area within the City for which the franchise is requested:

Coverage will encompass the entire City of Riverside.

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

ALS, BLS and CCT

8A. Does applicant own or will have under applicant's 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 if applicable?

Yes No



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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?

Yes No

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

Please see attached listing of locations.

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.

Please see attached list of units that are within the Riverside Operations coverage area. The maximum patient capacity is 2 per unit.

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

Yes No

If **NO**, explain:



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11. State all facts demonstrating that applicant employs sufficient personnel adequately trained and available to continue delivering ambulance services of good quality at all times in operating area for which applicant are applying:
See attachment for facts.

12. List each employee of applicant and describe the level of training received by each employee.

There are over 800 employees that deploy from the Riverside Operation. Our company utilizes REMSA ImageTrend LMS. If verification is needed please notify us and a request will be made to provide crew personnel details.

13. List a proposed schedule of rates to be charged by the applicant for ambulance services.
See attached rate schedule.



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

Yes No

If **YES**, explain:

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

Yes No

If **YES**, please explain and describe if the circumstances upon which the revocation or non-extension was based have not been corrected:

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 benefited?

Yes No

If **YES**, explain:



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17. Has applicant, or any partner, officer, or director of applicant thereof, provided or is applicant currently providing ambulance service within the City without having a franchise therefore as required by this chapter?

Yes No

If **YES**, explain:

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. 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**, explain:

Per our customer satisfaction survey's the majority of our lowest scores were related to the challenges with our billing process.



CITY OF RIVERSIDE FIRE APPLICATION FOR MEDICAL TRANSPORT AMBULANCE FRANCHISE

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

Please see attached

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

Please refer to Item #20

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.



CITY OF RIVERSIDE FIRE APPLICATION FOR MEDICAL TRANSPORT AMBULANCE FRANCHISE

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.
2. Verification of current accreditation with the Commission on Accreditation of Ambulance Services ("CAAS").
3. 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.
4. A copy of motor vehicle inspection and maintenance program, if any.
5. A copy of mutual aid policies and provide a list of mutual aid agreements/ providers, if any.
6. 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.
7. A copy of the preventive maintenance program for vehicles and durable medical equipment, if any.

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's Risk Manager evidence of insurance coverage as required by Section 5.66.060(E) before the franchise can be issued.

SECTION C – PLEASE HAVE THE FOLLOWING 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.



CITY OF RIVERSIDE FIRE APPLICATION FOR MEDICAL TRANSPORT AMBULANCE FRANCHISE

DECLARATION UNDER PENALTY OF PERJURY

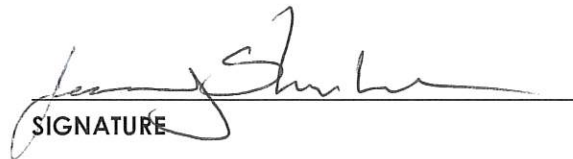
I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information in this application is true and correct to the best of my knowledge. Applicant signifies by signing this application that the applicant agrees to meet the requirements of the Riverside Municipal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

As a condition of the Council's granting a franchise, applicant hereby agrees that it 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 8/11/2023 in Riverside, California.
DATE CITY


SIGNATURE

Jeremy Shumaker
PRINTED NAME

Sr. Regional Director, Pacific Region
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.

Section A

Item# 8B



Riverside City – Facility Listing

Downtown Comfort Station
North Comfort Station
Limonite/Pedley Station
Main Deployment

3198 15th St, Riverside, CA 92507
12155 Magnolia Ave 6-A , Riverside, CA 92503
7920 Limonite Ave. Ste F, Riverside, CA 92509
879 Marlborough Ave., Riverside, CA 92507

Section A

Item# 9

RIVERSIDE ALS VEHICLES

LIC. NO.	VIN#	YEAR	MAKE	Model	TYPE	COMPLIANCE	VEHICLE ID	MILEAGE	PT. CAP.	Notes
28977S3	1FDWE3FN4PDD19092	2023	FORD	E-350	ALS-3	Yes	19092	100	2	
81234R3	1FDWE3FN5PDD14631	2023	FORD	E-350	ALS-3	Yes	14631	2806	2	
81238R3	1FDWE3FN5PDD14645	2023	FORD	E-350	ALS-3	Yes	14645	4156	2	
16945R3	1FDWE3FN6PDD15075	2023	FORD	E-350	ALS-3	Yes	15075	15603	2	
74502P3	1FDWE3FN7NDC35460	2022	FORD	E-350	ALS-3	Yes	35460	17357	2	
17395P3	1FDWE3FN0NDC35462	2022	FORD	E-450	ALS-3	Yes	35462	21403	2	
74503P3	1FDWE3FN4NDC35464	2022	FORD	E-350	ALS-3	Yes	35464	12705	2	
72927N3	1FDWE3FNXNDC35470	2022	FORD	E-350	ALS-3	Yes	35470	10837	2	
85652L3	1FDWE3FN1NDC28097	2022	FORD	E-350	ALS-3	Yes	28097	60208	2	
88359J3	1FDWE3FN1NDC15950	2022	FORD	E-350	ALS-3	Yes	15950	61006	2	
33687K3	1FDWE3FN5NDC19533	2022	FORD	E-350	ALS-3	Yes	19533	44933	2	
15114D3	1FDXE4FN7MDC04069	2021	FORD	E-450	ALS-3	Yes	04069	56123	2	
45654X2	1FDWE3FN6MDC12640	2021	FORD	E-350	ALS-3	Yes	12640	79771	2	
45655X2	1FDWE3FN8MDC12641	2021	FORD	E-350	ALS-3	Yes	12641	57523	2	
45658X2	1FDWE3FN3MDC12644	2021	FORD	E-350	ALS-3	Yes	12644	97463	2	
43603C3	1FDWE3F59KDC60782	2019	FORD	E-350	ALS-3	Yes	60782	81373	2	
66137Y2	1FDXE4FSXKDC58727	2019	FORD	E-450	ALS-3	Yes	58727	141476	2	
89712Y2	1FDXE4FS1KDC58728	2019	FORD	E-450	ALS-3	Yes	58728	167049	2	
86986W2	1FDWE3F57KDC50204	2019	FORD	E-350	ALS-3	Yes	50204	164105	2	
88932W2	1FDWE3F59KDC50205	2019	FORD	E-350	ALS-3	Yes	50205	187390	2	
88935W2	1FDWE3FSXKDC54697	2019	FORD	E-350	ALS-3	Yes	54697	163311	2	
23137V2	1FDWE3FSXKDC33140	2019	FORD	E-350	ALS-3	Yes	33140	179026	2	
23139V2	1FDWE3FS1KDC33141	2019	FORD	E-350	ALS-3	Yes	33141	198364	2	
01976W2	1FDWE3FS2KDC46867	2019	FORD	E-350	ALS-3	Yes	46867	193789	2	
39072S2	1FDW3FS3KDC00397	2019	FORD	E-350	ALS-3	Yes	00397	142644	2	
39075S2	1FDWE3FSXKDC08593	2019	FORD	E-350	ALS-3	Yes	08593	150099	2	
43601C3	1FDWE3FS3KDC08595	2019	FORD	E-350	ALS-3	Yes	08595	123157	2	
62998L2	1FDWE3FSXJDC33041	2018	FORD	E-350	ALS-3	Yes	33041	187810	2	
62996L2	1FDWE3FS9JDC33046	2018	FORD	E-350	ALS-3	Yes	33046	219441	2	
21633P2	1FDWE3FS0JDC33047	2018	FORD	E-350	ALS-3	Yes	33047	133630	2	
26642M2	1FDWE3FS6HDC56343	2017	FORD	E-350	ALS-3	Yes	56343	143247	2	
48135G2	1FDWE3FS1HDC24075	2017	FORD	E-350	ALS-3	Yes	24075	238027	2	
95624E2	1FDXE4FS5HDC24087	2017	FORD	E-450	ALS-3	Yes	24087	178372	2	
48139G2	1FDXE4FS4HDC28020	2017	FORD	E-450	ALS-3	Yes	28020	233357	2	
91246Z1	1FDXE4FS8HDC28683	2017	FORD	E-450	ALS-3	Yes	28683	228994	2	
28510H2	1FDXE4FSXHDC28684	2017	FORD	E-450	ALS-3	Yes	28684	183005	2	
24927L2	1FDWE3FS1GDC16590	2016	FORD	E-350	ALS-3	Yes	16590	195034	2	
37045F2	1FDWE3FS6GDC55725	2016	FORD	E-350	ALS-3	Yes	55725	225947	2	
14499A2	1FDWE3FS8GDC26646	2016	FORD	E-350	ALS-3	Yes	26646	199930	2	

99547X1	1FDWE3F59GDC20001	2016	FORD	E-350	ALS-3	Yes	20001	223455	2
99545X1	1FDWE3F56GDC20005	2016	FORD	E-350	ALS-3	Yes	20005	217407	2
765987X1	1FDWE3F59GDC14201	2016	FORD	E-350	ALS-3	Yes	14201	237811	2
75366S1	1FDWE3F56FDA16125	2015	FORD	E-350	ALS-3	Yes	16125	222048	2
05390R1	1FDS3ES7EDB05452	2014	FORD	E-350	ALS-2	Yes	05452	169064	2
75373S1	1FDS3ES2DBB35330	2013	FORD	E-350	ALS-2	Yes	35330	171023	2
37765P1	1FDS3ES8DBB31959	2013	FORD	E-350	ALS-2	Yes	31959	187342	2
37225P1	1FDS3ES2DBB29091	2013	FORD	E-350	ALS-2	Yes	29091	185682	2
8K64166	1FDWE3P76HA52024	2006	FORD	E-350	ALS/TEM	Yes	52024	235700	2
Total ALS								48	

RIVERSIDE BLS VEHICLES									
48193G2	1FDWE3F51HDC22570	2017	FORD	E-350	ALS-3	Yes	22570	254174	2
16951R3	1FTRS4X88MKA39286	2021	FORD	E-350	BLS-2	YES	39286	100	2
97406J2	1FDXE4F5HDC57766	2017	FORD	E-450	ALS-3	Yes	57766	265215	2
28529H2	1FDXE4F5HDC51872	2017	FORD	E-450	ALS-3	Yes	51872	265938	2
99544X1	1FDWE3F51GDC20011	2016	FORD	E-350	ALS-3	Yes	20011	276654	2
76589X1	1FDWE3F57GDC16593	2016	FORD	E-350	ALS-3	Yes	16593	286398	2
84494L1	1FDS3ES6DBB12228	2013	FORD	E-350	BLS-2	Yes	12228	273752	2
55492A1	1FDS3ES7DDA08542	2013	FORD	E-350	BLS-2	Yes	08542	261247	2
55494A1	1FDS3ES9DDA08543	2013	FORD	E-350	BLS-2	Yes	08543	392168	2
84135F1	1FDS3ES3CDA11422	2012	FORD	E-350	BLS-2	Yes	11422	311818	2
84132E1	1FDS3ES3CDA11423	2012	FORD	E-350	BLS-2	Yes	11423	371658	2
84497L1	1FDSS3ES2DDA68955	2013	FORD	E-350	BLS-2	Yes	68955	370634	2
81861M1	1FDSS3ES1DDA68963	2013	FORD	E-350	BLS-2	Yes	68963	346507	2
54995A1	1FDSS3ES3DDA14631	2013	FORD	E-350	BLS-2	Yes	14631	343088	2
54977A1	1FDSS3ES6DDA07513	2013	FORD	E-350	BLS-2	Yes	07513	349109	2
55493A1	1FDSS3ES8DDA07514	2013	FORD	E-350	BLS-2	Yes	07514	430440	2
55472A1	1FDSS3ESOCDB38659	2012	FORD	E-350	BLS-2	Yes	38659	322312	2
84488E1	1FDSS3ES6CDA21121	2012	FORD	E-350	BLS-2	Yes	21121	358871	2
58100B1	1FDSS3EL8BDA42849	2011	FORD	E-350	BLS-2	Yes	42849	424676	2
43020B1	1FDSS3ES3BDA27294	2011	FORD	E-350	BLS-2	Yes	27294	408904	2
23471F1	1FDSS3EL8BDB18201	2011	FORD	E-350	BLS-2	Yes	18201	336303	2
23472F1	1FDSS3EL6BDB24367	2011	FORD	E-350	BLS-2	Yes	24367	378919	2
63125E1	1FDSS3EL1BDB25880	2011	FORD	E-350	BLS-2	Yes	25880	467763	2
42090W2	1FDSS3EL9BDB29546	2011	FORD	E-350	BLS-2	Yes	29546	371590	2
58461B1	1FDSS3EL6BDA42848	2011	FORD	E-350	BLS-2	Yes	42848	462176	2
Total BLS								25	

RIVERSIDE CCT VEHICLES

89578Y2	1FDXE4F56KDC62970	2019	FORD	E-450	CCT-3	Yes	62970	102595	2
66136Y2	1FDXE4F58KDC28335	2019	FORD	E-450	CCT-3	Yes	28335	121563	2
75368S1	1FDWE3FS9FDA16118	2015	FORD	E-350	CCT-3	Yes	16118	287097	2
37632P1	1FDWE3F55EDB07109	2014	FORD	E-350	CCT-3	Yes	07109	297055	2
8Z84679	1FDWE3F56EDA28659	2014	FORD	E-350	CCT-3	Yes	28659	219450	2
Total CCT								5	

RIVERSIDE BARIATRIC AND NEO NATE VEHICLES

76564X1	1FDXE4F55FDA12481	2015	FORD	E-450	NEONATE	Yes	12481	268597	2
76599X1	1FDWE3FSXGDC00677	2016	FORD	E-350	BARR	Yes	00677	268644	2
75397S1	1FDXE4FS0EDB00143	2014	FORD	E-450	BARR	Yes	00143	258605	2
RIV. Total Units								81	

Section A

Item# 11



Riverside City – Personnel Requirements

American Medical Response, Riverside Operation, employs a workforce that is trained and available to deliver good quality ambulance services at all times to the City of Riverside. Support for the below is available for viewing onsite by written request.

- Maintenance of a professional and stable workforce with retention and recruiting programs in place.
- Standards of behavior have been implemented that establish the expectations of professionalism and accountability for the workforce.
- Key management personnel that are responsible for the oversight of the operation are identified.
- All field personnel are credentialed by REMSA and valid credentials are maintained by all personnel. No field personnel are allowed to work in the field unless they have valid credentials.
- All ambulances will always be staffed with at least two REMSA credentialed individuals.
- Field Supervisors are utilized to directly supervise the field personnel to ensure that they are professional, and that patient care and customer service is rendered.
- Field employees receive education and training through implemented programs.

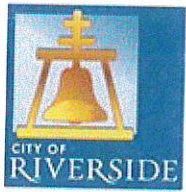
Section A

Item# 13



**Riverside County Ambulance Rates
charged by AMR effective July 1, 2023**

Description	Riverside City 911 Rate	***Riverside City Non-Emergency Rate
ALS BASE RATE	\$ 2,610.88	\$ 1,941.06
MILEAGE	\$ 63.49	\$ 57.80
NIGHT CHARGE (7PM-7AM)	\$ 296.93	\$ 270.31
OXYGEN	\$ 271.54	\$ 247.20
DRY RUN WITH PATIENT CONTACT	\$ 405.80	\$ 405.80
BLS BASE RATE	\$ 2,610.88	\$ 1,226.08
MILEAGE (per mile)	\$ 63.49	\$ 57.80
NIGHT CHARGE (7PM – 7AM)	\$ 296.93	\$ 270.31
OXYGEN	\$ 271.54	\$ 247.20
CCT BASE RATE		\$ 2,830.68
MILEAGE (per mile)		\$ 57.80
NIGHT CHARGE (7PM – 7AM)		\$ 270.31
OXYGEN		\$ 247.20
NEONATAL BASE RATE		
MILEAGE		
NIGHT (7PM – 7AM)		
OXYGEN		
BARIATRIC BASE RATE		
MILEAGE		
NIGHT (7PM – 7AM)		
OXYGEN		
Riverside City Only		
BLS /CCT Code 3***		\$ 192.16
Wait Time		\$ 63.34



Fire Department

City of Arts & Innovation

May 23, 2023

American Medical Response
879 Marlborough Ave.
Riverside, CA 95507

RE: Contractual CPI Adjustment Amendment

Pursuant to the agreement with the City of Riverside regarding Non-Emergency Medical Transportation, American Medical Response (AMR) is approved to increase the companies rates according to CPI. The 2022 CPI was calculated from the U.S. Bureau of Labor Statistics (Riverside-San Bernardino-Ontario), which is 8.7%. The additional 4.2% requested in 2022 was left out of the initial letter sent on May 12, 2023, and is now added back in the table below.

The rates below are approved for AMR to charge for its Non-Emergency Medical Transportation services within the City of Riverside between the dates of July 1, 2023, to June 30, 2024.

	2022/2023	8.7%	2023/2024
CCT	\$ 2,604.12	\$ 226.56	\$ 2,830.68
BLS	\$ 1,127.95	\$ 98.13	\$ 1,226.08
Mileage	\$ 53.17	\$ 4.63	\$ 57.80
Oxygen	\$ 227.41	\$ 19.78	\$ 247.20
Night Charge	\$ 248.68	\$ 21.63	\$ 270.31
Wait Time	\$ 58.27	\$ 5.07	\$ 63.34
BLS/CCT Code 3	\$ 176.78	\$ 15.38	\$ 192.16

Please give me a call if you have any questions, comments and/or concerns.

Steve Mckinster

Steve McKinster
City of Riverside Fire Department
Deputy Fire Chief

Administration

3401 University Ave., Riverside, CA 92501 | **Phone:** (951) 826-5321 | RiversideCA.gov/Fire

Section A

Item# 20

Vehicle/Equipment?

Driver

Attendant

Follow Up

Ambulance	Salas, Vincent	Yardley, Michael	found main battery bad
Gurney	Lopez, Zackaree	James, Emily	unit involved in a TC
Ambulance	Almond Danea	Hill, Katelyn	pm performed and adjusted and lubed gurney
Ambulance	Clarke, Kevin	Perez, Daniel	replaced tire back in service
Ambulance	Tae Hyun, Lim	Porter, Tigger	leaking in brake line, repaired brake line back in service
Ambulance	Lopez, Maria	Williams, Rex	repaired flat tire
Ambulance	Dormack, Madison	McGuire, Emma	replaced front bumper and headlight
Ambulance	Reid, Terry	Andrea, James	broken heater hose connectors
Ambulance	ALARCON, AUSTIN	ROSS, KEVIN	COOLANT LEAK, FOUND BROKEN HEATER HOSE CONNECTOR, REPLACED VEC. BACK IN SERVICE
Ambulance	JEFFERIES, NICOLE	SMITH, MICHAEL	A/C COMPRESSOR CLUTCH GOT HOT AND STARTED MELTING THE RUBBER ON THE CLUTCH
Ambulance	MATTHEW LINDBLOOM	CELESTE LASKIN	FOUND MISSING FUSE THAT CONTROLS LIGHTS, CREW MIGHT OF DISLODGED REPLACED FUSE.
Ambulance	Joseph Dudrey	Michael Valerio	Replaced heater hose
Ambulance	Austin Smith	Nikola Zeljak	Replaced tire and back in service
Ambulance	reid terry	andrewa James	coolant leak, heater hose connector broke
Ambulance	allen alexander	mauricio castillo zeldon	Repaired flat tire
Ambulance	garrett broadhead	Daniel Heredia	operator error toggle switch was not on.
Ambulance	anaya, Jacob	marcione, nathan	replaced right side door vehicle is back in service
Ambulance	chad fugel	jacob caldwell	repaired flat tire
Ambulance	ryan dempsey	steve baker	vehicle had miss fire codes replace all sparks plugs. Vehicle is tested and back in service.
Ambulance	Mangiapane	Estrada	broken heater hose connectors
Ambulance	Bautista	Johnson, Casey	bad alternator, replaced
Ambulance	Stewart, Steven	Ybarra, Joseph	bad fuel pump module
Ambulance	Clarke, Kevin	Platz, David	Tire repaired and changed
Ambulance	Zinna, Philip	Thronson, Glen	siren drivers malfunctioned and were replaced
Ambulance	Uribe, Sira	Novoa, Eduardo	replaced bad fuel pump
Ambulance	Hall, Austin	Arnett, Styles	inspection found bad engine and vehicle taken out of rotation
Ambulance	Mitchell, Ryan	Perysian, Anthony	positive battery cable chaffing against exhaust manifold and frame shorting out power
equipment	Poter, Cameron	Piro, Adriana	Tire repaired and changed
equipment		Arnett, Styles	
equipment		Najarro, Cami	
equipment		Williams, Rex	
Ambulance	Lentz, Eric	Feierabend, Tyler	repaired heater hose
Ambulance	Luna, Rogelio	Weisenstein, Zachary	bad fuel pump relay, replaced and back in service
equipment		Nagel, Ryan	
Ambulance	Slagle, Mike	DeMetz, Lisa	repaired timer, back in service
Ambulance	Diaz, Isacc	Madruga, Eduardo	bad transmission, replaced back in service
Ambulance	Chavez, Erin	Padilla, Zachary	broken toggle replaced, back in service
Ambulance	Gonzalez, Adrian	Rael, Jake	replaced broken heater hose connection, back in service
Ambulance	Bowden, Austin	Utter, Adam	leaking coolant hose replaced, back in service
Ambulance	Nurse, Tanner	Castillo, Demetrius	vehicle had a bad bearing, replace bearings and back in service
Ambulance	Vargas, Andrew	Cromie, Warren	

ly

Section A

Item# 21



Equipment or Vehicle Failures

Please refer to Section A Item#20 – Listing of vehicle accidents and vehicle/equipment failures.

Section B

Item # 1



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE
NON-TRANSFERABLE LICENSE**

CHP 380A (REV. 01-00) OPI 062

CONTROL NUMBER 2155	LICENSE NUMBER 2155	ISSUE DATE 2/17/2023	EFFECTIVE DATE 3/6/2023	EXPIRATION DATE 3/5/2024
CHP CARRIER NUMBER CA-	LOCATION 465	<input type="checkbox"/> Duplicate <input type="checkbox"/> Replacement <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Renewal		

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

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

SERVICE NAME AND MAILING ADDRESS

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-
Attention: SIMONE JOHNSON

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.

Section B

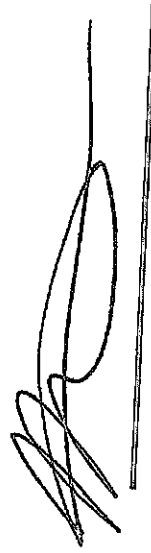
Item # 2

The Commission on Accreditation of Ambulance Services *Certificate of Accreditation*

American Medical Response – Riverside County, California
Riverside, California

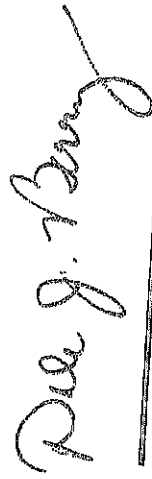
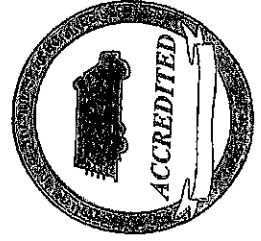
The Commission on Accreditation of Ambulance Services presents this certificate of Accreditation in recognition of this service's voluntary compliance with the Commission's high standards. These standards have been established to encourage and promote improved quality patient care in the medical transportation system. This service has successfully completed a comprehensive external review to verify compliance with these national standards.

Issued: May, 2021



Matthew R. Stregger, Chair
Panel of Commissioners

Expires: April 30, 2024



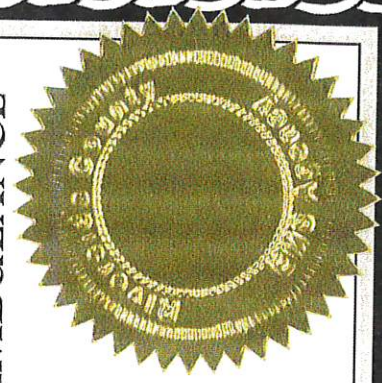
Dale J. Berry, Chair
Board of Directors

**RIVERSIDE COUNTY
EMERGENCY
MEDICAL SERVICES AGENCY**

**AMBULANCE OPERATOR
PERMIT IS ISSUED TO:**

**AMERICAN MEDICAL RESPONSE
(RIVERSIDE, HEMET, PALM SPRINGS, BLYTHE)
879 MARLBOROUGH AVENUE
RIVERSIDE, CA 92507**

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



7/1/2023

Issued Date

D. Bates

Dan Bates, EMS Administrator

Riverside County Emergency Medical Services Agency

6/30/2024

Expiration Date

Section B

Item # 3



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI062

CHP Certificate/Permit Number: **2155- 18405**

ISSUED: **2/7/2023**

EXPIRES: **3/5/2024**

CHP AREA: **810**

AREA:

INITIAL

DUPLICATE

REPLACEMENT

RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD E-350**

VEHICLE LICENSE NO. **74502P3**

VIN: **1FDWE3FN7NDC35460**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

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.



DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 18408**

ISSUED: 2/7/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2022 FORD E-350

VEHICLE LICENSE NO. 16945R3

VIN: 1FDWE3FN6PDD15075

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 18411**

ISSUED: **2/7/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2023 FORD E-350**

VEHICLE LICENSE NO. **81238R3**

VIN: **1FDWE3FN5PDD14645**

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

NAME AND MAILING ADDRESS

23

**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

HP Certificate/Permit Number: **2155- 18409**

ISSUED: **2/7/2023**

EXPIRES: **3/5/2024**

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

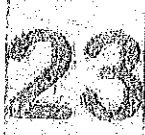
VEHICLE YEAR & MAKE: **2023 FORD E-350**

VEHICLE LICENSE NO. **81234R3**

VIN: **1FDWE3FN5PDD14631**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

HP Certificate/Permit Number: **2155- 18406**

ISSUED: 2/7/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2022 FORD E-350

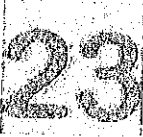
VEHICLE LICENSE NO. 74503P3

VIN: 1FDWE3FN4NDC35464

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (e) () for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 18407**

ISSUED: **2/7/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

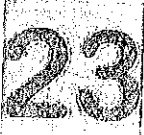
VEHICLE YEAR & MAKE: **2022 FORD E-350**

VEHICLE LICENSE NO. **17395P3**

VIN: **1FDWE3FN0NDC35462**

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (e) () for

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356.**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 17286**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD**

VEHICLE LICENSE NO. **33687K3**

VIN: **1FDWE3FN5NDC19533**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 24118 (a) () for

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356.**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: **2155-18404**

ISSUED: **2/7/2023**

EXPIRES: **3/5/2024**

CHP AREA: **840**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E-350**

VEHICLE LICENSE NO. **72927N3**

VIN: **1FDWE3FMXNDC35470**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4848 STRATOS WAY
MODESTO CA, 95356.**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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2.



DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155-18410**

ISSUED: 2/7/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

REPLACEMENT

RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2021 FORD T350 TRANSIT**

VEHICLE LICENSE NO. **16951R3**

VIN: **1FTRS4X88MKA39286**

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

NAME AND MAILING ADDRESS

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356.



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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A.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16850**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2021 FORD E-350**

VEHICLE LICENSE NO. **45855X2**

VIN: **1FDWE3FN8MDC12641**

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

NAME AND MAILING ADDRESS

23

**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

HP Certificate/Permit Number: **2155- 16977**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2021 FORD E 350

VEHICLE LICENSE NO. 45658X2

VIN: 1FDWE3FN3MDC12644

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT,
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155-16849**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2021 FORD E-450**

VEHICLE LICENSE NO. **15114D3**

VIN: **1FDXE4FN7MDC04069**

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

NAME AND MAILING ADDRESS

23

**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15903**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 39072S2

VIN: 1FDWE3FS3KDC00397

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

HP Certificate/Permit Number: **2155- 18358**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT

VEHICLE YEAR & MAKE: 2022 FORD E350

VEHICLE LICENSE NO. 85652L3

VIN: 1FDWE3FN1NDC28097

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16858**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E450

VEHICLE LICENSE NO. 89712Y2

VIN: 1FDXE4FS1KDC58728

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

HP Certificate/Permit Number: **2155- 15151**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 28510H2

VIN: 1FDXE4FSXHDC28684

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: 2155- 15902

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 39075S2

VIN: 1FDWE3F5XKDC08593

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (e) () for

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16279**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

REPLACEMENT

RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 23137V2

VIN: 1FDWE3FSXKDC33140

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPT 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16395**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 86986W2

VIN: 1FDWE3F87KDC50204

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

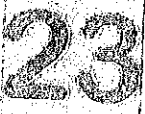
PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: 2155- 15080		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	CHP AREA: 840
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA:
VEHICLE YEAR & MAKE: 2017 FORD E 350		VEHICLE LICENSE NO. 48193G2		VIN: 1FDWE3FS1HDC22570
*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 24116 (a) () for				
NAME AND MAILING ADDRESS			PROPERTY OF CALIFORNIA HIGHWAY PATROL	
 AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC. AMERICAN MEDICAL RESPONSE 4846 STRATOS WAY MODESTO CA, 95356-			This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.	



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15158**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2017 FORD E 350

VEHICLE LICENSE NO. 28529H2

VIN: 1FDXE4FS5HDC51872

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

NAME AND MAILING ADDRESS

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

23

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 14107**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

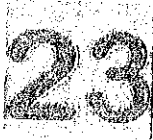
VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 76597X1

VIN: 1FDWE3FS9GDC14201

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP Certificate/Permit Number: 2155- 15603		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	CHP AREA: 840
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		AREA:
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2017 FORD E 350		VEHICLE LICENSE NO. 26642M2		VIN: 1FDWE3FS6HDC56343

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

NAME AND MAILING ADDRESS

23
AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16851**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2021 FORD E 350

VEHICLE LICENSE NO. 45654X2

VIN: 1FDWE3FN6MDC12640

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15713**

ISSUED: 3/8/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2018 FORD E 350

VEHICLE LICENSE NO. 21633P2

VIN: 1FDWE3FS0JDC33047

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

NAME AND MAILING ADDRESS

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15069**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2017 FORD E 350**

VEHICLE LICENSE NO. **91246Z1**

VIN: **1FDXE4FS8HDC28683**

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

NAME AND MAILING ADDRESS

**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPT 032

CHP AREA: 840

CHP Certificate/Permit Number: **2155-14271**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 99544X1

VIN: 1FDWE3FS1GDC20011

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15484**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2017 FORDE 350

VEHICLE LICENSE NO. 97406J2

VIN: 1FDXE4FS3HDC57766

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (e) () for

NAME AND MAILING ADDRESS

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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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: 840

CHP Certificate/Permit Number: **2155- 14104**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT²

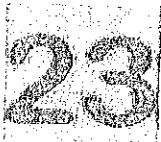
VEHICLE YEAR & MAKE: **2016 FORD E 350**

VEHICLE LICENSE NO. **76598X1**

VIN: **1FDWE3FS7GDC16593**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

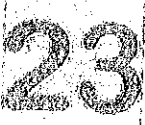
PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT,
CHP 301 (REV 4-97) OP1 062

CHP Certificate/Permit Number: 2155- 15714		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	CHP AREA: 840
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		AREA:
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2018 FORD E 350		VEHICLE LICENSE NO. 62998L2		VIN: 1FDWE3FSXJDC33041
*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (a) () for				
NAME AND MAILING ADDRESS			PROPERTY OF CALIFORNIA HIGHWAY PATROL	
 AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC. AMERICAN MEDICAL RESPONSE 4846 STRATOS WAY MODESTO CA, 95356-			This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.	



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16280**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL
- REPLACEMENT

- DUPLICATE
- RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
- AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

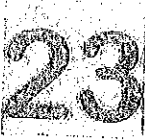
VEHICLE YEAR & MAKE: **2019 FORD E 350**

VEHICLE LICENSE NO. **23139V2**

VIN: **1FDWE3F51KDC33141**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155-16396**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 88932W2

VIN: 1FDWE3FS9KDC50205

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16888**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 43603C3

VIN: 1FDWE3FS9KDC60782

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2418 (a) () for

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: **2155- 17287**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

CHP AREA: 890

AREA:

INITIAL REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2022 FORD

VEHICLE LICENSE NO. 88359J3

VIN: 1FDWE3FN1NDC15950

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

NAME AND MAILING ADDRESS

23

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840
 AREA:

CHP Certificate/Permit Number: **2155- 9444** ISSUED: **3/6/2023** EXPIRES: **3/5/2024**

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

VEHICLE YEAR & MAKE: **2006 FORD F350** VEHICLE LICENSE NO. **8K64166** VIN: **1FDWE35P76HA52024**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13912**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

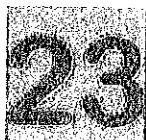
VEHICLE YEAR & MAKE: **2015 FORD E350**

VEHICLE LICENSE NO. **75368S1**

VIN: **1FDWE3FS9FDA16118**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 14103**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 76599X1

VIN: 1FDWE3FSXGDC00677

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16855**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2019 FORD E350**

VEHICLE LICENSE NO. **89578Y2**

VIN: **1FDXE4FS6KDC62970**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

HP Certificate/Permit Number: **2155- 13974**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2014 FORD E350

VEHICLE LICENSE NO. 75397S1

VIN: 1FDXE4FS0EDB00143

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13452**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2014 FORD E350

VEHICLE LICENSE NO. 8Z84679

VIN: 1FDWE3FS6EDA28659

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 14102**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2015 FORD E 350

VEHICLE LICENSE NO. 76564X1

VIN: 1FDXE4FS5FDA12481

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13622**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2014 FORD E350**

VEHICLE LICENSE NO. **37632P1**

VIN: **1FDWE3FS5EDB07109**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: 2155- 16511		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	AREA:
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE	
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		
VEHICLE YEAR & MAKE: 2019 FORD E 450		VEHICLE LICENSE NO. 66136Y2	VIN: 1FDXE4FS8KDC28335	

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: 2155-16852

ISSUED: 3/6/2022

EXPIRES: 3/5/2023

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 450

VEHICLE LICENSE NO. 66137Y2

VIN: 1FDXE4FSXKDC58727

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: 2155- 14538	ISSUED: 3/6/2023	EXPIRES: 3/5/2024	AREA:
<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*	<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2016 FORD E 350	VEHICLE LICENSE NO. 14499A2	VIN: 1FDWE3FS8GDC26646	

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 14269**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 99547X1

VIN: 1FDWE3F59GDC20001

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15420**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

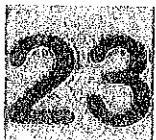
VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 24927L2

VIN: 1FDWE3FS1GDC16590

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: 2155- 15083		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	AREA:
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		
VEHICLE YEAR & MAKE: 2016 FORD E 350		VEHICLE LICENSE NO. 48135G2		VIN: 1FDWE3FS1HDC24075

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: 2155- 15078		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	AREA:
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		
VEHICLE YEAR & MAKE: 2017 FORD E 350		VEHICLE LICENSE NO. 48139G2	VIN: 1FDXE4FS4HDC28020	

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 14270**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 99545X1

VIN: 1FDWE3FS6GDC20005

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

HP Certificate/Permit Number: **2155- 13909**

ISSUED: 3/8/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2015 FORD E350

VEHICLE LICENSE NO. 75366S1

VIN: 1FDWE3FS6FDA16125

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16281**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 01976W2

VIN: 1FDWE3FS2KDC46867

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15715**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2018 FORD E 350**

VEHICLE LICENSE NO. **62996L2**

VIN: **1FDWE3F59JDC33046**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15904**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

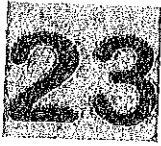
VEHICLE YEAR & MAKE: 2018 FORD E 350

VEHICLE LICENSE NO. 43601C3

VIN: 1FDWE3FS3KDC08595

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (e) () for

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356.

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

HP Certificate/Permit Number: **2155- 14981**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2017 FORD E 350

VEHICLE LICENSE NO. 95624E2

VIN: 1FDXE4FS5HDC24087

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13633**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 37225P1

VIN: 1FDSS3ES2DDB29091

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12307**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2011 FORD E 350

VEHICLE LICENSE NO. 63125E1

VIN: 1FDSS3EL1BDB25880

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12866**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2013 FORD E350**

VEHICLE LICENSE NO. **55493A1**

VIN: **1FDSS3ES8DDA07514**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13162**

ISSUED: 3/8/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT¹

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 81861M1

VIN: 1FDSS3ELODDA68963

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 11764**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2011 FORD E350**

VEHICLE LICENSE NO. **58100B1**

VIN: **1FDSS3EL0BDA42849**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

HP Certificate/Permit Number: **2155- 12270**

ISSUED: 3/6/2022

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2012 FORD E350

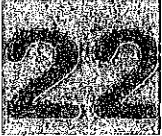
VEHICLE LICENSE NO. 84135E1

VIN: 1FDSS3ES3CDA11422

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4046 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12298**

ISSUED: **3/8/2023**

EXPIRES: **3/5/2024**

AREA:

- INITIAL
- REPLACEMENT

- DUPLICATE
- RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
- AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2011 FORD E 350**

VEHICLE LICENSE NO. **23472F1**

VIN: **1FDSS3EL6BDB24367**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12272**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2012 FORD E350

VEHICLE LICENSE NO. 84488E1

VIN: 1FDSS3ES6CDA21121

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12299**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2011 FORD E 350**

VEHICLE LICENSE NO. **23471F1**

VIN: **1FDSS3EL8BDB18201**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12812**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

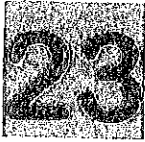
VEHICLE YEAR & MAKE: 2012 FORD E350

VEHICLE LICENSE NO. 55472A1

VIN: 1FDSS3ESOCDB38659

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 11768**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2011 FORD E350

VEHICLE LICENSE NO. 39074S2

VIN: 1FDSS3ES3BDA27294

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 11902**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2011 FORD E350**

VEHICLE LICENSE NO. **09990T1**

VIN: **1FDSS3EL6BDA42848**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13692**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 37765P1

VIN: 1FDSS3ES8DDB31959

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13911**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 7537381

VIN: 1FDSS3ES2DDB35330

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.

AMERICAN MEDICAL RESPONSE

4846 STRATOS WAY

MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12867**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2013 FORD E350

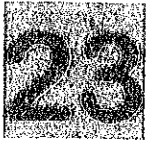
VEHICLE LICENSE NO. 39073S2

VIN: 1FDSS3ES7DDA08542

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: 2155- 13242

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 84497L1

VIN: 1FDSS3ES2DDA68955

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13865**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2014 FORD E350

VEHICLE LICENSE NO. 05390R1

VIN: 1FDSS3ES7EDB05452

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12898**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 55494A1

VIN: 1FDSS3ES9DDA08543

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13243**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2013 FORD E350**

VEHICLE LICENSE NO. **21632P2**

VIN: **1FDSS3ES6DDB12228**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 12273**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2012 FORD E350

VEHICLE LICENSE NO. 84132E1

VIN: 1FDSS3ES5CDA11423

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: **2155-12301**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2011 FORD E 350**

VEHICLE LICENSE NO. **42090W2**

VIN: **1FDSS3EL9BDB29546**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: 2155- 12865		ISSUED: 3/6/2023	EXPIRES: 3/5/2024	CHP AREA: 840
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA:
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL			<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2013 FORD E350		VEHICLE LICENSE NO. 54977A1		VIN: 1FDSS3ES6DDA07513

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356.

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 16397**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2019 FORD E 350**

VEHICLE LICENSE NO. **88935W2**

VIN: **1FDWE3FSXKDC54697**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 15079**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

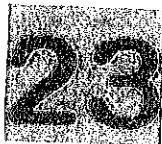
VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 37045F2

VIN: 1FDWE3FS6GDC55725

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95358-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 840

CHP Certificate/Permit Number: **2155- 13411**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 54995A1

VIN: 1FDSS3ES3DDA14631

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

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

LEGAL BUSINESS NAME AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	COMPANY LICENSE NUMBER 2155	INSPECTION <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> COMPLIANCE
SERVICE ADDRESS (number and street) 26035 PALOMAR RD.		VEHICLE YEAR, MAKE, AND MODEL 2023, FORD, E-350
(city, state, and zip code) MENIFEE, CA 92585		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDWE3FN7PPD14646
		VEHICLE LICENSE PLATE NUMBER AND STATE 20628T3
		VEHICLE CERTIFICATE NUMBER 2155-

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY	POLICY NUMBER ISA H25578193	POLICY EXPIRATION DATE 03/31/2024
REMARKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE _____ DATE _____

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER _____

ID NUMBER	LOCATION CODE	DATE
16765	685	4/12/23

DESTROY PREVIOUS EDITIONS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

HP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	COMPANY LICENSE NUMBER 2155	VEHICLE YEAR, MAKE, AND MODEL 2023, FORD, E-350
SERVICE ADDRESS (number and street) 26035 PALOMAR RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDWE3FN7PPD19099
(city, state, and zip code) MENIFEE, CA 92585		VEHICLE LICENSE PLATE NUMBER AND STATE 28976S3
		VEHICLE CERTIFICATE NUMBER 2155-

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY	POLICY NUMBER ISA H25578193	POLICY EXPIRATION DATE 03/31/2024
REMARKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE _____ DATE _____

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER _____ ID NUMBER **16765** LOCATION CODE **685** DATE **4/12/2023**

DESTROY PREVIOUS EDITIONS



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

CHP AREA: 685

CHP Certificate/Permit Number: 2155- 18333

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2022 FORD E350

VEHICLE LICENSE NO. 78380M3

VIN: 1FDWE3FN3NDC35472

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155-14207**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

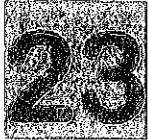
VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 99543X1

VIN: 1FDXE4FS6GDC19270

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15711**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

REPLACEMENT

RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2018 FORD E 350

VEHICLE LICENSE NO. 61449L2

VIN: 1FDWE3FS5JDC33044

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15532**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL



DUPLICATE

REPLACEMENT



RENEWAL



EMERGENCY AMBULANCE CERTIFICATE



AUTHORIZED EMERGENCY VEHICLE PERMIT*



ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2017 FORD E 350**

VEHICLE LICENSE NO. **66121Y2**

VIN: **1FDWE3FS1HDC21127**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15077**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2017 FORD E 350**

VEHICLE LICENSE NO. **48137G2**

VIN: **1FDXE4FS3HDC28686**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 16332**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:



INITIAL
REPLACEMENT



DUPLICATE



RENEWAL



EMERGENCY AMBULANCE CERTIFICATE



AUTHORIZED EMERGENCY VEHICLE PERMIT*



ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 23138V2

VIN: 1FDWE3F5XKDC36104

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155-16335**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2019 FORD E 350**

VEHICLE LICENSE NO. **42095W2**

VIN: **1FDWE3FS3KDC50202**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15907**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 3907762

VIN: 1FDWE3FS7KDC08597

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
 AMERICAN MEDICAL RESPONSE
 4846 STRATOS WAY
 MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 082

CHP AREA: 685

CHP Certificate/Permit Number: **2155-15049**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2017 FORD E 350**

VEHICLE LICENSE NO. **48138G2**

VIN: **1FDWE3FS6HDC22578**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPT 082

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 14432**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2016 FORD E 350

VEHICLE LICENSE NO. 14602A2

VIN: 1FDWE3FS6GDC34941

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OP1 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 17055**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 45653X2

VIN: 1FDWE3FS9KDC66145

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15712**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2018 FORD E 350**

VEHICLE LICENSE NO. **61448L2**

VIN: **1FDWE3FS5JDC23064**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: 2155- 15533	ISSUED: 3/6/2023	EXPIRES: 3/5/2024	AREA:
<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*	<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2017 FORD E 350	VEHICLE LICENSE NO. 55578L2	VIN: 1FDWE3FS4HDC47396	

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 082

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15415**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2017 FORD F 450

VEHICLE LICENSE NO. 95236J2

VIN: 1FDUF4HTXHEB18623

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OP1062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 16542**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2019 FORD E 350**

VEHICLE LICENSE NO. **86985W2**

VIN: **1FDXE4FS9KDC33219**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 16333**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 01973W2

VIN: 1FDWE3FS4KDC36101

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15908**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2019 FORD E 350

VEHICLE LICENSE NO. 39071S2

VIN: 1FDWE3FS6KDC06758

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 13939**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024 .

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2015 FORD E350**

VEHICLE LICENSE NO. **75364S1**

VIN: **1FDWE3FS4FDA16124**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

HP Certificate/Permit Number: **2155-13205**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: 2013 FORD E350

VEHICLE LICENSE NO. 84490L1

VIN: 1FDSS3ES8DDB12229

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 14095**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: 2016 FORD E 450

VEHICLE LICENSE NO. 44886X1

VIN: 1FDXE4FS2GDC00554

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 082

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 12274**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2012 FORD E350**

VEHICLE LICENSE NO. **59219X2**

VIN: **1FDSS3ES2CDA16658**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 13940**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2015 FORD E350**

VEHICLE LICENSE NO. **75390S1**

VIN: **1FDWE3FS1FDA16131**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 14096**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2016 FORD E 350**

VEHICLE LICENSE NO. **44888X1**

VIN: **1FDWE3FS6GDC18061**

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2418 (a) () for

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155-14268**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

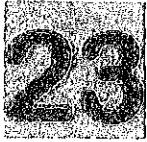
VEHICLE YEAR & MAKE: **2015 FORD E 350**

VEHICLE LICENSE NO. **63702Z1**

VIN: **1FDWE3FS6FDA16108**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4848 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15076**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2017 FORD E 350**

VEHICLE LICENSE NO. **21050H2**

VIN: **1FDWE3FS0GDC55722**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15418**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2016 FORD E 350**

VEHICLE LICENSE NO. **66120Y2**

VIN: **1FDWE3FS6GDC15757**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155-14766**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

<input checked="" type="checkbox"/> INITIAL REPLACEMENT	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input checked="" type="checkbox"/> RENEWAL		<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	

VEHICLE YEAR & MAKE: **2016 FORD E 350**

VEHICLE LICENSE NO. **89161D2**

VIN: **1FDWE3FS6GDC55854**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15934**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2019 FORD E 350**

VEHICLE LICENSE NO. **44811S2**

VIN: **1FDWE3FS8KDC12657**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OP1 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15760**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2018 FORD E 350**

VEHICLE LICENSE NO. **15557P2**

VIN: **1FDWE3F84JDC33052**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15534**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2017 FORD E 350**

VEHICLE LICENSE NO. **59218X2**

VIN: **1FDWE3FS7JDC14852**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 18334**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E350**

VEHICLE LICENSE NO. **85651L3**

VIN: **1FDWE3FN2NDC28092**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-87) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 16949**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

<input type="checkbox"/> INITIAL REPLACEMENT	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input checked="" type="checkbox"/> RENEWAL		<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	

VEHICLE YEAR & MAKE: **2019 FORD E350**

VEHICLE LICENSE NO. **30216A3**

VIN: **1FDWE3FS7KDC58609**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 16334**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:



INITIAL
REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2019 FORD E 350**

VEHICLE LICENSE NO. **23140V2**

VIN: **1FDWE3FS6KDC36102**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 14042**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2014 FORD E 350**

VEHICLE LICENSE NO. **75877S1**

VIN: **1FDWE3FS5EDB20989**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: 2155- 13808	ISSUED: 3/6/2023	EXPIRES: 3/5/2024	AREA:
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<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*	<input type="checkbox"/> ARMORED CAR CERTIFICATE
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VEHICLE YEAR & MAKE: 2014 FORD E350	VEHICLE LICENSE NO. 05384R1	VIN: 1FDSS3ES9EDB05453
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*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (e) () for

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 12983**

ISSUED: 3/8/2023

EXPIRES: 3/5/2024

AREA:

INITIAL REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2013 FORD E350**

VEHICLE LICENSE NO. **54996A1**

VIN: **1FDSS3ES3DDA14628**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155-14431**

ISSUED: **3/6/2023**

EXPIRES: **3/5/2024**

AREA:

INITIAL REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2016 FORD E 350**

VEHICLE LICENSE NO. **14497A2**

VIN: **1FDWE3FS2GDC34208**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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OFFICE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 15010**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2017 FORD TRANSIT**

VEHICLE LICENSE NO. **95655E2**

VIN: **1FDXE4FS3HDC24086**

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

NAME AND MAILING ADDRESS



**AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 685

CHP Certificate/Permit Number: **2155- 14206**

ISSUED: 3/6/2023

EXPIRES: 3/5/2024

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2016 FORD E 350**

VEHICLE LICENSE NO. **99548X1**

VIN: **1FDWE3FS4GDC19998**

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

NAME AND MAILING ADDRESS



AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
AMERICAN MEDICAL RESPONSE
4846 STRATOS WAY
MODESTO CA, 95356-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

LEGAL BUSINESS NAME American Medical Response Ambulance Service ,INC.		COMPANY LICENSE NUMBER 2155	INSPECTION <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL
SERVICE ADDRESS (number and street) 879 Marlborough Ave		VEHICLE YEAR, MAKE, AND MODE 2023, Ford E-350	VEHICLE IDENTIFICATION NUMBER 1FDWE3FN4PDD1909
(city, state, and zip code) Riverside, CA 92507		VEHICLE LICENSE PLATE NUMBER 28977S3	VEHICLE CERTIFICATE NUMBER

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

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS	
1. Location of records, retained for 3 years				14. Employment date	
2. Date, time, location, and identity of call taker				15. Copy of driver license	
3. Name of requesting person or agency				16. Copy of ambulance driver certificate	
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate	
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license	
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary	
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) Section 13372 CVC prohibitions	
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System	
COMPANY INSPECTION		YES	NO		
9. Company principals verified					
10. One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					

VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co	POLICY NUMBER 1SAHH25578193	POLICY E
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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 is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

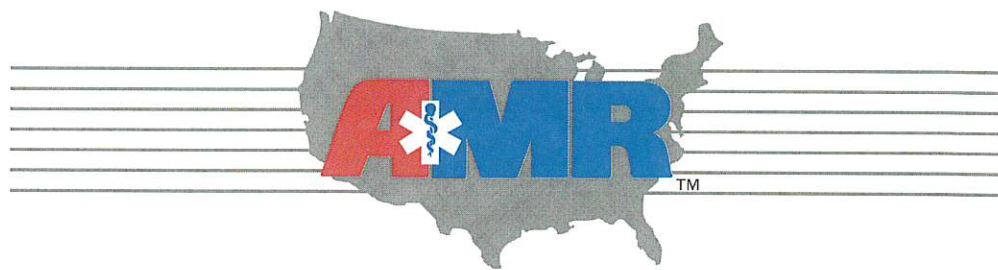
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER [Signature]	ID NUMBER 18072	LOCATION CODE 840
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Section B

Item # 4



Fleet Maintenance Procedure Manual

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MISSION AND OBJECTIVE STATEMENTS

Mission Statement

The mission of Fleet Services is to provide AMR field operations with safe, reliable vehicles and equipment that present a professional and positive image; encourage and monitor environmentally responsible practices at AMR fleet shops; promote cost-effective maintenance practices; and ensure a work environment conducive to quality workmanship and personal growth.

Purpose of the Procedure Manual

This Fleet Policy and Procedure manual provides detailed information to establish the expectations and responsibilities of AMR's Fleet Service staff and provide guidance to execute properly the policies and procedures contained within. Adherence to this policy is expected. References to specific policies are included with each procedure.

Objective Statement

- ◆ Provide an adequate number of safe, clean, well-maintained vehicles as determined by AMR field operations.
- ◆ Administer a comprehensive preventive maintenance program as outlined in this policy to minimize vehicle failures, preserve the fleet's useful life, ensure employee and patient safety, and reflect a positive public image.
- ◆ Maintain current and accurate documentation of all preventive maintenance and unscheduled repairs within the RTA National Fleet Database.
- ◆ Involve our employees in all aspects of Fleet department operations and encourage creative ideas and innovations.
- ◆ Provide ongoing training and proper diagnostic equipment to advance employee skills and remain current with industry changes.
- ◆ Encourage and promote cost-efficient maintenance practices without compromising work quality.
- ◆ Assist in the education of field personnel on proper vehicle operating procedures.
- ◆ Maintain a safe, clean work area.

SECTION 1.0 - FLEET MAINTENANCE DATABASE

POLICY: Using RTA National Fleet Database

Recognizing that well managed fleet maintenance programs are critical to ensuring reliable vehicles, extending vehicle useful life and controlling costs, all vehicle repair and maintenance data must be entered and stored in the RTA National Fleet Database.

Procedures:

1. Use RTA work orders to record all labor and parts expenses allocated to vehicles and equipment.
2. Use RTA Inventory Module to record all in-house spare parts inventory and part allocation.
3. Use RTA to document and record all vehicle mileages.
4. Use RTA to schedule all Preventative Maintenance (PMI)
5. Use RTA purchase order module to record all repair and maintenance parts, tires, supplies, sub-contract labor purchases.
6. Enter all sub-contract maintenance activity into RTA

SECTION 2.0 - SHOP SAFETY

POLICY: SAFETY

REFERENCE: *AMR Injury and Illness Prevention Policy*

The safety and well-being of AMR employees is an essential part of the overall AMR vehicle maintenance program. Providing a safe and healthy work environment is the responsibility of all AMR employees and represents the goal of AMR's safety efforts. Refer to AMR's Injury and Illness Prevention Policy in the addendum for guidance.

FOR YOUR SAFETY

- Wear gloves at ALL times
- Wear safety goggles for eye protection
- Use hearing protection when appropriate
- Disinfect all stretcher surfaces before inspecting and servicing
- Immediately tend to trip and slip hazards

SECTION 3.0 - MAINTENANCE PROCEDURES

POLICY: Vehicle Maintenance

These maintenance procedures focus on the Ford chassis Type II and III ambulance. Other vehicles shall be maintained in a similar fashion or as prescribed by the original manufacturer.

All procedures will be performed at a maximum of 5,000 miles or every 250-engine hours, whichever comes first, unless otherwise noted.

Visual Exterior Inspection: When approaching a vehicle, fleet personnel will perform a quick overall visual inspection looking for obvious problems such as:

- ◆ General cosmetic appearance
- ◆ Body damage
- ◆ Mirrors, reflectors, glass, lenses cracked, missing, discolored, etc
- ◆ Flat or low tires
- ◆ Fluid leaks
- ◆ Suspension sag or list

Cab Inspection: Fleet personnel will enter the driver's compartment examine:

- ◆ Door operations, handle smooth, no door sag or noise when opening, mirror mounting, hinge bolts and pins
- ◆ Condition of brake pedal pad
- ◆ Seat condition and operation
- ◆ Seat belt condition and operation
- ◆ Console mounting, switch operation, illumination
- ◆ Dash panel condition, operation of gauges, switches, etc.
- ◆ Heat, defrost and vent operation (including temperature and fan speeds)
- ◆ Secure mounting of accessories (flashlight, map light, etc.)
- ◆ Operation of windows
- ◆ Operation of horn, turn signals, hazard flashers, dome light, etc.
- ◆ Operation of siren (all modes)
- ◆ Air horn operation (IFAPP)
- ◆ Sliding door
- ◆ Overall condition and cleanliness

START ENGINE:

- ◆ With ignition switch on, wait for the “wait to start” light to go out
- ◆ After starting the engine, observe the voltmeter to assure a reading between 13.5 and 14.5 volts with fast idle on. AMP Meter should read on the positive side of the gauge.
- ◆ Listen for any unusual noises, vibrations, etc. from the engine.

ROAD TEST: All vehicles should be road tested before returning to service. This will allow fleet personnel the opportunity to check:

- ◆ Brake pedal height, pull, fade, dragging, noise, lock-up, etc.
- ◆ Steering wheel play, pull, wander, or vibration, etc
- ◆ Acceleration and engine performance, cruise control
- ◆ Transmission operation, slipping, shudder, delayed shift, etc.
- ◆ Listen for any unusual noises

BRAKES: With the unit raised and all wheels removed:

- ◆ Inspect condition of wheels, lug nuts and studs.
- ◆ **Drum Brakes**
 - ◆ Remove brake drums. Check for scoring, wear and hot spots. Refinish or replace if within 10% of discard specification (specifications stamped on drum).
 - ◆ Inspect shoes. Minimum allowable thickness for friction material is 2/32 for bonded shoes and 4/32 for riveted shoes. Shoes should be replaced at or prior to these measured thicknesses. Replace wheel cylinders anytime brake shoes are replaced.
 - ◆ Inspect all mounting hardware. Mounting hardware should be tight and free of corrosion. Inspect wheel cylinders mounting and check under cups for leaks. Star wheels and adjusting hardware should be inspected, cleaned and lubricated. Remember to lubricate shoe slide points with OEM brake lube.
 - ◆ Check all cables, mounting pins, bolts, etc. in the braking system and replace as necessary.
- ◆ **Rotor Brakes**
 - ◆ Inspect and measure front rotors, if needed, refinish. If rotor is within 10% of discard specification after refinishing it must be replaced. (Note; Rotor Lateral run-out should be measured with rotor mounted on vehicle.)
 - ◆ When replacing rotors – Front wheel bearings and races are to be replaced.
 - ◆ Check front disc pads. Minimum thickness for friction material is 5/32 for bonded pads and 6/32 for riveted pads. Pads should be replaced at or prior to this minimum.

- ◆ Inspect wheel bearing adjustment and operation. Adjust and lubricate as needed. (Note – All wheel bearings will be repacked and adjusted during a C – PMI)
- ◆ Verify that the caliper slide pins and other hardware are in excellent condition, replace if not.
- ◆ Inspect the calipers for any signs of leakage, sticking pistons, corrosion, torn boots or any other condition that may cause them to function improperly. If any problems are found, replace both calipers.
- ◆ Inspect the master cylinder for any signs of seepage, loose reservoir, etc. Replace if any doubt with OEM parts or the equipment equivalent.
- ◆ Bleed the entire brake system with a pressure device until fluid is clear.
- ◆ Inspect all steel and rubber brake lines for seepage, corrosion, cracks, proper mounting, etc. Replace if any doubt.
- ◆ Torque lug nuts in a star pattern when reinstalling wheels according to manufacturer specifications.

CHASSIS: Inspect ALL suspension components, with particular attention to the following:

- ◆ Check rear leaf springs for sagging, cracks, proper mounting, tight saddle and eyebolts.
- ◆ The rear leaf spring brackets crack frequently (shackle to frame).
- ◆ Check the front coil springs for broken or collapsed coils.
- ◆ Check all steering components for wear, looseness, damaged dust boots. All steering components should be within manufacturer specifications.
- ◆ Check all rubber bushings and replace if damaged or worn.
- ◆ Check all fasteners. (Surface rust around the fastener indicates that a fastener or component is loose.)
- ◆ Inspect the I-Beam with particular attention to the inner pivot bolts and bushings.
- ◆ Check the sway bar mounting brackets and bushings for tightness and general condition.
- ◆ Inspect all shock absorber mounting bolts and nuts.
- ◆ Check air bags, levelers and all associated hardware and lines.
- ◆ Inspect all bumper mounting-bolts and adjust if necessary.
- ◆ Inspect rear differential fluid level. Also, check for leaks or other obvious problems. Ensure cover is solid and free of penetrating rust
- ◆ Check transmission for leaks, dents in pan or other problems.
- ◆ Check engine mounts for general condition.
- ◆ Look closely for engine oil or coolant leaks.
- ◆ Check all underbody hoses for secure mounting, sharp edges, condition, etc.

- ◆ Check running boards, body, accessories, for proper and secure mountings.
- ◆ Check all ground cables for condition and connection, replace any corroded wire terminals or connections.
- ◆ Check exhaust-system for leaks, cracks, condition, proper mounting, etc.
- ◆ Check fuel and brake lines for proper mounting, corrosion and condition of flexible lines.
- ◆ Check the lift pump for leaks and hose condition.
- ◆ Check the transmission cooler lines for secure mounting and general condition. Replace the flexible lines if at all stiff.
- ◆ Check the power steering components for routing, leaks and general condition. Pay close attention to the upper seal on the gearbox.

LUBRICATION:

- ◆ Change engine oil and filter.
- ◆ Remember to fill the filter with new oil before installing on the engine.
- ◆ Clean and lubricate all zerk fittings, hood and door hinges and latches.
- ◆ Check all door hold open devices.
- ◆ Check parking brake cables.
- ◆ Transmission shift linkage.

ENGINE: Remove engine cover for access.

- ◆ Check all glow plugs. (If applicable)
- ◆ Inspect all fuel lines and connections.
- ◆ Inspect all heater and radiator hoses for nicks, abrasions, soft spots (oily spots must be replaced). Make certain clamp connections are tight and then pressure test cooling system and cap.
- ◆ Check coolant for condition, freezing protection to -34° F. PH should be adjusted to 9.5 - 10.0. Add Motorcraft FW – 15 or equivalent as needed to the cooling system to prevent cavitation problems. On later model vehicles, check to see if the coolant that is being used is considered a “permanent” type. It is important to remember these coolants will lose their protection quality if mixed with other glycol-based products.
- ◆ Inspect all wiring connections and terminals.
- ◆ Inspect air duct and air filter. Replace filter as needed. Standard replacement cycle is every B PMI – 15,000 miles or as condition warrants.
- ◆ Replace fuel filter every B Service (15,000 miles) or sooner if fuel conditions warrant.
- ◆ Check crank case dipstick for smooth operation.

- ◆ Check fuel injectors for leaks, brittle connecting hose, etc. Replace return-hoses and injector seals as necessary.

BELTS:

- ◆ Remove serpentine belts, tensioners, and idlers. Check for slack, noise, and wear. Inspect water pump at this time also.
- ◆ Inspect serpentine belt during each PMI (every 5,000 miles). Belts on 2003 and earlier model years are replaced as needed and are not to exceed 30,000 miles. Belts on 2004 and newer models are replaced as needed and are not to exceed 90,000 miles.
- ◆ Inspect tensioners and idlers during each PMI (every 5,000 miles). 2003 and earlier model years will be replaced as needed. High salt and sand areas warrant replacement every 30,000 miles. 2004 and newer model years are replaced as needed and will not exceed 90,000 miles.
- ◆ Replace V-belts in accordance with OEM manufactures specifications.
- ◆ Inspect all pulleys and accessory mounting brackets very carefully. Remember, rust may indicate a problem.
- ◆ Inspect all mounting fasteners carefully and replace any questionable fastener.
- ◆ Check that all harnesses, hoses, connectors, etc. are securely mounted to prevent contact with any moving belt or pulley.

ELECTRICAL SYSTEM:

- ◆ Dead batteries should be charged at no more than 30-amps for a period of 2-4 hours, if this is not practical, the batteries should be replaced. Failure to follow this recommendation could result in a premature alternator and/or battery failure.
- ◆ Charging rate should be 13.5 to 14.5 DC volts without any electrical load.
- ◆ Test charging system to ensure it sustains 12.5 volts under total connected load conditions with fast idle on (adjust as necessary).
- ◆ Check and record alternator output and voltage regulator setting (if applicable) on the Vehicle PMI inspection service form CO-0021F-00. Test alternator amp output. If the amp output is less than 75% of the alternator manufacturer's maximum rate, replace it.
- ◆ Check and clean battery terminal connections. If corrosion appears to be "wicking" up cable, replace the terminal and affected cable.
- ◆ Perform a battery load test per the battery manufacturer recommendations.
- ◆ Ensure batteries clamping brackets are tight and batteries are secure. If a primary battery is found to be faulty, the Emergency Start Batteries should be rotated to normal service mode and new batteries should be installed in the emergency start mode

- ◆ Inspect ALL battery cables, terminals, associated wiring for proper routing, secure mounting, insulation protection, corrosion, dark discoloration, which may indicate an overheated terminal.
- ◆ Inspect all wiring in ambulance electrical panel for similar condition as mentioned above. Replace any overheated terminal immediately. Use a top quality terminal crimper to ensure a proper connection.
- ◆ Carefully check breakers for problems such as excessive temperature, discoloration, burns, cracking, or loose fit. Replace any breaker that is questionable after determining the source of cause.

LIGHTING: Engine should be running when checking electrical accessories to reduce strain on the batteries.

- ◆ Check all lights for proper function. When activating electrical accessories, always turn them on one at a time and turn them off the same way.
- ◆ Replace any defective bulb.
- ◆ Use dielectric silicone on the base and contacts of automotive type bulbs as this may help eliminate socket/bulb corrosion and vibration problems.
- ◆ When replacing halogen bulbs, wipe the glass clean with an alcohol-prep after installation to remove skin oil, which may cause premature failure.
- ◆ Check headlights and fog lamps for proper aiming pattern.

HORN/SIREN: Wear proper hearing protection during ALL siren tests.

- ◆ Check O.E. horn for proper operation.
- ◆ Check all siren functions.
- ◆ Check operation of both speakers.
- ◆ Check operation and sound of air horns, if equipped.

MODULE/PATIENT COMPARTMENT:

- ◆ Check operation of all doors, inside and outside.
- ◆ Check for smooth and even release of doors that use multiple latches.
- ◆ Clean and lubricate all paddle latches and rotary latches.
- ◆ Clean and lubricate all door slides.
- ◆ Tighten all door panel-retaining screws. Use of thread locker is recommended.
- ◆ Tighten interior panel screws.
- ◆ Check Plexiglas doors for proper operation.
- ◆ Check all tambour doors for smooth operation, replace if slats are coming loose.

- ◆ Check mounting screws of accessories such as fire extinguishers, IV hooks, mounted suction, sharps containers, interior compartment doors, CPR seat, squad bench latch and lid, etc.
- ◆ Check inverter operation and continuity of shoreline circuit.
- ◆ Check patient compartment overhead lights both low and high beam. Replace any discolored lenses

TIRES

- ◆ Ensure rims are equipped with steel / rubber grommet valve stems. It is acceptable to use rubber stems with steel inserts on original/factory delivered rims. However, these must be replaced with full steel stems at the first tire change.
- ◆ Inspect tires for cracks in the sidewall, bead area, and shoulder. Replace any tire with splits or cracks that penetrate to the cords, bead area, or belt package. Ensure tires do not have any rawhide, spot, or section repairs.
- ◆ Inspect and test pressure in spare tire.
- ◆ Ensure vehicle is equipped with jack, handle, and lug wrench.

MISCELLANEOUS:

- ◆ Check biohazard doors for condition, hinge, safety, etc.
- ◆ Perform preventive maintenance on the ambulance stretcher.
 - Check and adjust gurney lock bar as needed. Lubricate if necessary.
 - Remove and clean threads on the stretcher hold down hardware.
 - Lubricate threads with “never seize” or equivalent.

These recommended maintenance procedures are detailed in a specific check-sheet formatted document to standardize the process and serves as documentation when performing preventive maintenance on an emergency vehicle.

SECTION 4.0 - VEHICLE REPLACEMENT

POLICY: Standard Replacement Policy

Currently, AMR may choose to replace vehicles that have accumulated three hundred thousand (300,000) miles, ten years of service, or in accordance with state, local, or contractual requirements. Vehicles exceeding the mileage and/or age considerations may remain in service if there is no compromise to safety, patient care, roadworthiness, or the ongoing maintenance of the vehicle.

AMR Operations are expected to work with the National Fleet Director to determine when a vehicle should be removed from service. Criteria for vehicle replacement differs with each operation, as such, outgoing vehicles will be evaluated on a case-by-case basis for re-deployment or disposal. All vehicles are evaluated annually during the capital budget process and replacement opportunities are identified.

All new and used vehicle requests must be channeled through the National Fleet Director who will either find a suitable replacement or process a capital request for a new vehicle.

SECTION 5.0 - VEHICLE DELIVERY NOTIFICATION

POLICY: Procedure for receiving a new or used vehicle

REFERENCE: **Vehicle Delivery Notification Form - CO 0026F-00**

Fleet shop personnel are responsible for inspecting and accounting for all vehicles delivered to their operation. Each shop will conduct a PMI A inspection before placing a vehicle into service.

New and used vehicle deliveries:

- Each time a new or used vehicle is delivered, a Vehicle Delivery Notification Form (CO 0026F-00) must be completed. The original copy of this form is to be placed in the vehicle file folder and remain there for the life of the vehicle. A copy is to be forwarded to the National Fleet Director.
- The National Fleet Director will enter the vehicle into the RTA National Fleet Database and prepare the vehicle service schedule in RTA based on the information provided on this form.
- All original vehicle titles must be forwarded to the National Fleet Director. The National Fleet Director will document and forward the titles to the EMSC Fixed Asset Department.

SECTION 6.0 - REPORTING VEHICLE PROBLEMS

POLICY: Reporting Vehicle Problems and Documenting Critical Vehicle Failures

REFERENCE: Vehicle Failure Report Form CO 0025F-00

Any employee who operates an AMR vehicle is required to document and report any vehicle performance, safety, or aesthetic problems to fleet services personnel.

Standard Repair Requests - Each AMR operation is to establish a reporting mechanism that meets local, DMV, or State Agency requirements.

All reports noting vehicle deficiencies are to be submitted to fleet shop personnel who will review them each business day, prioritize, and take timely corrective action.

Fleet personnel are expected to:

- Document all repairs made to a vehicle on a shop work order
- Provide a copy of the documented corrective actions to the affected operation's management.
- Enter the respective repairs into RTA National Fleet Database
- Place a copy of the shop work order in the vehicle history file.

Vehicles deemed unsafe to operate will be tagged and placed out of service. Under no circumstance will a vehicle be placed into service with an unsafe condition.

Critical Failures - Use Vehicle Failure Report Form CO 0025F-00 or Electronic Flash Reports provided by dispatch.

A Critical Failure is defined as anytime a vehicle has been committed to a call and cannot complete its mission due to vehicle failure or malfunction. This includes assignment to a call, responding to a call, on scene of a call, or transporting a patient.

The entire top section of the AMR Vehicle Failure Form CO 0025F-00 must be completed and forward to the appropriate supervisor. Once the repairs are finished, the mechanic who performed the repairs must complete and sign the lower section of the Vehicle Failure Report Form CO 0025F-00 and place a copy in the vehicle history file. This work is also to be entered into RTA

When fleet services receives a notification of a critical failure with an electronic flash report, repairs will be documented on a shop work order. All corrective action taken to repair the vehicle is to be recorded on the shop work order, entered into RTA, and a copy placed in the vehicle history file.

SECTION 7.0 - VEHICLE TRANSFERS

POLICY: Procedure for transferring vehicles among operations

REFERENCE: **Asset Disposal/Transfer Form CO 0022F-00**

To maximize the useful life of vehicles, AMR's National Fleet Director will analyze and adjust the fleet. Part of this process is transferring vehicles among operations.

1. The Operation/Region receiving a transferred vehicle is responsible for paying the transportation expenses.
2. The Operation sending the vehicle is responsible for completing the next scheduled PMI prior to transfer whether it is currently due or not. All mechanical issues and problems shall be corrected prior to transfer unless an agreement is reached between the shipping and receiving Operations prior to transfer.
3. All body damage and rust repairs must be corrected before the vehicle is transferred, unless agreement is reached between shipping and receiving Operations prior to transfer.
4. Vehicles must be thoroughly cleaned inside and out.
5. When a vehicle is being driven to the transfer destination, the operation shipping the vehicle is responsible for correcting any mechanical failures that occur in route.
6. If a disagreement develops between shipping and receiving facility, the National Fleet Director will mediate with GMs and / or Region CEOs if necessary, to resolve disagreement.
7. The shipping location must complete the Asset Disposal/Transfer form CO 0022F-00 and forward it to the National Fleet Director. The National Fleet Director will notify the fixed asset department of the asset transfer.
8. The vehicle history file, all vehicle maintenance records, registration, title must accompany vehicle to destination and become permanent records at the receiving Operation.
- 9.

SECTION 8.0 - EXCESS FLEET

POLICY: Excess Fleet

REFERENCE: **Asset Disposal/Transfer Form CO 0022F-00**

To ensure AMR assets are accounted for and utilized to maximum potential, vehicles no longer in-service or underutilized are to be considered excess fleet.

- Vehicles classified as excess fleet must be reported to the National Fleet Director using Asset Disposal / Transfer Form CO-0022F-00. The National Fleet Director will verify asset information and report vehicle status to the NRC fixed asset department.
- Any operation determining a vehicle to be excess fleet due to accident damage must forward damage estimates, photos, and claim number to the National Fleet Director.
- The National Fleet Director will consult and coordinate with operations accordingly to determine future disposition of all excess fleet vehicles.
- All vehicle disposals, sales, donations, or otherwise, must be directed and coordinated by the National Fleet Director. The National Fleet Director will request and acquire the vehicle title from the fixed asset department prior to vehicle disposal.
- To dispose properly of a vehicle by sale, the check, copy of the title, bill of sale must accompany the Asset Disposal/Transfer Form CO 0022F-00. All payments for disposals are expected to be in check form, accepting cash is strongly discouraged.
- All vehicle donations must be reviewed and approved by the EMSC Compliance Department and NRC executive team. All donation requests should be submitted to the National Fleet Director using form 30800 V2 (Policy 30800). Once approved, the National Fleet Director will notify the requesting operation.
- The fleet shop or Operation disposing of a vehicle is expected to keep all original repair and history records for a minimum of 3 years from the date of disposal.

SECTION 9.0 - WARRANTY

POLICY: Processing Warranties

It is the expectation of AMR to pursue warranty claims to the fullest parameters outlined by the manufacturer. AMR is authorized to perform Ford warranty repairs in-house whenever possible. This not only includes repairs under the basic Ford warranty program, but also repairs and components that have not achieved a "reasonable service life," transmission or fuel pump failure under 100,000 miles for example.

Using the warranty recovery program will enable AMR, in most cases, to receive reimbursement for parts and labor directly from Ford. Please note that this arrangement is directly with Ford and your local Ford dealer will most likely have no knowledge of this program.

To apply for warranty reimbursement, the following information must be submitted to the National Fleet Director. Using Repair Order Form CO 0028F-00, RTA Work Order or Vendor Invoice.

- ◆ Condition and description of failure
- ◆ Cause and contributing factors, if any
- ◆ Correction including narrative describing repairs
- ◆ Necessary parts, including part numbers
- ◆ Actual labor time
- ◆ Copies of sublet repair invoices
- ◆ Region number (numbers have been assigned, please refer to attached listing)

All warranty claims must be submitted to AMR claims vendor for processing. All claims will be logged and when the warranty payment is received, involved business unit will receive the full credit. The warranty payment will be sent directly to NRC Finance, but the involved operation will be notified of credit amount.

SECTION 10.0 - FLEET PURCHASES and PARTS

POLICY: Process for fleet related purchase and use of national vendors

American Medical Response is committed to using high quality replacement parts that meet or exceed Original Equipment Manufacturers (OEM) specifications.

Procedure

1. AMR fleet shops and operations are expected to use National Fleet Programs to purchase all AMR vehicle replacement parts.
2. Original Equipment Manufacturers (OEM) replacement parts must be used to repair AMR Ambulances. High performance replacement parts may be used in lieu of OEM parts after receiving written approval from the National Fleet Director and / or Vice President of Purchasing. The requesting operation must provide in writing the parts they wish to use with justification that substantiates use of the item.
3. All inventoried parts are to be listed in RTA National Fleet Database and kept current with accurate quantities and pricing. Parts removed from inventory are to be allocated to a specific vehicle(s) and documented in RTA. As parts are replenished, received quantities are to be entered into RTA.
4. A physical inventory count will be conducted at least once annually or as requested by Finance.
5. To ensure part inventories are adequate and financially responsible, inventory values should not exceed 90 days of allocated vehicle part expense and it is recommended that shops do not exceed 60 days of allocated expenses. Parts allocation will be monitored using RTA.

SECTION 11.0 - REPAIR ORDERS

POLICY: Complete Repair Form and entry into RTA

REFERENCE: Repair Order Form CO 0028F-00 or RTA Shop WO

It is expected that any time a technician evaluates or repairs a vehicle, a Repair Order Form (RO) or RTA Shop Work Order (WO) is completed. Repair orders or RTA Shop WO with technician hand written notes must be retained in the vehicle history file for the entire life of the vehicle.

ROs and WOs are considered legal documents containing hand written notes from the technicians, which will be completed truthfully and accurately. The technicians conducting inspections, repairs, and maintenance are to initial shop ROs and WOs. The shop foreman, fleet supervisor, or lead mechanic will review each RO or WO to check for completeness and accuracy and sign each one.

All vehicle repair information must be entered into RTA.

Each RTA Shop Work Order or AMR Repair Order Form must contain the following information.

- ◆ Vehicle Number
- ◆ Year
- ◆ Make
- ◆ VIN
- ◆ Current Odometer
- ◆ Date

The Conditions, Cause, and Correction sections must be complete with all necessary information and details. All conditions, complaints and deficiencies will be documented on RO's or WO's. All actions taken to correct the deficiency will be recorded. Technician labor times will also be recorded.

Parts Section

All parts used in the repair must be recorded in the Parts Section and include a description of a part and price paid. An exception is made for miscellaneous small parts such as bolts, fuses, etc.

Sublet Repairs Section

All sublet repairs are to be entered into RTA and a copy of the invoice attached to a AMR repair order form or shop work order and filed in the vehicle history file for that vehicle.

SECTION 12.0 - PREVENTITIVE MAINTENANCE

POLICY: Conducting certified PMIs

REFERENCE: **PM Inspection Form CO 0021F-00**

AMR Certified "PMI" Inspections must be completed at intervals that will monitor wear conditions to ensure repair prior to becoming a mechanical failure and to proactively change fluids to prolong the vehicle life.

PMI Inspections are classified as "A" or "B" or "C". Inspections are performed every 4,000 mi. (min) to 5,000 mi. (max) or every 250 hours, whichever occurs first.

- A - PMI is conducted every 5,000 miles.
- B - PMI is conducted every 15,000 miles and includes an A PMI.
- C - PMI is conducted every 30,000 miles and includes B and A PMI

A PMI cycle is a set of six inspections. PMI's run in a cycle of "A, A, B, A, A, C"

Note: Certain models or model year vehicles may require a PMI at an earlier mileage or hour interval. A PMI interval should not, under any circumstance, exceed 5,000 miles or 250 operating hours.

Each Fleet Foremen or Fleet Supervisor will consult with the National Fleet Director to formulate inspection intervals for specialty or contract specific vehicles.

All work involved with PMIs must be recorded in the National RTA Database. Shops will use PMI schedules produced from RTA.

The standard checklist for PMI Inspections is the PM Inspection Form CO 0021F-00. It is a minimal requirement checklist and must be completed with each PMI inspection.

Oil changes and lubrication intervals will be established to meet manufacture's recommendations and will be conducted during scheduled PMI's. Oil and petroleum products must be purchased through established National Account programs.

SECTION 13.0 - TIRES

POLICY: Tire Replacement and Maintenance

To ensure all tires on American Response Vehicles are of the highest quality, properly inflated, and maintained.

All new tire purchases must be made through AMR's National Account agreements.

Procedures

1. Rotate tires during each PMI or every 5,000 miles.
2. Replace front and rear tires when they measure 4/32 or less at the thinnest point of their tread depth.
3. Tires across an axle, under normal operating conditions, must be of the same model and tread design.
4. Tire tread depth across an axle will not measure or vary greater than 4/32 of tread height.
5. All tires/rims will have full steel valve stems. When original tires require replacement, valve stems will be converted as needed to 100% full steel valve stems.
6. Steel valve caps with rubber gaskets are required on all AMR vehicles.
7. Inflate tires to vehicle manufacturer or upfitter's recommendations.
8. Tire repair will be limited to nail-hole repairs in the tread area of the tire.
 - a. Under no circumstance will any tire repairs be performed if the puncture is within 1" of the 1st rib of the tire sidewall / shoulder
 - b. Nail hole repair will be made using the plug and patch method.
9. American Medical Response will not:
 - a. Use Recap Tires.
 - b. Use tires that have or require section repairs or spot repairs.
 - c. Utilize "rope or wick" plugs for permanent nail-hole repair

NO deviation of the above specifications is permitted.

All tire repairs, replacements, etc. must be entered into RTA.

SECTION 14.0 – BRAKES

POLICY: Braking System Integrity

AMR fleet shops will perform a complete Brake Inspection on all wheel positions during ALL PM intervals. This will ensure brake hardware, hoses, hydraulic components, pads, linings and rotors are functioning as designed and are not damaged or worn beyond specifications outlined on PMI inspection Form CO-0021F-00. All inspections and repairs will be conducted and documented by trained technicians.

Under no circumstance should fleet personnel release a vehicle to operational service if the braking system is questionable, damaged, or worn beyond the manufacturers recommended tolerances.

Procedure

To conduct a proper brake inspection, all wheels must be removed during the PMI inspection. All brake components, hoses, lines, pads, rotors, fluids, must be inspected during a PMI interval

To ensure brake wear is documented properly, all measurements will be recorded on PMI Inspection Form CO-0021F-00. Brake pads will be pulled and replaced when they measure 5/32 or less.

To ensure brake inspection and repair are properly documented, all deficiencies and corrective measures will be recorded on AMR Repair Order CO-0028F-00

Original equipment manufacturer brake components must be used when replacing brake components.

Due to extreme conditions in some operations, high performance brake components may be needed to extend brake life or enhance brake performance. High performance components may be used as a substitute for OEM as long as the manufacturer of these components provides test data /documentation proving their products meet or exceed original manufacturer specifications. Use of these non-OEM products must be approved in writing by the National Fleet Director.

All brake inspections and repairs must be entered into RTA.

SECTION 15.0 – STRETCHERS

POLICY: Conducting certified PMIs

REFERENCE: **Gurney Inspection Guide CO 0029F 00**

The company expects routine inspection and maintenance be performed on all collapsible stretchers as per this policy.

1. All mechanical patient moving devices such as stretchers and stair chairs will be inspected and serviced during each PMI or every 90 days using Gurney Inspection Guide - CO 0029F 00. When a stretcher inspection is complete, it will be marked with the completion date.
2. Each stretcher is to have a maintenance history file. All Gurney Inspection Guides and copies of all vendor repairs will be retained within the stretcher history file. Each stretcher maintenance history-file will be numbered with the corresponding manufacturer serial number.
3. Each stretcher will be affixed with the vehicle number to which it is assigned.
4. Any stretcher determined to be unsafe or requiring repair will be removed from service until the deficiency is properly corrected. Any stretcher requiring vendor repair will be removed from service and tagged as such.

Note: Only manufacturer recommended lubricants are to be used on stretchers.

SECTION 16.0 – TOOLS

POLICY: Tool Inventory and Tool Replacement

REFERENCE: Tool Policy Certification Form CO 0024F-00
Mechanics Tool Inventory Form CO 0019F-00

The purpose of this policy is to document and inventory the tools owned by each mechanic employed by AMR should a covered event involve replacement of said tools. This tool policy applies to all Regions of AMR. A current copy of each mechanic's tool inventory must be on file in the respective fleet shop(s) with a copy also retained by HR in the employees' personnel file.

1. Each mechanic is responsible for completing the Mechanics Tool Inventory Form CO 0091F-00 and keeping it current with new or replacement tools and their respective price.
2. Company will insure tools to a maximum of total loss.
3. Only tools stolen or damaged as the result of an evident break-in, accident, or disaster will be covered.
4. Only tools kept in a locked toolbox when not in use will be covered.
5. When a secure storage area is provided for mechanics' toolboxes, they must be in that area when not in use.
6. Only tools listed by the mechanic on the tool inventory form, signed by the Shop Supervisor and General Manager, will be considered for reimbursement.
7. All reimbursements will be based entirely on the Manager's current copy of the mechanics tool inventory list and the values stated therein.
8. AMR retains the right to replace tools with comparable quality tools or to pay the claim at the company's price, in cash.

SECTION 16.1 – TOOL INVENTORY

Mechanics Responsibility to Assure Coverage

1. Provide the shop Supervisor and General Manager with an accurate and current list of all tools in his possessions and kept in the shop. The list must include: description of the tools, manufacturer of each tool, tool number (if known), and proof of tools added to the original inventory and their value, if purchased new. (mechanics should provide copies of all new purchases)
2. Supply a toolbox, secured by a functional lock, which is large enough to accommodate all his / her tools. The mechanic is responsible to secure his / her tools before leaving the shop. The mechanic is not required to loan personnel tools to any other AMR employee.
3. All tools that are to be covered under the AMR Insurance Program must be entered in the Mechanics Tool Inventory Form CO 0019F-00 with proper approval. The completed form will be retained in the mechanics personnel file.

Shop Supervisors Responsibility to Ensure Policy Adherence

1. Develop an agreed value for each tool and enter that value on the inventory form.
2. Identify shortages on the inventory sheet that require correcting and establish a time frame for compliance.
3. Sign and date the original Mechanics Tool Inventory Form CO 0019F-00 and place it in the mechanic's personnel file with a copy to the mechanic.
4. Update the inventory list as required when the mechanic adds or replaces essential tools to his inventory. (Remember to file updated copy in mechanic's personnel file.)
5. Submit the attached certificate to the General Manager within 30 days of the receipt of this tool policy. Thereafter, submit this certification during an employee's annual performance review. New hires must receive this policy at orientation.
6. All mechanics must have an approved set of tools. The Shop Supervisor will provide approval.

SECTION 17.0 – ENVIRONMENTAL

POLICY: Conducting Fleet Shop Environmental Audits

REFERENCE: **Environmental Audit Form CO 0027F-00**

Environmental Audits are to be performed every two years on each maintenance facility that AMR operates. The GM is responsible for ensuring that an audit is completed every two years using inspection form CO 0027-00. The GM must review and acknowledge completion of the audit by signing the signature page.

1. Environmental Audit Form CO 0027F-00 is to be used. Copies of completed / signed audits are to be sent to the National Fleet Director within 30 days of completion. It must include the completed corrective action plan and estimated costs.
2. Regional CEO written approval is required PRIOR to a fleet maintenance occupying ANY new site or facility.
3. A licensed environmental firm will complete a “Phase-1 Environmental Assessment” prior to occupying any new property or facility. Note – additional phase assessments may be required based on results of the Phase-1 Assessment.
4. A licensed environmental firm will complete a “Phase-1 Environmental Assessment” prior to vacating any property or facility. Note – additional phase assessments may be required based on results of the Phase-1 Assessment.

SECTION 18.0 – SHOP REVIEWS

POLICY: Conducting Fleet Shop Reviews

REFERENCE: **Shop Review Form CO 0020F-00**

To ensure compliance to Fleet Policy and Procedures, the National Fleet Director or a Fleet Strike Team will conduct shop audits periodically. A strike team would consist of two or more senior AMR fleet personnel.

- The National Fleet Director will coordinate and schedule shop audit reviews.
- The audit team will rate shop compliance to written policy and procedures, general condition of the fleet, shop cleanliness, PMI timeliness and other maintenance practices, and RTA input for example.
- The inspection team will provide a standard report to the Shop Supervisor and General Manager and Region CEO when requested.

ADDENDUMS

- 1. AMR Injury and Illness Prevention Policy**
- 2. Vehicle Delivery Notification Form - CO 0026F-00**
- 3. Vehicle Failure Report Form CO 0025F-00**
- 4. Asset Disposal/Transfer Form CO 0022F-00**
- 5. Repair Order Form CO 0028F-00**
- 6. PM Inspection Form CO 0021F-00**
- 7. Gurney Inspection Guide CO 0029F 00**
- 8. Tool Policy Certification Form CO 0024F-00**
- 9. Mechanics Tool Inventory Form CO 0019F-00**
- 10. Environmental Audit Form CO 0027F-00**
- 11. Shop Review Form CO 0020F-00**



AMR INJURY AND ILLNESS PREVENTION POLICY

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BACKGROUND:

American Medical Response (AMR) recognizes that physical injury and illness is an occupational health hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

PURPOSE:

The purpose / intent of the *Injury and Illness Prevention Policy* is to: (1) provide a structured approach to the organization's desire to effectively identify, evaluate, and control occupational safety and health hazards, (2) summarize AMR's approach to basic safety and health management issues, and (3) to comply with applicable regulations.

APPLIES TO:

This policy applies to all AMR employees.

ENFORCEABILITY:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of occupational injury or illness, please contact your supervisor.



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1.0 It is the policy of AMR to:

- 1.1 Achieve and sustain full compliance with federal and state safety regulations that govern development and implementation of an effective Injury and Illness Prevention Policy or equivalent.
- 1.2 Provide each employee a safe environment in which to work.
- 1.3 Ensure that this written Policy is readily available to employees for reference.
- 1.4 Seek out and implement feasible engineering and administrative controls such that complete reliance on work practice and personal protective equipment (PPE) controls is minimized.
- 1.5 Establish a system of accountability within the organization such that ownership of critical responsibilities is understood and injury and illness prevention tasks are managed along with other operational or departmental concerns.
- 1.6 Investigate and document the circumstances of each reported unsafe condition, employee injury, illness, unsafe act, or system failure to determine and implement corrective actions that will reduce the risk of similar events in the future.
- 1.7 Enforce and reinforce the provisions of this entire written Policy such that employee risk of occupational injury and illness is reduced.

PROCEDURES

2.0 Roles and Responsibilities

2.1 This section provides a summary of the basic roles and responsibilities that are crucial in the injury and illness prevention process. The responsibilities which follow are complimentary to those detailed in the Company's other written health and safety policies, procedures, job descriptions, action plans, and other tools used to convey expectations throughout the organization.

2.2 Chief Executive Officer

- (a) The Chief Executive Officer, CEO, works with the organization's leadership team to establish, promote, and sustain a safe and healthful work environment. He/she participates in the organization's safety improvement process by:
- (1) Championing safety and health as a key organizational value and setting expectations accordingly with leadership staff
 - (2) Assuring a management culture is established that supports full compliance with safety related policies and procedures
 - (3) Providing leadership among internal staff and union officials to improve employee health, safety, and compliance with applicable regulations
 - (4) Identifying and addressing significant organizational barriers to safety improvement

2.3 Operation & Department Vice Presidents

- (a) Each Operation or Department Vice President provides safety and health leadership and problem solving skills within their area of concern. Vice Presidents participate in the safety improvement process by:
- (1) Leading and supporting the development of a safety-oriented culture among all employees



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- (2) Setting clear expectations related to full and consistent implementation of safety policies and procedures and the need to make timely corrections when deficiencies are identified
- (3) Taking steps to periodically evaluate the quality and consistency of safety and health policy implementation in each business unit and holding management staff accountable for both safety-related successes and shortcomings.
- (4) Requiring development and execution of specific action plans to address significant safety and health issues or loss trends within an operation(s) or department(s)
- (5) Seeking opportunities to visibly lead and support safety improvement initiatives

2.4 Local Operations Director or Department Director/Manager

- (a) The local Operations Director or Department Director/Manager has the responsibility to ensure full and consistent implementation of AMR's health and safety policies within his/her area of concern. He/she participates in the safety improvement process by:
 - (1) Taking steps to assure supervisory staff understand the contents and application of all safety and health policies and procedures
 - (2) Developing local safety policies or procedures to address unique safety and health issues which are not addressed by AMR's national SRM policies
 - (3) Assigning key safety responsibilities and tasks to staff within the operation or department and following-up to ensure completion
 - (4) Reviewing safety related activities and results metrics as a basis for planning and implementing local improvements or to recognize measured improvements.
 - (5) Ensuring positive feedback and recognition is received among local staff and employees for their safety performance and fulfillment of safety related responsibilities
 - (6) Enforcing and reinforcing the company's safety and health policies through consistent issuance of corrective actions [including discipline, remedial training, coaching, etc.] as appropriate

2.5 Field or Department Supervisors

- (a) To support AMR's safety and health process, Field or Department Supervisors are primarily responsible for directly interacting with their employees on matters related to safety and health and for determining, through investigation, the need for post-incident corrective actions. Each supervisor participates in the safety improvement process by:
 - (1) Keeping abreast of company safety policies
 - (2) Ensuring employees understand and are able to meet company safety expectations
 - (3) Monitoring employee safety performance in the field or within their department and providing on-the-job safety training or coaching when needed
 - (4) Recognizing employees who work safely while also enforcing company policies fairly and uniformly whenever indicated
 - (5) Performing incident investigations to discover causal factors, and then seeing that corrective actions are carried out to reduce the likelihood of recurrence
 - (6) Identifying and correcting unsafe conditions or work practices in a timely fashion.



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2.6 Local Safety Coordinator

- (a) The Local Safety Coordinator, if so designated, is responsible to monitor and guide the day-to-day implementation efforts of AMR's health and safety policies at the local level. In addition to serving as a local safety and health resource to his/her peer supervisors and employees, he/she participates in the safety improvement process by:
- (1) Verifying safety, health and regulatory compliance through documented site visits, inspections, field observations, and policy implementation audits
 - (2) Actively supporting and locally championing the implementation of new / revised safety policies or procedures
 - (3) Attending and participating in periodic Safety Coordinator meetings, which are hosted by AMR's dedicated Safety and Risk Management Department
 - (4) Assisting with local safety training for supervisory staff and employees
 - (5) Initiating and supporting a local safety committee or similar process
 - (6) Assisting the local director or manager to identify and prioritize safety related endeavors that should be undertaken based on both pre and post-loss information

2.7 All Employees

- (a) In addition to taking responsibility for their own safety and health, all employees are responsible for participating in the safety improvement process by:
- (1) Knowing and consistently following the provisions of AMR's safety policies and procedures.
 - (2) Requesting assistance if clarification on AMR's expectations is needed or if a constraint prevents compliance with those expectations.
 - (3) Reporting safety or risk-related incidents, including occupational injuries, illnesses, vehicle collisions, unsafe acts, unsafe conditions, or presence of unsafe equipment in the workplace immediately or as soon as possible thereafter.
 - (4) Using personal protective equipment (PPE) in accordance with AMR's standards
 - (5) Actively assisting co-workers to work safely whenever a possibility to do so arises

2.8 Safety and Risk Management Department Staff

- (a) Safety & Risk Management (SRM) staff provide overall leadership, development and support of AMR's safety and health program. Detailed SRM job descriptions are available upon request. In general, SRM staff members participate in the safety improvement process by:
- (1) Supporting and enabling all operations and departments to successfully carry out their safety-related roles and responsibilities
 - (2) Carrying out standardized or ad-hoc policy development and revision tasks
 - (3) Monitoring organizational compliance with applicable safety and health regulations
 - (4) Developing methods to measure safety activities and results
 - (5) Reporting safety or loss related issues and trends to appropriate levels of management for consideration and correction
 - (6) Supporting development and implementation of solutions to identified safety problems.



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3.0 Hazard Identification

- 3.1 AMR recognizes that hazard identification / analysis is a critical step in reducing employee risk of injury or illness in the workplace. The company's system for identifying and evaluating occupational safety and health hazards includes the following:
- (a) Reviewing applicable safety regulations which apply to the operation or department
 - (b) Reviewing both process and task-level steps which may involve personal risk
 - (c) Conducting formal job safety analyses and task analysis activities when necessary
 - (d) Reviewing industry safety and hazard information, best practices from other companies, and published safety and health hazard information such as MSDS', NIOSH studies, etc.
 - (e) Investigations of all safety related incidents to determine causal factors
 - (f) As detailed in the *AMR Safety Inspection Policy*, conducting periodic workplace, vehicle and equipment inspections to identify potential hazards
 - (g) Receiving input and opinions from line employees, management, Local Safety Committees and others regarding potential hazards in the work place based on their experience

4.0 Safety, Health or Risk Incident Investigations

- 4.1 AMR's procedures for investigating safety, health or risk-related incidents include:
- (a) Visiting the incident scene as soon as possible.
 - (b) Interviewing injured / exposed employees and witnesses.
 - (c) Examining the workplace for factors associated with the incident / exposure.
 - (d) Determining the causes(s) of the incident / exposure.
 - (e) Taking corrective action to prevent the incident / exposure from reoccurring.
 - (f) Documenting the findings and corrective actions taken.
 - (g) Submitting all appropriate documentation to SRM in a timely manner.
- 4.2 The AMR Safety and Risk Management Department publishes form tools, checklists and references to assist in the investigation, documentation and corrective action processes.
- 4.3 Data collected during incident investigations are entered and analyzed in a Risk Management Information System. On a periodic basis, trended hazard and loss data is circulated throughout the organization.

5.0 Hazard Correction

- 5.1 Unsafe or unhealthy work conditions, practices or procedures are corrected in a timely manner based on the severity of the hazard. Hazards are corrected according to the following timelines:
- (a) Whenever hazards are observed or discovered if possible.
 - (b) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, AMR should remove all employees from the area except those necessary to correct the existing condition. Employees assigned to correct the hazardous condition are provided with the necessary training, information and protection or else a subcontracted provider is called to correct the hazard on the Company's behalf.
 - (c) Correction of identified hazards should be documented to validate that abatement is complete, steps taken and the finalization date.



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6.0 Safety Communication Methods

- 6.1 AMR recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free and productive workplace. The following methods of communication are used at AMR:
- (a) New employee orientation training that includes a detailed presentation and discussion of AMR's safety and health policies and related expectations
 - (b) Publication and wide-spread availability of AMR's written safety policies and procedures
 - (c) Safety and health refresher training / retraining opportunities
 - (d) Ongoing safety awareness campaigns that encourage one-on-one dialog between a supervisor [or other local leader] and line employees
 - (e) Periodic all-employee forums, safety meetings, Local Safety Committee meetings, and Safety Coordinator meetings
 - (f) Impromptu dialogue between employees and supervisory staff on safety and health related information, concerns, or questions
 - (g) Posted or distributed safety or health information as required and as needed
 - (h) Periodic articles and stories about safety and health in AMR newsletters.
 - (i) A report form system employees can use to inform management about workplace hazards
 - (j) Periodic meetings between union officials and management, where applicable, that include an opportunity for union representatives to discuss safety and health concerns brought forward by line employees
- 6.2 Employees are responsible for reading and complying with safety related information, including policies, procedures, memoranda, protocols, etc., that are made available by the Company. Employees should seek clarification on any aspect of these materials they do not fully understand.
- 6.3 The Company is responsible for timely investigation and follow-up of safety related concerns brought to their attention by employees.
- 6.4 Employees are advised there will be no reprisals or other job discrimination for expressing any good-faith concern, comment, suggestion or complaint about a safety-related matter.

7.0 Employee Education and Training

- 7.1 All employees, including managers and supervisors, receive education and training on general and job-specific safety and health practices. Education and training are provided as follows:
- (a) At time of hire for all new employees.
 - (b) As defined by safety regulation or AMR's safety policies and procedures
 - (c) Whenever new substances, processes, procedures or equipment are introduced to the workplace which create a new hazard
 - (d) Whenever AMR is made aware of a previously unrecognized hazard that triggers the need for augmented education and training for affected employees
 - (e) For supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed
 - (f) To all employees with respect to hazards specific to each employee's job assignment.
 - (g) Whenever remedial safety education, training, or performance-based coaching is needed to correct a one or more employees' identified knowledge or skill deficiencies.



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- 7.2 The content and learning points of AMR's safety and health training is defined in AMR's safety and health policies or can be learned by reviewing the associated training program materials. In general, the following topics are covered [which may vary based on employee job classification or work assignments]:
- (a) Explanation of AMR's safety policies and procedures, with an opportunity to ask questions
 - (b) Information about chemical hazards to which employees could be exposed as well as other HAZCOM Policy information.
 - (c) Engineering, administrative and work practices that are utilized or expected by the Company
 - (d) Work practice controls employees are expected to follow while completing their job assignments
 - (e) Proper selection and use of appropriate safety equipment and PPE including gloves, eyewear, and other PPE as required by regulation or as needed.
 - (f) Specific information regarding workplace hazards that are unique to an employee's work assignments, to the extent that such information was not already provided.

8.0 IIPP Recordkeeping

- 8.1 AMR's IIPP recordkeeping consists of the following:
- (a) Records of scheduled and periodic inspections include the name of the person(s) conducting the inspection, the unsafe conditions or work practices identified, and action(s) taken to correct said unsafe conditions or practices.
 - (b) Documentation of safety and health training that includes, at minimum, the employee name, training date, type of training, and training provider(s). If required by regulation or AMR, training records will also include other information.
 - (c) Documentation related to enforcement and reinforcement of AMR safety policies and procedures.
 - (d) Records identified in Sections (a) through (c) above are to be maintained for at least three (3) years. Other safety related records shall be maintained for the duration specified by the Safety and Risk Management Department.
 - (e) OSHA Form 300 and related documentation is maintained electronically by the Safety and Risk Management Department.

9.0 IIPP Related Policies / Procedures

- 9.1 In addition to this policy, AMR maintains a number of other complimentary policies that meet or exceed existing safety and health regulations. Such policies are incorporated by reference into AMR's overall Injury and Illness Prevention Program.
- 9.2 AMR also maintains policies that cover infection control and exposure prevention.
- 9.3 Local AMR operations / departments may also maintain additional [non-conflicting] safety policies or procedures that compliment / augment AMR's national policies.

10.0 Exceptions

- 10.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

**American Medical Response
Vehicle Delivery Notification**

Operation Name _____ Oracle Number _____ Delivery Date _____

Chassis Model _____ Chassis VIN # _____

Vehicle Type (Circle One) Type I _____ Type II _____ Type III _____ Chair Van _____ Supervisor _____ Other _____
(Identify)

Body Manufacturer _____ Body Serial Number _____

System (Circle One) ALS _____ BLS _____ CCT _____ NEO Nite _____ First Response _____ Support _____ Other _____

New Vehicle Check Off

	Initial
Active in RTA	Yes _____
A PMI Service conducted / up to date	Yes _____
Road Safety Installed	Yes _____
Road Safety Serial Number	_____
Radios Installed	Yes _____
Decals Installed	Yes _____
AMR Unit Number	_____
Chassis Record Started	Yes _____
Gurney Tagged and Installed	Yes _____
Gurney Serial Number	_____
License and Registration	Yes _____
License Plate Number	_____
Spare Key	Yes _____
Fuel Card	Yes _____
State Inspection Sticker	Yes _____
No Smoking and Seat Belt Signs	Yes _____
O2 Bottles Installed	Yes _____
Fire Extinguishers Installed	Yes _____



FORWARD TO: *NRC FIXED ASSET DEPARTMENT*
 (Form due along with proper supporting documentation
 no later than 5 business days after asset status change.)

Asset Status Form

Preparer: _____ **Preparer's Signature:** _____ **Phone:** _____

Current Asset Status (contact NRC Fixed Asset Department if necessary):

Division: _____	Bus. Unit #: _____	Transaction Date: _____
Description of Asset: _____		
Location/Address of Asset: _____		
Oracle Asset No: _____		
VIN No. Or Serial No: _____		

Object Account:

<input type="checkbox"/> Land [2005]	<input type="checkbox"/> Building Improvements (owned buildings only) [2010]	<input type="checkbox"/> Leasehold Improvements [2020]	<input type="checkbox"/> Medical Vehicles [2030]	<input type="checkbox"/> Service Vehicles [2040]
<input type="checkbox"/> Medical Equipment [2050]	<input type="checkbox"/> Communication Equipment [2060]	<input type="checkbox"/> Fleet Equipment [2070]	<input type="checkbox"/> Office Equipment [2080]	<input type="checkbox"/> Computer Equipment [2090]

Proposed Transaction or Status Change:

<input type="checkbox"/> Simple Disposal – no cash proceeds received NRC Use Only: Cost: _____ A/D: _____ NBV: _____	<input type="checkbox"/> Disposal – Sale with Cash Proceeds (complete "Buyer Supplemental Information" below; must attach bill of sale, copy of vehicle title, copy of check) Cash Proceeds: \$ _____ Deposit Date: _____ Depository Acct: _____	<input type="checkbox"/> Disposal – Donated Asset (must attach letter from receiving organization) FMV: \$ _____	<input type="checkbox"/> Fixed Asset Adjustments (This includes: Cost, Accum, Depreciation Expense, Life Months, Depreciation Method or Other)
<input type="checkbox"/> Asset Transfer (explanation required) Transfer To: _____ Business Unit: _____	<input type="checkbox"/> Fixed Asset/Depreciation Journal Entry (explanation required; attach supporting documentation)	<input type="checkbox"/> Inactive Status – take asset out of service, no disposal (explanation required; depreciation expense suspended)	<input type="checkbox"/> Active Status - return Inactive Asset to Active Status (explanation required; depreciation expense will resume unless asset is fully depreciated)

Explanation:

Buyer Supplemental Information:

Name: _____	Address: _____
City/State/Zip Code _____	
Sales Tax Collected * _____	
*CA and MA ONLY - Sales tax must be collected on all assets sold (except vehicles)	

AMR CFO Approval:

Approved By: _____	Title: _____	Date: _____
--------------------	--------------	-------------

NRC Use Only:

Date Received: _____	all forms/copies attached? _____	Date Cash Proceeds Recorded: _____
Date Recorded in Oracle F/A: _____	Recorded By: _____	F/A Approval _____ Batch No. _____

PMI Guide Equipment

Operating Company _____

Date _____

Vehicle Number _____

(NA) Not Applicable (√) Item is Okay Status Codes
 (X) Repairs are Needed (O) Circle X When Repairs Completed

Wheel Chair Lift
 Check During PMI Inspections A, B, C

Status	Item	Comments
	Lift Model	
	Overall Condition. Abnormal Noises during operation	
	Lift Control Condition. Securely Mounted and cable tight	
	Lift control cable condition. Secured and not damaged	
	Electrical Wiring. No loose frayed or chaffing wires	
	Decals clearly visible and legible	
	Handrails secure and properly adjusted	
	Lift Mounting and Support points tight and secure	
	Platform Condition	
	Platform operates smooth without obstruction	
	Inner Roll stop operates smooth and lays flat on floor	
	Platform roll stop opens/closes properly at ground level	
	Hydraulic cylinders operate smooth and not leaking	
	Hydraulic Power unit full and no signs of leaks	
	Hydraulic hoses tight and no signs of leaks	
	All safety switches adjusted and operating properly	
	Patient safety restraint condition and operating properly	
	Wheelchair Tie down strap condition	
	Floor track and posts secured tight and condition	
	Seatbelt and shoulder restraint condition	
	Manual lift pump condition and bar present (If equipped)	

Emergency Generator
 Check During PMI A, B, C

Status	Item	Status	Item	Status	Item
	Check Oil Level		Change Oil and Filter (Syn. Annual)		Check Fan Belt
	Check Unit Operation		Check/ Change Air Filter		Check Intake Duct Work
	Check Wiring and Routing		Change Fuel Filter (During PMI C)		Check Starter Mounting and Operation
	Check Meters, Gauges, and Switches		Drain Water and Sediment from Fuel		Check Alternator Mounting and Operation
	Check Output Voltage		Inspect Motor Mounts		Inspect Generator Mounting Hardware
	Check Exhaust and Turbo Insulation				Check Engine Protection System
	Spark Plug Condition		Check Exhaust and Piping		Run Generator and Check Operation
	Spark Plug wire Condition		Check for Fuel Leaks		Check A.C. Voltage AB _____ AN _____
	Check Coolant Level		Check Batt Terminals & Connections		Check Frequency _____
	Test Antifreeze Protection		Clean and Protect Battery Terminals		Start and Stop Unit at Transfer Switch
	Inspect Radiator Hoses		Check Battery Voltage		General Inspection of Entire Unit
	Test Engine Block Heater				
	Inspect Instruments and Gauges		Check Selector Switch		Engine Hours _____
	Inspect Battery Charger		Start and Stop Unit From Switch		
	Check Exercisor Clock				

(Completed by Signature) _____

Gurney Inspection Guide

Operating Company _____

Date _____

Vehicle Number _____

Cot Serial _____

AMR # _____

Model _____

Status Codes

(NA) Not Applicable

(√) Item is Okay

(X) Repairs are Needed

(O) Circle X When Repairs are Completed

Conducted During

Type of PMI
(Circle One)

A
5K

B
15K

C
30K

Stretcher Inspection

Check During PMI Inspections A, B, C

Status	Item	Status	Item
	Cot unit numbers intact and legible		Height positioning latch functioning properly
	All fasteners secure (Locktite if needed)		Undercarriage folds properly (No binding)
	Welds intact, not cracked or broken		Cot secure in each height position
	No debris in wheels		Lock rack and spacers not worn or bent / Return Springs.
	All wheels secure, rolling, and swiveling properly		Side rails move and latch properly
	Wheel locks hold wheel securely when on		Side rails adjusted properly
	Wheel locks clear wheel when off		No rips or cracks in mattress cover
	Base tray secure and in good shape		Velcro in good shape under mattress
	Lubricate base tubes		Restraints present (3 lap belts 2 shoulder harness)
	No bent tubing or sheet metal		Restraints intact and working properly
	Cot lock bar post tight and secure on lower frame assy		All decals in place and in good shape
	Backrest operates properly / Hydraulic cylinder cond.		Paint condition
	Backrest adjusted properly		Clean cot (Remove dirt and grime)
	Breakaway head section operating properly		Cot mounts secure in vehicle (No front to back play)
	Break away lock and pivot bolt / pin condition		Winch pull points and harness (Bariatric Cot)
	Break away release bar condition (not bent)		Winch assembly, cable, and hook (Truck mounted)
	Safety catch bar operating properly (Springs back)		Inspect Power Cot for Hydro Leaks.
	Foot rest operating properly		
	IV pole secure and operates properly		
	O2 holder secure and straps in good condition		

Stair Chair Inspection

Check During PMI Inspections A, B, C

Status	Item	Status	Item
	All fasteners secure (Locktite if needed)		Stair-TREAD mechanism unfolds and locks properly
	All welds intact, not cracked or broken		Stair-TREAD belt rolls properly
	No bent tubing or sheet metal		Stair-TREAD belt inner cords not showing (Replace)
	No debris in wheels		Stair-TREAD performs as desired (Recondition)
	All wheels secure, rolling, and swiveling properly		No lubricants present on Stair-TREAD belts or tracks
	Wheel locks hold wheel securely when on		Upper release cable not worn or frayed (Replace)
	Wheel locks clears wheel when off		Optional accessories intact and operating properly
	Chair unfolds and locks properly		All decals in place and in good shape
	No rips or cracks in chair seat or back rest		Paint condition
	Restraints intact and working properly		Stair Chair securely mounted in unit
	Foot end carrying handles extend and lock properly		Chair Make _____
	Head end carrying handles fold and unfold properly		Chair Serial _____
	Upper control handle extends and locks in all positions		

(Notes)

(Inspection Completed By - Signature) _____

AMERICAN MEDICAL RESPONSE TOOL POLICY CERTIFICATION

Division Name: _____

Operating Company _____

This is to certify that _____

(Mechanics Name)

Has completed a tool inventory in compliance with American Medical Response Tool Policy Section 10.0

The total insured value of Mechanic's tools is: \$ _____

Attached, find copies of mechanics inventory. To the best of my knowledge this inventory is complete and accurate.

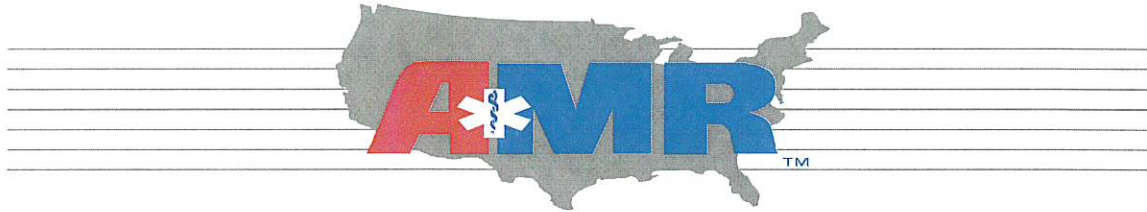
Shop Supervisor

Date

General Manager

Date

Distribution:
Operation File
Human Resources
Mechanic



AMERICAN MEDICAL RESPONSE

**MECHANIC'S
TOOL
INVENTORY**

Mechanics Name _____

Date of Inventory _____

Operating Company _____

Approved By _____
(General Manager)

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
1 / 4" DRIVE TOOLS				3/8" DRIVE TOOLS, Cont.			
3/16 Sgl Hex Sckt				1 Sckt, 6-12 Pt			
7/32 Sgl Hex Sckt				Tool Tray			
1/4 Sgl Hex Sckt				1/4 Deep Sckt, 6-12 Pt			
1/32 Sgl Hex Sckt				5/16 Deep Sckt, 6-12 Pt			
5/16 Sgl Hex Sckt				3/8 Deep Sckt, 6-12 Pt			
11/32 Sgl Hex Sckt				7/16 Deep Sckt, 6-12 Pt			
3/8 Sgl Hex Sckt				1/2 Deep Sckt, 6-12 Pt			
7/16 Sgl Hex Sckt				9/16 Deep Sckt, 6-12 Pt			
1/2 Sgl Hex Sckt				5/8 Deep Sckt, 6-12 Pt			
1/4 Universal Joint				11/16 Deep Sckt, 6-12 Pt			
Tool Tray				3/4 Deep Sckt, 6-12 Pt			
2" Extension				13/16 Deep Sckt, 6-12 Pt			
3" Extension				7/8 Deep Sckt, 6-12 Pt			
6" Extension				15/16 Deep Sckt, 6-12 Pt			
Ratchet				1 Deep Sckt, 6-12 Pt			
Nut Spinner				Tool Tray			
Flex Handle				3/8 U-Joint, 6-12 Pt			
3/16 Deep Hex Sckt				7/16 U-Joint, 6-12 Pt			
7/32 Deep Hex Sckt				1/2 U-Joint, 6-12 Pt			
1/4 Deep Hex Sckt				9/16 U-Joint, 6-12 Pt			
9/32 Deep Hex Sckt				5/8 U-Joint, 6-12 Pt			
5/16 Deep Hex Sckt				11/16 U-Joint, 6-12 Pt			
11/32 Deep Hex Sckt				3/8 Universal Joint			
3/8 Deep Hex Sckt				Tool Tray			
7/16 Deep Hex Sckt				Speed Handle			
1/2 Deep Hex Sckt				Nut Spinner			
Tool Tray				Ratchet			
3/16 Sgl Impact Sckt				1 1/2" Extension			
7/32 Sgl Impact Sckt				3" Extension			
1/4 Sgl Impact Sckt				4" Extension			
9/32 Sgl Impact Sckt				6" Extension			
5/16 Sgl Impact Sckt				8" Extension			
11/32 Sgl Impact Sckt				12" Extension			
3/8 Sgl Impact Sckt				Spark Plug Socket			
7/16 Sgl Impact Sckt				3/8 Impact Socket			
1/2 Sgl Impact Sckt				7/16 Impact Socket			
Tool Tray				1/2 Impact Socket			
				9/16 Impact Socket			
				5/8 Impact Socket			
				11/16 Impact Socket			
				3/4 Impact Socket			
				13/16 Impact Socket			
				7/8 Impact Socket			
				15/16 Impact Socket			
				1 Impact Socket			
				1-1/16 Impact Socket			
				1-1/8 Impact Socket			
				Tool Tray			
				3/8 Weatherhead Sckt			
				7/16 Weatherhead Sckt			
				15/32 Weatherhead Sckt			
				1/2 Weatherhead Scki			
3 / 8" DRIVE TOOLS							
1/4 Sckt, 6-12 Pt							
5/16 Sckt, 6-12 Pt							
3/8 Sckt, 6-12 Pt							
7/16 Sckt, 6-12 Pt							
1/2 Sckt, 6-12 Pt							
9/16 Sckt, 6-12 Pt							
5/8 Sckt, 6-12 Pt							
11/16 Sckt, 6-12 Pt							
3/4 Sckt, 6-12 Pt							
3/16 Sckt, 6-12 Pt							
7/8 Sckt, 6-12 Pt							
15/16 Sckt, 6-12 Pt							

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
3/8" DRIVE TOOLS, Cont.				1/2" DRIVE TOOLS, Cont.			
17/32 Weatherhead Sckt				7/8 Deep Sckt, 6-12 Pt			
9/16 Weatherhead Sckt				15/16 Deep Sckt, 6-12 Pt			
19/32 Weatherhead Sckt				1 Deep Sckt, 6-12 Pt			
21/32 Weatherhead Sckt				1-1/16 Deep Sckt, 6-12 Pt			
11/16 Weatherhead Sckt				1-1/8 Deep Sckt, 6-12 Pt			
3/4 Weatherhead Sckt				1-1/4 Deep Sckt, 6-12 Pt			
25/32 Weatherhead Sckt				Tool Tray			
Tool Tray							
				9/16 U-Joint			
24" Extension				5/8 U-Joint			
3/8 x 1/2 Adapter				11/16 U-Joint			
Spark Plug Socket				3/4 U-Joint			
Ratchet Adapter				13/16 U-Joint			
3/8 8 Point Socket				7/8 U-Joint			
7/16 8 Point Socket				15/16 U-Joint			
1/2 8 Point Socket				1/2 Universal Joint			
Oil Sender Socket				Tool Tray			
3/8 Crowfoot							
7/16 Crowfoot				10" Ratchet			
1/2 Crowfoot				15" Ratchet			
9/16 Crowfoot				18" Nut Spinner			
5/8 Crowfoot				Speed Handle			
11/16 Crowfoot				Drag Line Adjuster			
3/4 Crowfoot				2" Extension			
13/16 Crowfoot				3-1/2" Extension			
Tool Tray				5" Extension			
				10" Extension			
				24" Extension			
1/2" DRIVE TOOLS				3/8 Impact Socket			
3/8 Sckt, 6-12 Pt				7/16 Impact Socket			
7/16 Sckt, 6-12 Pt				1/2 Impact Socket			
1/2 Sckt, 6-12 Pt				9/16 Impact Socket			
9/16 Sckt, 6-12 Pt				5/8 Impact Socket			
5/8 Sckt, 6-12 Pt				11/16 Impact Socket			
11/16 Sckt, 6-12 Pt				3/4 Impact Socket			
3/4 Sckt, 6-12 Pt				13/16 Impact Socket			
3/16 Sckt, 6-12 Pt				7/8 Impact Socket			
7/8 Sckt, 6-12 Pt				15/16 Impact Socket			
15/16 Sckt, 6-12 Pt				1 Impact Socket			
1 Sckt, 6-12 Pt				1-1/16 Impact Socket			
1-1/8 Sckt, 6-12 Pt				1-1/8 Impact Socket			
1-1/4 Sckt, 6-12 Pt				1-3/16 Impact Socket			
1-3/8 Sckt, 6-12 Pt				1-1/4 Impact Socket			
1-7/16 Sckt, 6-12 Pt				1-5/16 Impact Socket			
1-1/2 Sckt, 6-12 Pt				1-3/8 Impact Socket			
Tool Tray				1-7/16 Impact Socket			
				1-1/2 Impact Socket			
				Tool Tray			
3/8 Deep Sckt, 6-12 Pt							
7/16 Deep Sckt, 6-12 Pt				20" Flex Handle			
1/2 Deep Sckt, 6-12 Pt				20" Ratchet			
9/16 Deep Sckt, 6-12 Pt				1/2 x 3/8 Adapter			
5/8 Deep Sckt, 6-12 Pt				1/2 x 3/4 Adapter			
11/16 Deep Sckt, 6-12 Pt				Spark Plug Socket			
3/4 Deep Sckt, 6-12 Pt				3/8 Crowfoot			
13/16 Deep Sckt, 6-12 Pt				7/16 Crowfoot			

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
1/2" DRIVE TOOLS, Cont.				COMBINATION WRENCHES, Cont.			
1/2 Crowfoot				1-1/8 Combo Wrench			
9/16 Crowfoot				1-1/4 Combo Wrench			
5/8 Crowfoot				1-5/16 Combo Wrench			
11/16 Crowfoot				1-3/8 Combo Wrench			
3/4 Crowfoot				1-7/16 Combo Wrench			
13/16 Crowfoot				1-1/2 Combo Wrench			
7/8 Crowfoot				Tool Tray			
15/16 Crowfoot							
1 Crowfoot							
1-1/16 Crowfoot							
1-1/8 Crowfoot							
1-3/16 Crowfoot				OPEN END WRENCHES			
1-1/4 Crowfoot				1/4-5/16 Open End			
Tool Tray				5/16-3/8 Open End			
				3/8-7/16 Open End			
3/8 Deep Impact Sckt				7/16-1/2 Open End			
7/16 Deep Impact Sckt				1/2-9/16 Open End			
1/2 Deep Impact Sckt				9/16-5/8 Open End			
9/16 Deep Impact Sckt				5/8-11/16 Open End			
5/8 Deep Impact Sckt				11/16-3/4 Open End			
11/16 Deep Impact Sckt				3/4-13/16 Open End			
3/4 Deep Impact Sckt				13/16-7/8 Open End			
13/16 Deep Impact Sckt				7/8-15/16 Open End			
7/8 Deep Impact Sckt				15/16-1 Open End			
15/16 Deep Impact Sckt				1 - 1-1/16 Open End			
1 Deep Impact Sckt				1-1/16 - 1-1/8 Open End			
1-1/16 Deep Impact Sckt				1-1/4 - 1-3/8 Open End			
1-1/8 Deep Impact Sckt				1-3/8 - 1-1/2 Open End			
Tool Tray							
				FLARE NUT WRENCHES			
IGNITION OPEN END WRENCHES				1.			
15/64 15°-15° Open End				2.			
1/4 15°-15° Open End				3.			
9/32 15°-15° Open End				4.			
5/16 15°-15° Open End				5.			
11/32 15°-15° Open End				6.			
Ign. & Sp. Plug Feeler Gauge							
				BOX END WRENCHES			
COMBINATION WRENCHES				1/4-5/16 Box End			
3/8 Combo Wrench				5/16-3/8 Box End			
7/16 Combo Wrench				3/8-7/16 Box End			
1/2 Combo Wrench				7/16-1/2 Box End			
9/16 Combo Wrench				1/2-9/16 Box End			
5/8 Combo Wrench				9/16-5/8 Box End			
11/16 Combo Wrench				5/8-11/16 Box End			
3/4 Combo Wrench				11/16-3/4 Box End			
13/16 Combo Wrench				3/4-13/16 Box End			
7/8 Combo Wrench				13/16-7/8 Box End			
15/16 Combo Wrench				7/8-15/16 Box End			
1 Combo Wrench				15/16-1 Box End			
1-1/16 Combo Wrench				1 - 1-1/16 Box End			

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
BOX END WRENCHES, Cont.				STARTER PUNCH			
1-1/16 - 1-1/8 Box End				3/32 Starter Punch			
1-1/4 - 1-3/8 Box End				1/8 Starter Punch			
1-3/8 - 1-1/2 Box End				3/16 Starter Punch			
				1/4 Starter Punch			
				5/16 Starter Punch			
				Awl			
BOX RATCHET WRENCHES							
1/4 - 5/16 Box End							
5/16-3/8 Box End							
3/8-7/16 Box End				PINCH/PRY BARS			
1/2-9/16 Box End				5/8 Pinch Bar			
5/8-11/16 Box End				3/4 Pinch Bar			
3/4-13/16 Box End				1 Pinch Bar			
7/8-15/16 Box End				16 Pry Bar			
HEX KEY (ALLEN) WRENCHES				NON-SPARKING PUNCHES			
3/64 Hex Key				1.			
1/16 Hex Key				2.			
5/64 Hex Key				3.			
3/32 Hex Key				4.			
7/64 Hex Key							
1/8 Hex Key							
9/64 Hex Key							
5/32 Hex Key							
3/16 Hex Key				STANDARD SCREW DRIVERS			
7/32 Hex Key				3/16 Screw Driver			
1/4 Hex Key				1/4 Screw Driver			
5/16 Hex Key				5/16 Screw Driver			
3/8 Hex Key				3/8 Screw Driver			
7/16 Hex Key				7/16 Screw Driver			
1/2 Hex Key							
Tool Tray							
				PHILLIPS SCREW DRIVERS			
				#1 Phillips			
FLAT CHISELS				#2 Phillips			
1/2 Flat Chisel				#3 Phillips			
5/8 Flat Chisel				#4 Phillips			
3/4 Flat Chisel							
7/8 Flat Chisel							
1/8 Center Punch							
3/16 Center Punch							
				PLIERS			
				Water Pump Plier			
				5-1/2" Standard Plier			
				9" Standard Plier			
				7" Lineman Plier			
				6" Diagonal Cutter			
				6" Needle Nose Plier			
				Battery Plier			
				Vise Grip Plier			
				Lock Ring Plier			

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
PLIERS, Cont.				MISCELLANEOUS			
Snap Ring Plier				Carbon Scraper			
Wire Terminal Plier				Hack Saw Frame			
Wire Stripper				Magnetic Pick-Up Tool			
				Feeler Gauge-General Use			
				Tool Chest			
				Cabinet with Casters			
				Steel Brush			
HAMMERS				Wire Gauge			
1/2 lb. Plastic Lip				Cotter Pin Puller			
1 lb. Plastic Lip				Valve Injector Wrench			
2 oz. Ball Peen				1/2" Drive Air Wrench			
4 oz. Ball Peen				3/8" Drive Air Wrench			
1 lb. Ball Peen				10" Pipe Wrench			
2 lb. Ball Peen				14" Pipe Wrench			
Rubber Hammer				Tin Snips			
Brass Hammer				Test Light			
				Gasket Hole Punch			
				Drill Index 1/16-1/2			
				Mechanical Fingers			
				Mirror			
NUT DRIVERS				Brake Spring Tool			
1/4 Nut Driver				Knife			
9/32 Nut Driver				Adjustable Wrenches			
5/16 Nut Driver				1.			
11/32 Nut Driver				2.			
3/8 Nut Driver				3.			
7/16 Nut Driver				4.			
1/2 Nut Driver				5.			
9/16 Nut Driver				Bolt & Nut Extractor			
5/8 Nut Driver				Tube Cutter			
Tool Tray				Flaring Tool			
				Tape Measure			
				1.			
				2.			
				Brake Adjusting Tool			
FILES				Filter Wrench			
6" Round File				Battery Post Brush			
8" Round File				Battery Clamp Puller			
10" Round File							
12" Round File							
Half Round File							
4" Mill File							
6" Mill File							
8" Mill File							
10" Mill File							
12" Mill File							
14" Mill File							
16" Mill File							
6" Triangular File							
8" Triangular File							
10" Triangular File							
File Holders							
Thread File							
File Cleaning Brush							
File Handle							

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
1/4" DRIVE METRIC TOOLS				3/8" DRIVE METRIC TOOLS, Cont.			
4mm Socket, 6-12 Pt				10mm Deep Sckt, 6-12 Pt			
5mm Socket, 6-12 Pt				11mm Deep Sckt, 6-12 Pt			
6mm Socket, 6-12 Pt				12mm Deep Sckt, 6-12 Pt			
7mm Socket, 6-12 Pt				13mm Deep Sckt, 6-12 Pt			
8mm Socket, 6-12 Pt				14mm Deep Sckt, 6-12 Pt			
9mm Socket, 6-12 Pt				15mm Deep Sckt, 6-12 Pt			
10mm Socket, 6-12 Pt				16mm Deep Sckt, 6-12 Pt			
11mm Socket, 6-12 Pt				17mm Deep Sckt, 6-12 Pt			
12mm Socket, 6-12 Pt				18mm Deep Sckt, 6-12 Pt			
13mm Socket, 6-12 Pt				19mm Deep Sckt, 6-12 Pt			
14mm Socket, 6-12 Pt				20mm Deep Sckt, 6-12 Pt			
Tool Tray				21mm Deep Sckt, 6-12 Pt			
				22mm Deep Sckt, 6-12 Pt			
4mm Deep Sckt, 6-12 Pt				23mm Deep Sckt, 6-12 Pt			
5mm Deep Sckt, 6-12 Pt				24mm Deep Sckt, 6-12 Pt			
6mm Deep Sckt, 6-12 Pt				25mm Deep Sckt, 6-12 Pt			
7mm Deep Sckt, 6-12 Pt				26mm Deep Sckt, 6-12 Pt			
8mm Deep Sckt, 6-12 Pt				Tool Tray			
9mm Deep Sckt, 6-12 Pt							
10mm Deep Sckt, 6-12 Pt				10mm Flex Sckt, 6-12 Pt			
11mm Deep Sckt, 6-12 Pt				11mm Flex Sckt, 6-12 Pt			
12mm Deep Sckt, 6-12 Pt				12mm Flex Sckt, 6-12 Pt			
13mm Deep Sckt, 6-12 Pt				13mm Flex Sckt, 6-12 Pt			
14mm Deep Sckt, 6-12 Pt				14mm Flex Sckt, 6-12 Pt			
Tool Tray				15mm Flex Sckt, 6-12 Pt			
				16mm Flex Sckt, 6-12 Pt			
				17mm Flex Sckt, 6-12 Pt			
				18mm Flex Sckt, 6-12 Pt			
				19mm Flex Sckt, 6-12 Pt			
3/8" DRIVE METRIC TOOLS				20mm Flex Sckt, 6-12 Pt			
6mm Socket, 6-12 Pt				21mm Flex Sckt, 6-12 Pt			
7mm Socket, 6-12 Pt				22mm Flex Sckt, 6-12 Pt			
8mm Socket, 6-12 Pt				Tool Tray			
9mm Socket, 6-12 Pt							
10mm Socket, 6-12 Pt							
11mm Socket, 6-12 Pt							
12mm Socket, 6-12 Pt							
13mm Socket, 6-12 Pt				1/2" DRIVE METRIC TOOLS			
14mm Socket, 6-12 Pt				10mm Socket, 6-12 Pt			
15mm Socket, 6-12 Pt				11mm Socket, 6-12 Pt			
16mm Socket, 6-12 Pt				12mm Socket, 6-12 Pt			
17mm Socket, 6-12 Pt				13mm Socket, 6-12 Pt			
18mm Socket, 6-12 Pt				14mm Socket, 6-12 Pt			
19mm Socket, 6-12 Pt				15mm Socket, 6-12 Pt			
20mm Socket, 6-12 Pt				16mm Socket, 6-12 Pt			
21mm Socket, 6-12 Pt				17mm Socket, 6-12 Pt			
22mm Socket, 6-12 Pt				18mm Socket, 6-12 Pt			
23mm Socket, 6-12 Pt				19mm Socket, 6-12 Pt			
24mm Socket, 6-12 Pt				20mm Socket, 6-12 Pt			
25mm Socket, 6-12 Pt				21mm Socket, 6-12 Pt			
26mm Socket, 6-12 Pt				22mm Socket, 6-12 Pt			
Tool Tray				23mm Socket, 6-12 Pt			
				24mm Socket, 6-12 Pt			
6mm Deep Sckt, 6-12 Pt				25mm Socket, 6-12 Pt			
7mm Deep Sckt, 6-12 Pt				26mm Socket, 6-12 Pt			
8mm Deep Sckt, 6-12 Pt				27mm Socket, 6-12 Pt			
9mm Deep Sckt, 6-12 Pt				28mm Socket, 6-12 Pt			

DESCRIPTION	PRICE	QTY	BRAND NAME	DESCRIPTION	PRICE	QTY	BRAND
1/2" DRIVE METRIC TOOLS, Cont.				METRIC OPEN END WRENCHES			
29mm Socket, 6-12 Pt				6-7mm Open End			
30mm Socket, 6-12 Pt				7-8mm Open End			
31mm Socket, 6-12 Pt				8-9mm Open End			
32mm Socket, 6-12 Pt				9-10mm Open End			
Tool Tray				10-11mm Open End			
				11-12mm Open End			
14mm Deep Sckt, 6-12 Pt				12-13mm Open End			
15mm Deep Sckt, 6-12 Pt				13-14mm Open End			
16mm Deep Sckt, 6-12 Pt				14-15mm Open End			
17mm Deep Sckt, 6-12 Pt				15-16mm Open End			
18mm Deep Sckt, 6-12 Pt				16-17mm Open End			
19mm Deep Sckt, 6-12 Pt				17-18mm Open End			
20mm Deep Sckt, 6-12 Pt				18-19mm Open End			
21mm Deep Sckt, 6-12 Pt				19-20mm Open End			
22mm Deep Sckt, 6-12 Pt				20-21mm Open End			
23mm Deep Sckt, 6-12 Pt				21-22mm Open End			
24mm Deep Sckt, 6-12 Pt				22-23mm Open End			
25mm Deep Sckt, 6-12 Pt				23-24mm Open End			
26mm Deep Sckt, 6-12 Pt				24-25mm Open End			
27mm Deep Sckt, 6-12 Pt				25-26mm Open End			
Tool Tray				26-27mm Open End			
				27-28mm Open End			
				28-29mm Open End			
				29-30mm Open End			
				30-31mm Open End			
				31-32mm Open End			
METRIC COMBINATION WRENCHES							
6mm Combo Wrench							
7mm Combo Wrench							
8mm Combo Wrench							
9mm Combo Wrench							
10mm Combo Wrench				METRIC BOX END WRENCHES			
11mm Combo Wrench				6-7mm Box End			
12mm Combo Wrench				7-8mm Box End			
13mm Combo Wrench				8-9mm Box End			
14mm Combo Wrench				9-10mm Box End			
15mm Combo Wrench				10-11mm Box End			
16mm Combo Wrench				11-12mm Box End			
17mm Combo Wrench				12-13mm Box End			
18mm Combo Wrench				13-14mm Box End			
19mm Combo Wrench				14-15mm Box End			
20mm Combo Wrench				15-16mm Box End			
21mm Combo Wrench				16-17mm Box End			
22mm Combo Wrench				17-18mm Box End			
23mm Combo Wrench				18-19mm Box End			
24mm Combo Wrench				19-20mm Box End			
25mm Combo Wrench				20-21mm Box End			
26mm Combo Wrench				21-22mm Box End			
27mm Combo Wrench				22-23mm Box End			
28mm Combo Wrench				23-24mm Box End			
29mm Combo Wrench				24-25mm Box End			
30mm Combo Wrench				25-26mm Box End			
31mm Combo Wrench				26-27mm Box End			
32mm Combo Wrench				27-28mm Box End			
				28-29mm Box End			
				29-30mm Box End			
				30-31mm Box End			
				31-32mm Box End			

REGION and DIVISION : _____

SITE NAME : _____

DATE : _____

ENVIRONMENTAL AUDIT

Emergency Medical Services Corporation

**EMCARE
AMERICAN MEDICAL RESPONSE**

VEHICLE OPERATION, MAINTENANCE, & FUELING FACILITIES

FACILITY INFORMATION

01

FACILITY INFORMATION	
DIVISION NAME :	
DIVISION NUMBER :	
ADDRESS :	
TELEPHONE # :	
FAX # :	
MANAGER :	

FACILITY FUNCTION	
DESCRIBE SITE USE: i.e. office, fleet shop, crew station, or a combination	
Does the site have a UPS (uninterrupted power supply) back-up battery system? If yes, see battery tab	
Does the site have a back-up generator? Describe:	
Generator Fuel Type	Diesel - Unleaded - Liquid Propane - Natural Gas
Does Generator require any local license or certificate	

ENVIRONMENTAL RESPONSIBILITY

#	ADDIT-ITEM	RESPONSE
1.	DOES EMSC OWN THIS FACILITY ? (Y / N)	
2.	HOW LONG HAS AMR/EMCARE BEEN ON SITE ?	
3.	WHAT WAS SITE USED FOR PREVIOUSLY ?	
4.	WAS DIVISION OR FACILITY ACQUIRED THROUGH ACQUISITION ? (Y / N)	
5.	IF 'YES' TO ABOVE, NAME ACQUISITION :	
6.	WAS THE ACQUISITION A "SHARE" OR "ASSET" TRANSACTION?	
7.	IS THIS FACILITY SHARED WITH ANOTHER COMPANY ? (Y / N)	
8.	IF 'YES' TO ABOVE, WHO ?	
9.	WHAT IS THE NATURE OF THEIR BUSINESS ?	

FOR LEASED PROPERTIES ONLY :

9.	WHO HAS UST REPLACEMENT RESPONSIBILITIES UNDER LEASE ?	
10.	WHO IS RESPONSIBLE FOR FACILITY UPGRADES LIKE SEPARATORS, SEWER CONNECTS, ETC. ?	
11.	HAS LEASE BEEN REVIEWED TO CONFIRM ABOVE ? (Y / N)	
12.	LEASE RENEWAL DATE :	
13.	IS THERE A COPY OF THE LEASE DOCUMENT ON SITE ? (Y / N*)	

UNDERGROUND STORAGE TANKS

#	AUDIT ITEM	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5	TANK 6	TANK 7	ACTION REQ'D?
1.	TANK CAPACITY ? (GALS)								
2.	TANK CONTENTS ? (active/inactive)								
3.	YEAR OF CONSTRUCTION ?								
4.	MATERIAL OF CONSTRUCTION : STEEL (Check) FRP (Check) FRP COATED STEEL (Check) OTHER (Describe)								
5.	IS TANK SINGLE or DOUBLE WALLED ? (S / D)								
6.	DOES TANK HAVE CATHODIC PROTECTION ? (Y / N / UKN)								
7.	HAS CATHODIC PROTECTION BEEN TESTED IN PAST THREE YEARS ? (Y / N*)								
8.	DOES TANK HAVE INTERSTITIAL MONITORING ? (Y / N)								
9.	IS THERE A MONITORING WELL? (Y / N)								
10.	IF THERE IS A WELL, IS THERE MONITORING DATA ? (Y / N*)								
11.	DOES TANK HAVE SPILL CONTAINMENT? (Y / N*)								
12.	DOES TANK HAVE OVERFILL PROTECTION ? (Y / N*)								
13.	IS PIPE PRESSURE or SUCTION PIPE ?								
14.	PIPE CONSTRUCTION MATERIAL ? (STEEL, FRP)								
15.	IS PIPE SINGLE or DOUBLE WALLED ? (S / D)								
16.	DOES PRESSURIZED PIPE HAVE LEAK DETECTION ? (Y / N*)								
17.	IS TANK MANIFOLDED WITH ANOTHER ? (Y* / N)								
18.	ARE DAILY INVENTORY RECORDS OK ? (Y / N*)								
19.	ARE MONTHLY RECONCILIATIONS OK ? (Y / N*)								
20.	DOES TANK HAVE AUTO GAUGING ? (Y / N)								
21.	IS DIPSTICK IN GOOD CONDITION ? (Y / N* / NA)								
22.	WHEN WAS TANK TESTED LAST ? (MO / YR)								
23.	IS TANK TIGHT ? (Y / N*)								
24.	IS A PERMIT REQUIRED FOR TANK ? (Y / N)								
25.	IF 'YES' TO Q.24, IS TANK PERMITTED ? (Y / N*)								
26.	IS PERMIT POSTED NEAR TANK ? (Y / N*)								
27.	IS THIS TANK IN COMPLIANCE ? (Y / N*)								

ABOVEGROUND STORAGE TANKS

#	ADDITIONAL ITEM	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5	TANK 6	ACTION REQ'D?
1.	TANK CAPACITY ? (GALS)							
2.	TANK CONTENTS ?							
3.	YEAR OF CONSTRUCTION ?							
4.	LOCATION : INDOORS or OUTDOORS ? (IN / OUT)							
5.	TANK CONFIGURATION : (CUBE , HORIZONTAL, VERTICAL)							
6.	IS TANK SKID MOUNTED ? (Y / N)							
7.	IS TANK DIKED ? (Y / N*)							
8.	DIKE FLOOR CONSTRUCTION : (STEEL, CONCRETE, ASPHALT, DIRT, OTHER)							
9.	DOES TANK HAVE RAIN PROTECTION ? (Y / N*)							
10.	DOES TANK HAVE OVERFILL PROTECTION ? (Y / N*)							
11.	DOES TANK HAVE SPILL CONTAINMENT ? (Y / N*)							
12.	IS DIKE DRAIN CLOSED ? (Y / N*)							
13.	IS DIKE EMPTY ? (Y / N*)							
14.	IS OUTDOOR AST ELECTRICALLY GROUNDED ? (Y / N*)							
15.	IS TANK ADEQUATELY PROTECTED AGAINST MOVING VEHICLES ? (Y / N*)							
16.	IS TANK LABELED ? (Y / N*)							
17.	DOES TANK HAVE AUTOMATIC INVENTORY CONTROL ? (Y / N*)							
18.	IS PERMIT REQUIRED FOR TANK ? (Y* / N)							
19.	IF 'YES' TO Q.18, IS TANK PERMITTED ? (Y / N*)							
20.	IS TANK IN COMPLIANCE WITH ALL LOCAL, STATE & FEDERAL REGULATIONS IN ADDITION TO CORPORATE POLICIES ? (Y / N*)							
21.	IS THERE MORE THAN 1320 GAL OF TOTAL PETROLEUM PRODUCTS STORED IN ABOVEGROUND TANKS ? (Y / N / N/A)							
22.	IF 'YES' TO Q.21, IS A SPILL CONTROL & COUNTERMEASURES PLAN REQUIRED ? (Y / N)							
23.	IF SPCC PLAN REQUIRED, IS THERE A WRITTEN PLAN IN PLACE ? (Y / N* / N/A)							
24.	HAS THE PLAN - BEEN CERTIFIED BY MANAGEMENT : (Y / N*) - CERTIFICATION BY PROFESSIONAL ENGINEER : (Y / N*) - NOTIFICATION / EMERGENCY CONTACT LIST (Y / N*) - INSPECTION REPORTS (Y / N*) - SIGNIFICANT CHANGES OR A SPILL WITHIN THE LAST YEAR (Y* / N)							
25.	IF THE PLAN HAS BEEN IMPLEMENTED FOR MORE THAN THREE YEARS, HAS THE LAST REVIEW BEEN DONE WITHIN THE PAST 3 YEARS ? (Y* / N / N/A)							
26.	IS THE FACILITY IN COMPLIANCE WITH THE SPCC PLAN ? (Y / N* / NA)							

HYDRAULIC LIFTS WITH UNDERGROUND OIL STORAGE

#	AUDIT ITEM	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5	ACTION REQ'D ?
1.	UNDERGROUND STORAGE CAPACITY (GALS)						
2.	AGE (YRS):						
3.	IN USE ? (Y / N*)						
4.	IS THE SYSTEM PROTECTED AGAINST CORROSION ? (Y / N)						
5.	IF NO TO Q.4, IS CLOSURE - IN - PLACE OR REMOVAL PLANNED ? (Y / N*)						
6.	OIL TOP-UP RATE (PER WEEK):						
7.	IS THE SYSTEM LEAKING ? (Y* / N / UKN*)						

PAGE COMPLETED BY (NAME) _____

FACILITY WASTEWATER MANAGEMENT

06

#	ADDIT ITEM	RESPONSE		ACTION REQD?
		YES / NO	PERMIT ON HAND	
1.	DOES THE MAINTENANCE FACILITY HAVE FLOOR DRAINS ? (Y / N)			
2.	IF YES TO Q.1, DO THESE DRAINS SERVICE THE ENTIRE SHOP AREA ? (Y / N*)			
3.	THROUGH WHICH OF THE FOLLOWING DOES THE DRAIN PASS ? (Check appropriate response)			
	SAND TRAP			
	TWO COMPARTMENT CONCRETE BASIN			
	THREE COMPARTMENT CONCRETE BASIN			
	INGROUND OIL / WATER SEPARATOR			
	RECYCLE SYSTEM			
	OTHER (Describe) :			
4.	IS THERE MORE THAN 12 INCHES OF SLUDGE OR 4 INCHES OF OIL IN ANY ABOVE ? (Y* / N) IF APPLICABLE ?			
5	DOES THIS DEVICE RECEIVE REGULAR MAINTENANCE?			
6	HOW OFTEN IS SERVICE CONDUCTED?			
7	ARE MANIFESTS KEPT IN THE ENVIRONMENTAL FILE ? (Y / N*)			
8	FROM THE LAST CALENDAR YEAR'S MANIFESTS, WHAT WAS THE TOTAL VOLUME OF SLUDGE GENERATED BY THIS FACILITY ? (GAL / YR)			
9	TO WHICH OF THE FOLLOWING DOES THE DRAIN FINALLY DISCHARGE ? (Check appropriate response)			
	SANITARY SEWER			
	STORM SEWER *			
	SEPTIC TANK *			
	LEACH FIELD *			
	DRY WELL *			
	HOLDING TANK			
	OTHER (Describe) :			
10	ARE PERMITS REQUIRED TO DISCHARGE TO.	YES / NO	PERMIT ON HAND	
	SANITARY SEWER			
	STORM SEWER *			
	SEPTIC TANK *			
	LEACH FIELD *			
	DRY WELL *			
	HOLDING TANK			
	OTHER (Describe) :			
11	IF A HOLDING TANK IS USED, HOW IS THE WASTE WATER DISPOSED.			
12	ARE MANIFESTS KEPT IN THE ENVIRONMENTAL FILE ? (Y / N*)			
13	FROM THE LAST CALENDAR YEAR'S MANIFESTS, WHAT WAS THE TOTAL VOLUME OF WASTEWATER GENERATED BY THIS FACILITY ?			
14	IS FACILITY WASTEWATER MANAGEMENT SYSTEM IN COMPLIANCE WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS IN ADDITION TO CORPORATE POLICIES ? (Y / N*)			

VEHICLE WASHING

07

#	AUDIT ITEM	RESPONSE			ACTION REQ'D?
1.	ARE VEHICLES WASHED AT THIS FACILITY ? (Y / N)				
2.	IF 'YES' TO Q.1, THEN HOW ? (Check appropriate response)				
	ON A GRAVEL YARD				
	ON A PAVED YARD				
	IN A COVERED WASHBAY (Manual)				
	IN A COVERED WASHBAY (Automatic)				
	ON A CONTAINED WASHPAD				
	OFF SITE				
3.	IF 'YES' TO Q.1, THROUGH WHICH OF THE FOLLOWING DOES THE WASHWATER PASS PRIOR TO DISCHARGE, IF APPLICABLE ?	YES / NO	DOES THE EQUIPMENT NEED TO BE CERTIFIED? YES / NO / UNK	IS THE EQUIPMENT CERTIFIED? YES / NO	
	RECYCLE SYSTEM				
	SETTLEMENT PIT				
	OIL / WATER SEPARATOR				
	OTHER TREATMENT (Describe) :				
4.	IF 'YES' TO Q.1, TO WHERE DOES THE WASHWATER DRAIN ? (Check appropriate response)	YES / NO	IS A PERMIT REQUIRED BY THE STATE DEP? YES / NO / UNK	IS PERMIT ON HAND YES / NO	
	SANITARY SEWER				
	STORM SEWER *				
	THROUGH A RECYCLE SYSTEM				
	DITCH *				
	SURFACE WATER OR WETLAND *				
	HOLDING TANK				
	INFILTRATION *				
	SEPTIC, LEACHFIELD *				
	OTHER (Describe) :				
5.	IF DETERGENT IS USED, IS IT A NON-TOXIC, BIO - DEGRADABLE, PHOSPHATE-FREE PRODUCT ? (Y / N*)				
6.	IF A WASHWATER RECYCLE UNIT IS USED, IS A DETERGENT APPROVED BY THE EQUIPMENT MANUFACTURER BEING USED ? (Y / N* / N/A)				
7.	IS VEHICLE WASHWATER TREATMENT EQUIPMENT OPERATING SATISFACTORILY ? (Y / N* / N/A)				
8.	IS VEHICLE WASHWATER DISCHARGED IN COMPLIANCE WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS, IN ADDITION TO CORPORATE POLICIES ? (Y / N*)				

PAGE COMPLETED BY (NAME)

WASTE SOLVENT MANAGEMENT

08

#	AUDIT ITEM	RESPONSE	ACTION REQ'D?
1.	ARE PARTS WASHED AT THIS FACILITY ? (Y / N)		
2.	IS A PARTS WASHING SINK(S) USED AT THIS FACILITY ? (Y / N*)		
3.	WHO OWNS THE UNIT(S) ? IF SAFETY KLEEN PROCEED TO QUESTION 18		
4.	WHAT'S THE FLASH POINT OF THE SOLVENT USED ? (Deg. F)		
5.	IS THE SOLVENT CONTINUOUSLY RECYCLED THROUGH THE UNIT ? (Y / N)		
6.	IS / ARE THE ABOVE UNIT(S) PROPERLY LABELED ? (Y / N*)		
7.	HOW IS NEW SOLVENT STORED ? (Check)		
	UNDERGROUND TANK		
	ABOVEGROUND TANK		
	DRUM(S)		
8.	IS THE SOLVENT STORAGE UNIT PROPERLY LABELED? (Y / N*)		
9.	HOW IS SPENT SOLVENT STORED ? (Check)		
	UNDERGROUND TANK		
	ABOVEGROUND TANK		
	DRUM(S)		
10.	IS / ARE THE ABOVE UNIT(S) PROPERLY LABELED ? (Y / N*)		
11.	NAME AND ADDRESS OF COMPANY THAT PICKS UP SPENT SOLVENT.		
12.	LICENSE OR PERMIT # OF COMPANY :		
13.	IS THIS COMPANY APPROVED TO HAUL SPENT SOLVENT ? (Y / N*)		
14.	NAME AND ADDRESS OF FACILITY TO WHICH SPENT SOLVENT IS TAKEN ?		
15.	IS THIS FACILITY APPROVED TO ACCEPT SPENT SOLVENT ? (Y / N*)		
16.	WHAT DOES THIS FACILITY DO WITH THE SPENT SOLVENT ?		
17.	IS THIS FACILITY UNDER INVESTIGATION, ORDER, OR IS IT A LISTED CERCLA SITE ? (Y* / N)		
18.	ARE MANIFESTS KEPT IN THE ENVIRONMENTAL FILE ? (Y / N*)		
19.	FROM THE LAST CALENDAR YEAR'S MANIFESTS, WHAT WAS THE TOTAL VOLUME OF SPENT SOLVENTS GENERATED BY THIS FACILITY ? (Gal / Yr)		

WASTE OIL MANAGEMENT

09

#	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	WASTE OIL IS COLLECTED IN :		
	UNDERGROUND TANK (Check)		
	ABOVEGROUND TANK (Check)		
	DRUM (s)		
	OTHER (Describe) :		
2.	IS THERE SPILLAGE AROUND STORAGE OR FILL AREAS ? (Y* / N)		
3.	ARE SPENT CLEANING SOLVENTS OR USED ANTI-FREEZE COLLECTED IN THE SAME CONTAINER ? (Y* / N)		
4.	IS WASTE OIL HAZARDOUS IN STATE ? (Y* / N)		
5.	IS WASTE OIL SPECIAL WASTE IN STATE ? (Y* / N)		
6.	IS CONTAINER PROPERLY LABELED ? (Y / N*)		
7.	IS WASTE OIL BURNED ON SITE FOR HEATING ? (Y / N)		
8.	IF 'YES' TO Q.7, IS THE BURNER RATED AT LESS THAN 500,000 BTU / HR ? (Y / N* / NA)		
9.	IS WASTE OIL USED FOR DUST CONTROL ON SITE ? (Y* / N)		
10.	NAME & ADDRESS OF COMPANY PICKING UP WASTE OIL.		
11.	LICENSE OR PERMIT # OF COMPANY :		
12.	ARE MANIFESTS KEPT IN 'ENVIRONMENTAL FILE' ? (Y / N*)		
13.	FROM THE LAST CALENDAR YEAR'S MANIFESTS, WHAT WAS THE TOTAL VOLUME OF WASTE OIL GENERATED BY THIS FACILITY ?		

PAGE COMPLETED BY (NAME)

WASTE ANTIFREEZE MANAGEMENT

#	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	IS ANTI-FREEZE EITHER OF THE FOLLOWING IN THIS STATE / PROVINCE ? (Check)		
	CHARACTERISTICALLY HAZARDOUS SPECIAL WASTE		
2.	IS WASTE ANTI-FREEZE COLLECTED AT THIS LOCATION ? (Y* / N)		
3.	IF 'YES' TO Q.2, IS IT COLLECTED IN : (Check appropriate response)		
	ANTI-FREEZE ONLY DRUM / TANK ?		
	WASTE OIL TANK * ?		
	PARTS WASHER CONTAINER * ?		
4.	IS THE ABOVE STORAGE UNIT PROPERLY LABELED ? (Y / N*)		
5.	IS ANTIFREEZE RECYCLED ON SITE ? (Y / N)		
6.	NAME AND ADDRESS OF COMPANY PROVIDING ON-SITE ANTIFREEZE RECYCLING :		
7.	NAME & ADDRESS OF COMPANY THAT PICKS UP WASTE ANTI-FREEZE : (If answer is 'Safety Kleen', proceed to Q.15)		
8.	LICENSE OR PERMIT # OF COMPANY :		
9.	IS THIS COMPANY APPROVED TO HAUL WASTE ANTI-FREEZE ? (Y / N*)		
10.	NAME & ADDRESS OF FACILITY TO WHICH WASTE ANTI-FREEZE IS TAKEN :		
11.	IS THIS FACILITY APPROVED BY THE STATE TO ACCEPT WASTE ANTI-FREEZE ? (Y / N*)		
12.	IS THIS FACILITY UNDER INVESTIGATION BY A STATE OR REGULATORY AGENCY ? (Y* / N)		
13.	WHAT DOES THE RECEIVING FACILITY DO WITH THE WASTE ANTI-FREEZE ?		
14.	ARE MANIFESTS KEPT IN THE 'ENVIRONMENTAL' FILE ? (Y / N*)		
15.	FROM THE LAST CALENDAR YEAR'S MANIFESTS, WHAT WAS THE TOTAL VOLUME OF USED ANTI-FREEZE GENERATED BY THIS FACILITY ?		

PAGE COMPLETED BY (NAME)

USED OIL FILTERS

#	ADDIT ITEM	RESPONSE				ACTION REQ'D ?
1.	ARE USED OIL FILTERS CLASSIFIED AS HAZARDOUS WASTE IN THIS STATE ? (Y* / N)					
2.	HAS THIS BEEN CONFIRMED WITH THE STATE ? (Y / N*)					
3.	USED FILTERS ALL OIL FILTERS GASOLINE DIESEL	HAZARDOUS YES / NO	DOES SHOP RECYCLE YES / NO	DOES SHOP DISCARD IN RUBBISH	IN COMPLIANCE YES / NO	
4.	ARE THE FILTERS PUNCTURED AND DRAINED FOR 24 HOURS BEFORE DISPOSAL ? (Y / N*)					
5.	IS THERE A FILTER CRUSHER AT THIS FACILITY ? (Y / N)					
6.	IS THE FILTER DRAINAGE SET-UP ADEQUATELY SIZED AND LEAK-TIGHT ? (Y / N*)					
7.	NAME OF VENDOR WHO DISPOSES FILTERS					
8.	ARE MANIFESTS AND RECEPITS KEPT IN THE ENVIRONMENTAL FILE? (Y / N)					
9.	FROM THE LAST CALENDAR YEAR'S MANIFESTS, WHAT WAS THE TOTAL QUANTITY OF USED FILTERS GEN - ERATED BY THIS FACILITY ? (# / YR)					

PAGE COMPLETED BY (NAME) _____

#	AUDIT ITEM	RESPONSE	ACTION REQ'D?
1	IS MEDICAL WASTE GENERATED BY SITE OPERATIONS? (Y/N)		
2	IS MEDICAL WASTE GENERATED BY SITE OPERATIONS DISPOSED OF AT RECEIVING FACILITY (i.e. Hospital)? (Y/N) If no, proceed to Q. 3.		
3	IS MEDICAL WASTE REGULATED AS A HAZARDOUS WASTE IN THIS STATE? (Y*/N)		
4	IS MEDICAL WASTE REGULATED AS A BIO-MEDICAL/ MEDICAL/INFECTIOUS WASTE IN THIS STATE? (Y*/N)		
5	IS THE SITE REQUIRED TO REGISTER AS A GENERATOR WITH AN ENFORCEMENT/REGULATORY AGENCY? (Y*/N)		
6	IF YES, WHAT IS THE GENERATOR REGISTRATION NUMBER?		
7	MEDICAL WASTE IS COLLECTED IN : (check appropriate) BIN PAIL CARTON OTHER (Describe) :		
8	ARE THERE SOLID WASTES COLLECTED IN THE SAME CONTAINER? (Y*/N/OTHER)		
9	IS THERE A DESIGNATED STORAGE AREA? (Y/N*)		
10	ARE CONTAINER(S) AND/OR AREA PROPERLY LABELLED? (Y/N*)		
11	IS THERE EVIDENCE OF SPILLAGE/LEAKAGE AT STORAGE AREA? (Y*/N)		
12	DOES THE STORAGE AREA HAVE LIMITED ACCESS THAT RESTRICTS ENTRY OF UNAUTHORIZED PERSONNEL? (Y/N*)		
13	IS THE MEDICAL WASTE SUBJECT TO REGULATORY STORAGE DURATION LIMIT? (Y*/N)		
14	IS THE MEDICAL WASTE SUBJECT TO REGULATORY STORAGE TEMPERATURE LIMIT? (Y*/N)		
15	NAME AND ADDRESS OF COMPANY PICKING UP MEDICAL WASTE :		
16	LICENSE OF PERMIT OF COMPANY :		
17	IS THE ABOVE VERIFIED WITH THE STATE? (Y/N*)		
18	NAME & ADDRESS OF FACILITY TO WHICH MEDICAL WASTE IS TAKEN :		
19	IS THIS COMPANY LICENSED TO TAKE THIS TYPE OF WASTE? (Y/N*)		
20	IS THIS FACILITY UNDER INVESTIGATION ORDER BY ANY STATE OR FEDERAL REGULATORY AGENCY? (Y*/N)		
21	HAS THE ABOVE BEEN VERIFIED BY STATE / FEDERAL AGENCY? (Y/N*)		
22	WHAT DOES THE RECEIVING FACILITY DO WITH THE WASTE?		
23	ARE MANIFESTS KEPT IN THE ENVIRONMENTAL FILE? (Y/N*)		
24	FROM LAST CALENDER YEAR'S MANIFESTS, WHAT WAS THE TOTAL AMOUNT (lbs) OF MEDICAL WASTE GENERATED BY THIS FACILITY?		
25	IS THE SITE'S MEDICAL WASTE MANAGEMENT IN COMPLIANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS IN ADDITION TO CORPORATE POLICIES? (Y/N*)		

#	AUDIT ITEM	RESPONSE	ACTION REQ'D?
1.	ARE VEHICLES PAINTED AT THIS LOCATION ? (Y / N)		
2.	IS PAINTING LIMITED TO TOUCH-UP OPERATIONS ? (Y / N)		
3.	IF 'YES' TO Q.1 , WHERE IS IT DONE ? (Check appropriate response)		
	IN A DESIGNED PAINT BOOTH		
	IN THE SHOP *		
	ON A PAVED YARD		
	ON A GRAVEL OR DIRT SURFACE *		
	OTHER (Describe) :		
4.	IF PAINTING IS DONE INDOORS, IS VENTILATION ADEQUATE ? (Y / N* / UKN*)		
5.	HOW MUCH PAINT IS USED ANNUALLY ? (GAL / YR)		
6.	IS PAINT THINNING SOLVENT USED ? (Y / N)		
7.	IF 'YES' TO Q.5, HOW MUCH EACH YEAR ? (GAL / YR)		
8.	IS WASTE PAINT AND PAINT SOLVENT DISPOSED OF AS A HAZARDOUS WASTE ? (Y / N* / NA)		
9.	ARE DISPOSAL MANIFESTS KEPT IN 'ENVIRONMENTAL FILE' ? (Y / N*)		
10.	HOW MUCH PAINT AND PAINT THINNER IS STORED ON SITE AT TIME OF AUDIT ? (GALS.)		
11.	HOW MUCH WASTE PAINT AND PAINT THINNER WAS GENERATED IN LAST CALENDAR YEAR ? (GALS.)		

PAGE COMPLETED BY (NAME) _____

USED BATTERIES

#	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	ARE ALL BATTERIES COLLECTED FOR RECYCLING ? (Y/N*)		
2.	ARE USED BATTERIES BEING STORED UPRIGHT ON A CONTAINED SURFACE ? (Y/N*) PLASTIC TRAY?		
3.	ARE USED BATTERIES STORED UNDER ROOF ? (Y/N*)		

DRUM STORAGE

#	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	ARE ALL USED DRUMS (IN-USE AND EMPTY) STORED IN A CONTAINED AREA AND PROTECTED FROM RAINWATER ACCUMULATION ? (Y/N*)		
2.	HOW MANY USED DRUMS ARE ON SITE AT PRESENT ?		
3.	ARE ALL USED DRUMS EMPTY TO NO MORE THAN 1 INCH OF PRODUCT RESIDUE ? (Y/N*)		
4.	ARE THERE ANY DRUMS ON SITE CONTAINING WASTE OR OFF-SPEC PRODUCT ? (Y*/N)		
5.	IF 'YES' TO Q.4, ARE THE HAZARDOUS CHARACTER - ISTICS OF WASTE PRODUCT OR OFF-SPEC PRODUCT KNOWN ? (Y/N*)		
6.	IF 'YES' TO Q.4, WHAT COMPANY WILL DISPOSE OF DRUMS ?		

SCRAP TIRES

#	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	HOW MANY SCRAP TIRES ARE ON SITE AT PRESENT ?		
2.	ARE USED TIRES PICKED UP FREQUENTLY FOR RECYCLING BY BANDAG OR AGENT ? (Y/N*)		
3.	ARE SCRAP TIRES DISPOSED OF IN ACCORDANCE WITH REGULATIONS (observe dumpster) ? (Y/N*)		

AIR EMISSIONS

Q	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	IS ANY TAILPIPE EMISSION MONITORING REQUIRED IN THIS STATE ? (Y / N)		
2.	IF 'YES' TO Q.1, IS OPERATION IN COMPLIANCE ? (Y / N*)		
3.	ARE RECORDS AVAILABLE TO DEMONSTRATE COMPLIANCE ? (Y / N* / N/A)		
4.	ARE AIR CONDITIONING SERVICES DONE AT THIS FACILITY ? (Y / N)		
5.	IF 'YES' TO Q.5, IS THE SERVICING DONE ON SITE ? (Y / N)		
6.	IF 'YES' TO Q.4, IS IT DONE BY A CERTIFIED TECHNICIAN ONLY ? (Y / N*)		
7.	IF DONE ON SITE, DOES THE RECYCLING EQUIPMENT MEET EPA STANDARDS J-1990 AND J-1991 ? (Y / N*)		

GENERATOR STATUS

Q	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	UNDER FEDERAL EPA REGULATIONS, WHAT IS THE Waste GENERATOR STATUS OF THIS FACILITY ? CONDITIONALLY EXEMPT GENERATOR SMALL QUANTITY GENERATOR LARGE QUANTITY GENERATOR		
2.	HAS THE ABOVE BEEN CONFIRMED BY CALCULATION ? (Y / N*)		
3.	DOES THIS STATE HAVE CONDITIONALLY EXEMPT STATUS ? (Y* / N)		
4.	IF 'YES' TO Q.3, ARE REGULATORY REQUIREMENTS BEING MET ? (Y / N* / NA)		
5.	IS FACILITY SORTING ITS HAZARDOUS WASTE IN ACCORDANCE WITH RCRA REQUIREMENTS ? (Y / N*)		
6.	IS ALL HAZARDOUS WASTE DISPOSED OF AT AN APPROVED FACILITY ? (Y / N*)		
7.	DOES FACILITY HAVE AN EPA ID # ? (Y / N* / NA)		
8.	PROVIDE EPA I.D. #		

#	AUDIT ITEM	RESPONSE		ACTION REQ'D?
1.	WHAT IS FREQUENCY OF SOLID WASTE (GARBAGE) PICK-UP ?			
2.	WHAT IS VOLUME PICKED UP ?			
3.	WHAT IS NAME OF THE HAULING COMPANY USED ?			
4	IS THE OPERATION ACTIVELY ENGAGED IN RECYLING?			
5	IS A DISPOSAL LOG KEPT?			
6	LIST RECYCLED PRODUCTS AND ANNUAL AMOUNTS.	IS THIS RECYCLED YES / NO	ANNUAL RECYCLED	
	METALS - STEEL, ALUMINUM, LEAD ETC....			
	CARDBOARD			
	PAPER			
	PLASTIC			
	BATTERIES			
	OIL			
	TIRES			
	FILTERS			
	ANTIFREEZE			

PAGE COMPLETED BY (NAME) _____

GENERAL HOUSEKEEPING AND
SITE WALK

18

#	AUDIT ITEM	RESPONSE	ACTION REQ'D?
1.	IS THE MAINTENANCE SHOP CLEAN AND TIDY ? (Y/N*)		
2.	IS THERE AN ADEQUATE SUPPLY OF CLEAN ABSORB - ENT ? (Y/N*)		
3.	ARE SPILLS CLEANED UP PROMPTLY ? (Y/N*)		
4.	IS THE ENVIRONMENTAL POLICY POSTED ON THE WALL IN A GENERAL ACCESS AREA ? (Y/N*)		
5.	ARE THERE ANY HAZARDOUS, REGULATED OR BANNED WASTES IN THE GARBAGE ? (e.g., Batteries, Medical, Whole Tires) (Y*/N)		
6.	IS THE FACILITY FENCED ? (Y/N*)		
7.	ARE THERE SCRAP VEHICLE PARTS, TANKS, DRUMS, ETC. DUMPED ON PROPERTY ? (Y*/N)		
8.	IS LITTER CONTROL ON PROPERTY GOOD ? (Y/N*)		
9.	ARE THERE ANY DRAINS EMPTYING INTO DITCHES SURROUNDING THE PROPERTY ? (Y*/N)		
10.	ARE THE DRAINS CLEAR OF RUBBISH AND DEBRIS?		
11.	IF 'YES' TO Q.9, IS THIS DISCHARGE OUT OF COMPLI - ANCE ? (Y*/N)		
12.	IS THERE EVIDENCE OF ANY OF THE FOLLOWING ON SITE ? (Check appropriate response)		
	OIL STAINING *		
	STRESSED VEGETATION *		
	STRONG ODOURS *		
13.	IS THE SITE UNDER SNOW COVER AT TIME OF SITE WALK ? (Y*/N)		
14.	ARE DUMPSTERS CLOSED OR COVERED (YES / NO)		

PAGE COMPLETED BY (NAME) _____

FILE REVIEW

#	AUDIT ITEM	RESPONSE	ACTION REQ'D ?
1.	IS AN ENVIRONMENTAL FILE KEPT ON SITE ? (Y/N*)		
2.	IS THE FILE COMPLETE WITH COPIES OF THE FOLLOWING ? (Check each response) : Operating or Occupying Permit (Y / N* / NA) Manifests (Y / N* / NA) UST Permits (Y / N* / NA) AST Permits (Y / N* / NA) Sanitary Sewer Discharge Permit(s) (Y / N* / NA) Non-stormwater NPDES/SPDES Permit(s) (Y/N*/NA) Underground Disposal Permit(s) (Septic, Leach Field, Dry Well, etc.) (Y / N* / NA) Stormwater Permit (Y / N* / NA) Agency Correspondence (Y / N* / NA) Tank Test Results (Y / N* / NA) Investigation Reports (Y / N* / NA) Spill Reports (Y / N* / NA) Inventory Control Records (Y / N* / NA)		
3.	IS THE FACILITY IN COMPLIANCE WITH CONDITIONS OF THE FOLLOWING PERMITS ? : Operating Permit (Y / N* / NA) UST Permit (s) (Y / N* / NA) AST Permit (s) (Y / N* / NA) Sanitary Sewer Discharge Permit (Y / N* / NA) Non-Stormwater NPDES/SPDES Permit(s) (Y / N* / NA) Stormwater Permit (Y / N* / NA)		
4.	IS THERE A COPY OF THE ENVIRONMENTAL MANAGEMENT HANDBOOK ON SITE ? (Y/N*)		
5.	ARE THERE COPIES OF REGULATIONS GOVERNING ACTIVITIES AT THIS FACILITY KEPT IN THE ENVIRONMENTAL FILE ? (Y/N*)		
6.	HAVE ANY ENVIRONMENTAL INCIDENTS OCCURRED AT THIS FACILITY SINCE THE LAST AUDIT ? (Y*/N)		
7.	IF 'YES' TO Q.10, WAS IT REPORTED AS REQUIRED BY REGULATION AND CORPORATE POLICY ? (Y/N*)		
8.	IS THERE A COPY OF THIS REPORT ON FILE ? (Y/N*)		

9	HAS THIS SITE UNDERGONE AN ENVIRONMENTAL AGENCY REGULATORY COMPLIANCE INSPECTION IN THE PAST YEAR ? (Y* / N)		
10	IF 'YES' TO Q.13, HAVE ALL ISSUES RAISED BEEN ADDRESSED / CORRECTED ? (Y / N* / NA)		
11	HAS THIS FACILITY COMPLETED THE NECESSARY REPORTING IN RESPONSE TO COMMUNITY RIGHT - TO - KNOW (SARA TITLE III) LEGISLATION ? (Y / N* / NA)		
12	IS THERE AN SPCC PLAN ON FILE ? (Y / N* / NA)		
13	IS THERE A STORMWATER POLLUTION PREVENTION PLAN ON FILE ? (Y / N* / NA)		
14	ARE THERE UP-TO-DATE RECORDS ON FILE FOR EMPLOYEE TRAINING IN ACCORDANCE WITH ? :		
	SPCC PLAN (Y / N* / NA)		
	SWPP PLAN (Y / N* / NA)		
	EMPLOYEE RIGHT-TO-KNOW (Y / N* / NA)		
	WHMIS (Y / N* / NA)		
15	ARE THERE RECORDS ON FILE OF INSPECTION REPORTS, OBSERVATIONS IN ACCORDANCE WITH ? :		
	SPCC PLAN (Y / N* / NA)		
	SWPP PLAN (Y / N* / NA)		

PAGE COMPLETED BY (NAME) _____

PROCEDURAL AND EXPENSABLE DEFICIENCIES ONLY

CORRECTIVE ACTION PLAN

22

DIVISION:	DATE OF AUDIT:
ADDRESS:	AUDITOR:
TELEPHONE:	DIVISION MANAGER:
FAX:	

DEFICIENCY	CORRECTIVE ACTION PLAN	COST ESTIMATE	DATE FOR COMPLETION	APPROVALS	SIGNATURE
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	
				DIV. MGR.	
				DIST. MGR/DIR	
				REG.MAINT.	

DIVISION MANAGER SIGNATURE:	DATE (D/M/Y):
------------------------------------	----------------------

DISTRIBUTION WITH COMPLETED AUDIT

ENVIRONMENTAL AUDIT REVIEW

This audit has been reviewed with the manager or designant of this facility and both of the undersigned are in agreement with the content of the summary of deficiencies in this audit report.

SIGNATURES

AUDITOR : _____ DATE: _____
(D/M/Y)

MANAGER : _____ DATE: _____
(D/M/Y)

AUDITOR COMMENTS :

(The Auditor may provide comment on overall environmental management at facility, operator awareness, unusual site - specific issues, etc.)

DISTRIBUTION : Manager
 Regional V.P.

EMSC MAINTENANCE AND FUELING FACILITY CORRECTIVE ACTION PLAN

CAPITAL EXPENDITURE DEFICIENCIES ONLY

DIVISION NAME :	DIV. # :
REGION :	
ADDRESS :	
DIVISION MANAGER :	
TELEPHONE :	
FAX :	
DATE OF AUDIT :	
AUDITOR :	
DESCRIPTION OF DEFICIENCY :	
DESCRIPTION OF C.A.P. :	
COST ESTIMATE FOR C.A.P. :	
COST BUDGETED (YES / NO) :	C.E.R. # :
COMPLETION DATE FOR C.A.P. :	

APPROVALS SIGNATURES :	DATE :
DIVISION MANAGER : (PROONENT)	
DISTRICT DIRECTOR :	
REGIONAL MAINTENANCE DIRECTOR :	
REGIONAL V.P. :	
DIRECTOR FLEET SERVICES :	

**DISTRIBUTE WITH COMPLETE AUDIT.
MUST ALSO ACCOMPANY C.E.R.**

TABLE 1.

ENVIRONMENTAL AUDITING & CORRECTIVE ACTION PROCEDURES

ACTIVITY	EXECUTED BY	RESPONSIBILITY	DISTRIBUTION	TIMING
DO AUDIT	D.F.S.	D.F.S.	C.E.O. REG V.P. V.P. MAIN/GRP ENV.	BI-ANNUALLY
OPERATIONAL DEFICIENCIES :				
PREPARE C.A.P.	C.E.O. D.F.S. to assist	C.E.O.	DIST DIR. D.F.S. REG V.P. V.P. MAIN/GRP ENV.	10 DAYS AFTER AUDIT
APPROVAL OF C.A.P.	D.F.S.	C.E.O.	N/A	15 DAYS AFTER AUDIT
EXECUTE C.A.P.	C.E.O.	C.E.O.	N/A	20 DAYS AFTER AUDIT
C.A.P. PROGRESS REPORT	C.E.O.	C.E.O.	D.F.S.	QUARTERLY
CAPITAL ITEM DEFICIENCIES :				
PREPARE C.A.P. INCL. COST EST. & TIME SCHEDULE	C.E.O. D.F.S. to assist	C.E.O.	D.F.S. REG V.P. V.P. MAIN/GRP ENV.	30 DAYS AFTER AUDIT
APPROVAL OF C.A.P.	C.E.O. REG V.P. V.P. MAIN/GRP ENV.	C.E.O.	N/A	40 DAYS AFTER AUDIT
BUDGETING	C.E.O.	C.E.O.	D.F.S. REG V.P.	ANNUALLY
PROJECT START-UP & EXECUTION	C.E.O. with oversight by D.F.S.	C.E.O.	N/A	APPROVED SCHEDULE
C.A.P. PROGRESS REPORT	C.E.O.	C.E.O.	D.F.S.	QUARTERLY
REGIONAL C.A.P. SUMMARY REPORT	D.F.S.	D.F.S.	REG V.P. V.P. MAIN/GRP ENV.	QUARTERLY (NOV., FEB., MAY. AUG.)

Audit

American Medical Response Shop Review CO 0020F 00

Shop Location _____ Score _____ Date _____

Shop Supervisor _____ General Manager _____

This review is being conducted for the following reasons:

Type of Audit being conducted (circle one)

- | | | |
|---|--|--|
| 1. Policy and Procedures - Vehicle inspection / Fleet Walk.
Target Scores 720 vehicles / 720 Policy - 1440 Pass - 1225 (85%) | 2. Policy and Procedures - Fleet Walk
Target Score - 720 / Pass = 615 (85%) | 3. Vehicle inspection Only - Fleet Walk
Target Score - 720 / Pass = 615 (85%) |
|---|--|--|

This shop services and supports the following vehicle counts

Fleet Maintenance Head Count

Amb	Count	Para Transit	Count	Support	Count	Job Classification	Count	Other
BLS		Chair Van		Fleet		Manager		
ALS		Passenger		Ops Sup		Supervisor		
911		Bus		Training		Foreman		
CCT				Admin		Lead Tech		
Neonate				MCI		FTE Technicians		
Bariatric						PTE Technicians		
						Body		
						Parts		
						Administrative		
Total		Total		Total		VST		

Shop Management and Set Up - Observations Comment

Is there a daily work list used to set priorities?		
Is a road call log kept in the shop?		
Is a purchase order log kept in the shop?		
Number of repair bays		
Number of vehicle lifts		
Is there an equipment bay / area?		
Is there a central control area / office?		
How many computer stations are in the shop?		

Vehicle Score Cards	Check a Mimimum of 10% of the fleet. Check all items listed on the score card.	Yes	No
Visual Fleet Walk	In addition to vehicle score cards - Check all vehicles in the yard - or - a minimum 10 % of the fleet	Yes	No

Audit

Fleet Policy Checks		10 - Compliant (Yes)	5 - Needs Improve	0 - Non Compliant (No)	Target 20	Pass 15	Score
P1	Is there a copy of the Fleet Policy and Procedures Manual in the shop?	10	0				
P2	Has all shop employees been trained and familiar with AMR Fleet Policy and Procedures?	10	5	0			
Section 1.0 Fleet Maintenance Data Base (RTA)		10 - Compliant (Yes)	5 - Needs Improve	0 - Non Compliant (No)	Target 100	Pass 85	Score
P1.1	Are all vehicle repairs entered into RTA?	10	0				
P1.2	Is shop parts inventory up to date and tracked in RTA?	10	5	0			
P1.3	Are all vehicle odometers recorded, weekly in RTA?	10	0				
P1.4	Are PMI's tracked, scheduled and monitored using RTA?	10	0				
P1.5	Are purchase orders used in RTA?	10	5	0			
P1.6	Are all sub-contract repairs, labor and parts, entered into RTA?	10	5	0			
P1.7	All outside repair invoices including body work entered?	10	0				
P1.8	All road service or towing Invoices	10	0				
P1.9	All tire work / repair invoices?	10	0				
P1.10	All windshield replacement invoices?	10	0				
Section 2.0 Shop Safety		10 - Compliant (Yes)	5 - Needs Improve	0 - Non Compliant (No)	Target 100	Pass 85	Score
P2.1	Are safety gloves available? (battery handling, solvent sink, gurney maintenance)	10	0				
P2.2	Are safety glasses provided? Are there Eye safety signs posted throughout the shop?	10	0				
P2.3	Is hearing protection provided ? Are there safety signs posted throughout the shop?	10	0				
P2.4	Are there any trip or slip hazards.	10	0				
P2.5	Is the shop neat, clean and orderly.	10	5	0			
P2.6	Does the shop have an MSDS station?	10	0				
P2.7	Are safety guards secure at grinder? Are posts properly set? (1/8 ")	10	0				
P2.8	Is shop equipment maintained and wiped down?	10	5	0			
P2.9	Have vehicle lifts been safety inspected within the last year?	10	0				
P2.10	Are vehicle lifts numbered and do they have separate history files?	10	5	0			

Audit

Section 3.0 Maintenance Procedures - (Checked during Vehicle Inspections. Use Score Card.)				
Section 4.0 Vehicle Replacement - Not checked during audit.				
Section 5.0 Vehicle Delivery Notification		10 - Compliant (Yes)		Target 10
		0 - Non Compliant (No)		Pass 10
				Score
P5.1	Is the Vehicle Delivery Notification Form CO 0026F 00 being utilized. Are they located in the chassis maintenance file?	10	0	
Section 6.0 Reporting Vehicle Problems				
		10 - Compliant (Yes)		Target 60
		5 - Needs Improve		Pass 55
		0 - Non Compliant (No)		Score
P6.1	Is there a in house process for reporting vehicle conditions to the Fleet Repair shop?	10	0	
P6.2	Is the operations department notified when a reported vehicle condition been corrected and ready for service?	10	5	0
P6.3	Are all corrective measures, recorded on work orders?	10	0	
P6.4	Are all corrective measures, entered into RTA?	10	0	
P6.5	Are copies of reported vehicle conditions and corrective work orders kept in the vehicle history file?	10	0	
P6.6	Are Critical Failures reported on CO-0025F-00 Forms (Score one P6.6)	10	0	
P6.6	Are Critical Failures reported electronically (Score one P6.6)	10	0	
Section 7.0 Vehicle Transfers - Not checked during the audit.				
Section 8.0 Excess Fleet		10 - Compliant (Yes)		Target 30
		5 - Needs Improve		Pass 20
		0 - Non Compliant (No)		Score
	Are there any surplus, unused vehicles in the yard?	Yes	No	
P8.1	Have these vehicles been reported as surplus?	10	5	0
P8.2	Are estimates, Sedgwick claim numbers, photos available to support surplus status?	10	5	0
P8.3	Have disposed vehicle records been retained for 3 years?	10	0	
Section 9.0 Warranty				
		10 - Compliant (Yes)		Target 10
		0 - Non Compliant (No)		Pass 10
				Score
P9.1	Does the shop track warranty repairs?	10	5	0
	Dollar amount for last years recover?			

Audit

Section 10.0 Fleet Purchasing and Parts		10 - Compliant (Yes)		Target	130
		5 - Needs Improve		Pass	115
		0 - Non Compliant (No)		Score	
P10.1	Tires purchased from Michelin? (or written approval for deviation)	10	0		
P10.2	Lube Oil from Exxon Mobil?	10	0		
P10.3	Proper Grade of Oil being used?	10	0		
P10.4	OEM parts being used?	10	0		
P10.5	High performance or alternate parts purchases approved?	10	0		
P10.6	Primary Ford Vendor (QFC - National Agreement) (85%)	10	0		
P10.7	Hardware from Bowman Distribution Group? (Lawson, Mechanics Choice, Bowman)	10	0		
P10.8	Batteries Interstate or Motorcraft?	10	0		
P10.9	Is the inventory count accurate? Pull RTA report and compare.	10	5	0	Check 10 items - Count and pricing.
P10.10	Is part pricing accurate in RTA? Pull RTA report and compare.	10	5	0	Check oil and tires and 8 items.
P10.11	Are parts allocated to vehicles using National Data Base? (RTA)	10	0		
P10.12	Is the parts storage area neat, clean and organized.	10	5	0	
P10.13	Parts Inventory Level - Exceeds 90 days of P&L expense?	5	0		
P10.13	Parts Inventory Level - 60 - 90 days of P&L expense?	10	0		
P10.13	Parts Inventory Level - 30 days of R&M expense.	15	0		
Section 11.0 - Repair Orders		10 - Compliant (Yes)		Target	60
		5 - Needs Improve		Pass	40
		0 - Non Compliant (No)		Score	
P11.1	Are there vehicle maintenance history files?	10	0		
P11.2	Are AMR hand written repair orders CO-0028F-00 used?	10	0		
P11.2	Are Data Base shop WO's with mechanic notes used?	10	0		(Note - Data Base WO's are required to have mechanics comments and notes)
P11.3	Are repair orders complete with CCC and all vehicle information?	10	5	0	(CCC = Complaint - Cause - Correction)
P11.4	Are repair orders complete and proper Vehicle number, Yr, Make, VIN, Odometer, Date documented?	10	5	0	
P11.5	Are repair orders reviewed and signed by the Shop Supervisor?	10	5	0	
P11.6	Are vehicle files clean, neat and orderly?	10	5	0	
		10	0		

Audit

Section 12.0 - Preventative Maintenance		10 - Compliant (Yes)	5 - Needs Improve	0 - Non Compliant (No)	Target 50
					Pass 40
					Score
P12.1	Are PMI's conducted every 5k, compliant / on time.	10	5	0	(10 = 95% or > , 5 = 80% on time, 0 = all others)
P12.2	Are PMI's in the correct cycle? A,A,B,A,A,C	10	5	0	
P12.3	Are AMR PMI Forms CO-0021F-00 being used	10		0	
P12.4	Are all sections of the PMI form CO-0021F-00 completed	10	5	0	
P12.5	Are all sections of the PMI form CO-0021F-00 signed by mechanic and not straight lined?	10	5	0	
Section 13.0 - Tires (Tire compliance is checked during the vehicle inspection using vehicle score card)					
Section 14.0 - Brakes (Brake compliance is checked during the vehicle inspection using vehicle score card)					
Section 15.0 - Stretchers		10 - Compliant (Yes)	5 - Needs Improve	0 - Non Compliant (No)	Target 50
					Pass 35
					Score
P15.1	Are stretcher PMI's being conducted using AMR inspection form CO 0029F 00? Every PMI ?	10		0	
P15.2	Are stretchers serviced and inspected each time a vehicle is PMI'd?	10		0	
P15.3	Does the shop have stretcher maintenance files?	10	5	0	
P15.4	Is the stretcher serial number on each file?	10	5	0	
P15.5	Are unit assignment number attached to the stretcher?	10	5	0	
Section 16.0 & 16.1 - Tools					
Section 16.0 & 16.1 - Tools		10 - Compliant (Yes)	5 - Needs Improve	0 - Non Compliant (No)	Target 20
					Pass 15
					Score
P16.1	Have the mechanics completed tool inventory form CO 0091F 00?	10		0	
P16.2	Do mechanics have adequate hand tools to perform repairs on ambulances?	10	5	0	

Audit

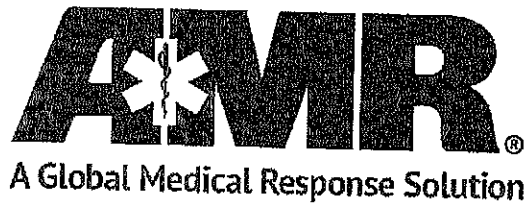
Section 17.0 - Environmental		10 - Compliant (Yes)		Target	130
		5 - Needs Improve		Pass	110
		0 - Non Compliant (No)		Score	
P17.1	Has an environmental audit been conducted in the last two years?	10	0		
P17.2	Have all environmental deficiencies found during the last audit been corrected?	10	0		
P17.3	Is the petroleum storage area under cover and contained?	10	0		
P17.4	Is petroleum storage area clean and free of spills?	10	5 0		
P17.5	Are bulk tanks or drums properly labeled and clean, free of spills?	10	5 0		
P17.6	Are batteries stored under roof, contained and in a adequately ventilated area?	10	5 0		
P17.7	Are batteries and petroleum storage areas adequately protected from vehicular traffic?	10	5 0		
P17.8	Are disposal manifest kept in an environmental file?	10	0		
P17.9	Oil Manifest - in order and neat	10	5 0		
P17.10	Antifreeze manifest - in order and neat	10	5 0		
P17.11	Brake wash manifest - in order and neat	10	5 0		
P17.12	Waste Fuel manifest - in order and neat	10	5 0		
P17.13	Waste Rags and Absorbent manifest - in order and neat	10	5 0		
Audit Completed By _____		Date _____			

Date

Unit No	Year	Odometer	Cab Cleanliness	Body Appearance	Tire Wear Even / Condition	Steel Valve Stems	Oil Level	Air Filter Quality	Belts / Hose Condition	Patient Compartment Cleanliness	Gurney Adjustment / Number	Target Score = 90, Pass Score = 70
			10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	
Comments												
			10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	
Comments												
			10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	
Comments												
			10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	
Comments												
			10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	
Comments												
Inspection Conducted By												
Date												

Section B

Item # 5



2020 CAAS
Mutual Aid Process
102.01.01

Documents include:

- Copy of OGL titled "Mutual Aid"
- Copy of AMR Riverside County's Operational process for mutual aid
- Copy of Letter of Understanding (LOU) regarding mutual aid with Idyllwild Fire Protection District
- Copy of Mutual Aid Agreement with AMR San Bernardino County
- Copy of Mutual Aid Agreement with AMR River Medical
- Copy of "EMS Response Plan Palo Verde", Imperial County



A Global Medical Response Solution

Operational Guideline

Operations

Guide #: 4500

Effective Date: 8/01/08

(Revised 01/28/20)

APPLICABLE TO DEPARTMENTS: Field/Communications

DocuSigned by:

Douglas Key

Douglas Key, Regional Director

DocuSigned by:

Wayne Ennis

Wayne Ennis, Operations Manager

Mutual Aid

As per Exhibit 3 of the master agreement between Riverside County and American Medical Response (AMR), it states, "Contractor (AMR) shall comply with provisions of the County Master Ambulance Mutual Aid Policy as adopted and implemented by REMSA." 3.4.2 States, "Contractor shall assist other EOA and non-EOA ambulance providers and provide mutual aid inside and outside the Riverside County Operational Area as required by REMSA."

For mutual aid within Riverside County, for the purposes of ambulance transportation, AMR Riverside County would contact either a surrounding AMR Operation or other non-AMR ALS Ambulance provider for additional resources.

Mutual aid in the Mountain Zone would come from Idyllwild Fire in the event an AMR cover unit is unavailable.

When an Eastern AMR Riverside County Operations requests mutual aid from another AMR Operation outside of Riverside County, that request will most likely go to AMR River Medical out of Arizona for responses into the Blythe area.

In the event mutual aid is requested from a non-AMR ALS Ambulance provider such as occurs in the Desert Cities Operation or Mountain Communities, the request will be made by AMR's Communication Center to the requested agencies Communication Center once it is deemed necessary and there are no available AMR resources to send.

AMR Desert Cities provides and receives mutual aid to and from the following non-AMR Agencies:

- Cal Fire (Indio)
- Cal Fire (Indian Wells)
- Cal Fire (Palm Desert)
- Cal Fire (Rancho Mirage)
- Cathedral City Fire

In the event mutual aid is required by AMR, the following would occur:

- The communications center will make the request for mutual aid immediately following the receipt of a call when there are no other AMR ALS units available to respond. The On duty Communications Supervisor will be notified.
- When mutual aid is needed in the Western portion of the county the communications center will immediately dispatch a unit from the nearest adjoining AMR Operation. The communication and Operations Supervisors will be notified.

- In the event out-of-county mutual aid is needed, the System Status Controller (SSC) will immediately contact the AMR communications center in San Bernardino County, Imperial County or Arizona with the request. The Communications and Operations Supervisors will be notified of the response by the SSC.
- Mutual aid in the Central portion of Riverside County would be between AMR Hemet and Idyllwild Fire in the Mountain Zone.
- Mutual aid in the Eastern portion of Riverside County is often provided between AMR Desert Cities and AMR River Medical or one of the previously listed non-AMR ALS ambulance providers. When mutual aid is needed in the Desert Cities Operation AMR's communications center will contact the appropriate Communication Center with the request and provide all pertinent call information to the call taker.
- In the event AMR has requested mutual aid from another ALS Transport Provider and a closer AMR ALS Ambulance becomes available, the SSC should confirm the ETA of the non-AMR Ambulance and if the AMR ambulance is closer, then cancel the mutual aid request and reassign the call to the closer AMR unit.
- The SSC will contact the Communications Supervisor to notify them mutual aid was requested and then will log it into the CAD using the appropriate CAD code/s.
- AMR's SSC is to always request mutual aid should the need arise and there are no available AMR ALS resources available to respond. Should the request be denied the SSC is to log the denial into the CAD notes and dispatch the next available AMR ALS resource that becomes available.

In the event a mutual aid request is made to AMR, by another ALS ambulance provider the following is to occur:

- The SSC is to confirm with the requesting agency that it is a mutual aid request.
 - The SSC will dispatch the requested resources as per AMR's Mutual Aid policy and log it into the CAD using the appropriate CAD codes.
 - The SSC will notify the on duty Communications Supervisor of the request.
- The SSC is to provide the requesting agency of the location and estimated ETA of the responding unit.



Operations

Operational Guideline

Guide #: 4500 (Addendum)

Effective Date: 4/25/00

(Revised 06/15/17)

APPLICABLE TO DEPARTMENTS: Support Services/Field/Communications

DocuSigned by:

Wayne Ennis

61F6BDD02B16A02

Wayne Ennis, Operations Manager

Desert Cities Addendum

MUTUAL AID REQUESTS (Coachella Valley)

As an integral part of the Emergency Medical Services system within Riverside County, American Medical Response (AMR) will actively participate in mutual aid systems with other AMR and non-AMR Advanced Life Support (ALS) 911 transport providers as delineated in the County of Riverside Health Services Agency's Master Contract with AMR. The purpose of this policy is to clearly define the parameters and extent to which AMR will provide mutual aid to other non-AMR ALS 911 transport providers while at the same time assuring a reasonable response capability within AMR's own primary areas of responsibility.

Providing Mutual Aid - Coachella Valley

AMR will provide mutual aid to another non-AMR ALS 911 provider utilizing the following as a guideline prior to the unit being dispatched:

1. A request for mutual aid must be made from the approved ALS providers Communication Center to AMR's Communications Center.
2. The requesting ALS provider does not have another available ALS Ambulance within their primary response area that is capable of handling the call.
3. When requested, AMR will provide Mutual Aid when there are four (4) available units properly posted in the System Status Plan and are not assigned to calls.
4. The closest available AMR unit is to be dispatched to the Mutual Aid request and the AMR System Status Controller (SSC) is required to inform the requesting agency where the unit is responding from along with an estimated ETA. *(Should another approved ALS transport agency have a closer unit, i.e. Indio, Palm Desert, Indian Wells, Rancho Mirage and/or Cathedral City, the requesting agency should consider canceling the AMR request and assign the call to the closer agency).*
 - If these conditions are met, one (1) AMR Ambulance may respond to the mutual aid request. If AMR has five (5) available ambulances in the system then two (2) ambulances may be sent.
5. If a request for mutual aid is made and AMR does not have four (4) available units in the system, the on duty SSC is to advise the requesting agency that mutual aid is not available at this time.
6. The SSC is required to enter the appropriate CAD delay code designated for mutual aids into the computer for tracking purposes. The delay codes to be utilized are as follows:
 - a. MIN (Mutual Aid Indio)
 - b. MCC (Mutual Aid Cathedral City)
 - c. MCO (Mutual Aid Covas)
7. The SSC must notify the on duty Communications Supervisor and the on duty Field Supervisor of any request for mutual aid.

Requesting Mutual Aid – Coachella Valley

AMR will require mutual aid in times when the System Status Plan becomes so taxed it can no longer support the call volume. The following guidelines are to be adhered to when requesting mutual aid:

1. Mutual aid is to be requested immediately when all AMR resources are already committed to incidents and:
 - a. Another request for service comes in to the communications center.
 - b. An MCI that requires additional ALS transport units and AMR does not have any additional units to respond.
2. In the event a request for mutual aid has been made, and shortly thereafter an AMR unit becomes available, it is the SSC's responsibility to verify if the available AMR unit would have a shorter ETA to the response. The SSC is required to make radio or telephonic contact with the available AMR resource to determine an ETA. It is also required that the SSC contact the agency for whom mutual aid was requested and verify the ETA of their responding resource. If the AMR unit has a shorter ETA, the SSC is to cancel the mutual aid request and reassign it to the closer AMR unit.
3. Regardless of other agencies perceived or known policies regarding them providing AMR mutual aid, the SSC is to request mutual aid whenever the need arises. NO EXCEPTIONS!
4. Should a mutual aid request be denied, the SSC must immediately notify the requesting agencies communications center that there may be an extended ETA and that AMR's request for mutual aid was denied.
5. In all cases where mutual aid was requested and subsequently denied, it is further required that the SSC notify the crew who will be assigned the call so that they know they have a code-3 call pending and need to expedite.
6. The SSC is required to provide regular updates to the agency requesting a 911 response as to the ETA of the responding unit.
7. The SSC must also notify the on duty Communications Supervisor and Field Supervisor whenever a request for mutual aid is made.
8. The following cancel codes are required to be utilized when requesting mutual:
 - a. RIN (Request Indio)
 - b. RCO (Request Covas)
 - c. RCC (Request Cathedral City)

It is AMR's intent to provide quality patient care and rapid transport. To that extent, AMR will provide and request mutual aid as the need arises to insure our patient's and customers receive the best patient care possible given the circumstances. All SSC's and field crews must keep in mind that it is not unusual for a mutual aid response to have an extended ETA. For this reason we ask that all crews and dispatchers be as helpful as possible and avoid any further delays in getting the patient packaged and enroute to the most appropriate facility.



Revised April 21, 2020

Mutual Aid Summary of Operational Process

As per Exhibit 3 of the master agreement between Riverside County and American Medical Response (AMR), it states, "Contractor (AMR) shall comply with provisions of the County Master Ambulance Mutual Aid Policy as adopted and implemented by REMSA." 3.4.2 States, "Contractor shall assist other EOA and non-EOA ambulance providers and provide mutual aid inside and outside the Riverside County Operational Area as required by REMSA."

For mutual aid within Riverside County, for the purposes of ambulance transportation, AMR Riverside County would contact either a surrounding AMR Operation or other non-AMR ALS Ambulance provider for additional resources.

When another AMR Western Riverside County Operation is contacted for mutual aid, the request would first go out to an adjoining operation. Next the request would move out to adjoining counties with San Bernardino AMR Operations next (as their protocols and policies most resemble ours, their acute facilities would be utilized next in a large incident, and they currently have several units "cross permitted" in Riverside County.)

When an Eastern AMR Riverside County Operations requests mutual aid from another AMR Operation outside of Riverside County, that request will most likely go to AMR River Medical out of Arizona and/or AMR Imperial County for responses into the Blythe area.

In the event mutual aid is requested from a non-AMR ALS Ambulance provider such as occurs in the Desert Cities Operation, the request will be made by AMR's Communication Center to the requested agencies Communication Center once it is deemed necessary and there are no available AMR resources to send. AMR Desert Cities provides and receives mutual aid to and from the following non-AMR Agencies:

- Cal Fire (Indio)
- Cal Fire (Indian Wells)
- Cal Fire (Palm Desert)
- Cal Fire (Rancho Mirage)
- Cathedral City Fire



In the event mutual aid is required by AMR, the following would occur:

- The communications center will make the request for mutual aid immediately following the receipt of a call when there are no other AMR ALS units available to respond. The On-duty Communications Supervisor will be notified.
- When mutual aid is needed in the Western portion of the county the communications center will immediately dispatch a unit from the nearest adjoining AMR Operation. The communication and Operations Supervisors will be notified.
- In the event out-of-county mutual aid is needed, the System Status Controller (SSC) will immediately contact the AMR communications center in San Bernardino County, Imperial County or Arizona with the request. The Communications and Operations Supervisors will be contacted by the SSC who will then contact the Communications Managers and Operations Managers from each operation. Should additional resources be needed from other surrounding counties, the Regional Director will be notified about the request from the Communications Manager.
- AMR will notify the EMS Agency of out-of-county mutual aid requests from San Bernardino County and all appropriate paperwork will be filed with the county as required.
- Mutual aid in the Eastern portion of Riverside County is often provided between AMR Desert Cities, AMR Imperial County, AMR River Medical or one of the previously listed non-AMR ALS ambulance providers. When mutual aid is needed in the Desert Cities Operation AMR's communications center will contact the appropriate Communication Center with the request and provide all pertinent call information to the call taker.
- The SSC will contact the Communications Supervisor to notify them mutual aid was requested and then will log it into the CAD using the appropriate CAD code/s.
- AMR's SSC is to always request mutual aid should the need arise and there are no available AMR ALS resources available to respond. Should the request be denied the SSC is to log the denial into the CAD notes and dispatch the next available AMR ALS resource that becomes available.

In the event a mutual aid request is made to AMR, by another ALS ambulance provider the following is to occur:

- The SSC is to confirm with the requesting agency that it is a mutual aid request.
- The SSC will dispatch the requested resources as per AMR's Mutual Aid policy and log it into the CAD using the appropriate CAD codes.
- The SSC will notify the on duty Communications Supervisor of the request.
- The SSC is to provide the requesting agency of the location and estimated ETA of the responding unit.



Letter of Understanding
 Between
 American Medical Response Ambulance Services, Inc.
 And
 Idyllwild Fire Protection District

American Medical Response (AMR) is supplying to Idyllwild Fire Protection District (IFPD) AVL modems so that AMR may track available ambulances in the Mountain Zone for purposes of dispatching closest unit as per REMSA Operational Policy 2120.

AMR shall supply modems for IFPD ambulances at no charge to IFPD and shall maintain said modems at no charge.

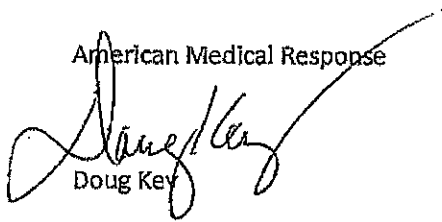
AMR shall store all AVL data and hold such data consistent with IFPD retention of record requirements.

AMR shall only release data pertaining to IFPD ambulances AVL data to IFPD.

AMR shall only release IFPD AVL data through an official request from IFPD.

Either party may terminate this arrangement with 30 days written notice. At the time of termination AMR shall transfer all AVL data applicable to this agreement to IFPD within the record retention time frame.

Agreed to:

American Medical Response

 Doug Key

Regional Director

Date: 4/27/18

Idyllwild Fire Protection District

Patrick Reitz

Fire Chief

Date: _____

Letter of Understanding

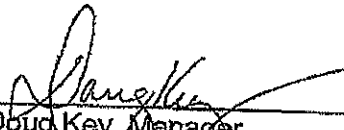
Ambulance Cooperative Aid among the Riverside County Fire Department, Idyllwild Fire Protection District, American Medical Response and the Riverside County Emergency Medical Services Agency

In an effort to better serve the residents of Riverside County and in particular those residents in the Mountain Plateau Emergency Ambulance Non-Exclusive Operating Area and Idyllwild Fire Protection District Zone I Emergency Ambulance Exclusive Operating Area the Letter of Understanding (LOU) executed May 16, 2016 is hereby amended and agreed upon.

1. The Riverside County Fire Department (RCFD), Idyllwild Fire Protection District (IFPD), American Medical Response (AMR) and Riverside County Emergency Medical Services Agency (REMSA) all support the most expedient emergency transport of patients. All parties will work collaboratively for the benefit of the citizens to be served.
2. This LOU is a cooperative aid agreement between RCFD, IFPD, AMR and REMSA and applies to EMS for first responder and ambulance services.
3. This LOU in no way changes the current County Ambulance Transportation Plan and agreements with AMR and IFPD, but acts only as an adjunct agreement to ensure the availability of ambulance transport in a timely manner for the San Jacinto Mountain and Santa Rosa Mountain communities.
4. For the area applicable to this agreement, fire protection and related fire protection services such as, but not limited to, fire suppression, emergency medical, technical rescue and hazmat will remain the responsibility of the home fire jurisdiction. Other than as requested for ambulance transport mutual aid, IFPD will not have fire jurisdiction in the Mountain Plateau emergency ambulance non-exclusive operating area other than that requested by the RCFD.
5. This LOU makes no suggestion to change existing fire jurisdiction responsibility nor does it provide any authority to any party to act on behalf of the other parties unless and until the home jurisdiction arrives and takes jurisdictional command of the incident.
6. This LOU includes by reference all REMSA policy and procedures protocols currently in effect. All Parties hereto agree to follow these policies as are currently approved or as amended by mutual consent during the term of this agreement.

7. Ambulance staffing will be in accordance with applicable REMSA agreements, policy, protocols and procedures.
8. All parties agree that they will only provide additional EMS personnel for transportation purposes when the patient is deemed critical and additional personnel are needed for patient care.
9. All parties agree that transporting ambulances will follow all County ambulance contract provisions for restocking and replacement of supplies.
10. All parties agree that dispatch and full emergency response and move up and cover activities of ambulances under the terms of this agreement must be coordinated by the Riverside County Emergency Command Center.
11. This agreement will be in effect from May 16, 2016 through June 30, 2020 unless otherwise amended or cancelled.

This LOU constitutes the entire agreement and includes: (1) Mountain Plateau Emergency Ambulance Non-Exclusive Operating Area Map, (2) Idyllwild Fire Protection District Zone I Emergency Ambulance Exclusive Operating Area Map, (3) Mountain Plateau Ambulance Backup Process, and (4) IFPD Zone I Ambulance Backup Process. Any other additions or attachments are not represented by this agreement.



 Doug Key, Manager
 American Medical Response

5-16-16
 DATE



 Patrick Reitz, Fire Chief
 Idyllwild Fire Protection District

05/16/2016
 DATE



 Greg Everhart, Deputy Chief
 Riverside County Fire Department

5-16-16
 DATE



 Bruce Barton, Director
 Riverside County EMS Agency

5-16-16
 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 and/or volunteer 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:
American Medical Response

879 Marlborough Avenue
Riverside, CA 92507

If to AMR:

General Manager
American Medical Response
7925 Center Avenue
Rancho Cucamonga, CA 91730

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 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



Medical Services Mutual Aid Agreement

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, 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 October 01, 2013 ("Commencement Date").

American Medical Response of Inland Empire

By: *Renee D.S. Colarossi*
Renee D.S. Colarossi
General Manager

American Medical Response

By: *Doug Key*
Print Name: Doug KEY

Print Title: General Manager/Riverside



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 and/or volunteer 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.
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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:
River Medical Inc.

415 El Camino Way
Lake Havasu City, Arizona 86403

If to AMR:

Douglas Key
American Medical Response-Blythe
879 Mariborough Ave. Riverside, CA 92507

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".
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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 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



Medical Services Mutual Aid Agreement

any salary, wages, or other compensation for any of the other Agency's personnel performing services under this Agreement.

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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, 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]



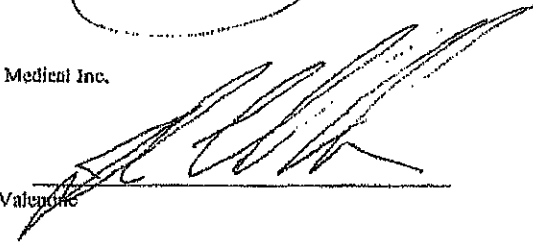
Medical Services Mutual Aid Agreement

IN WITNESS WHEREOF, the parties have hereto executed this Agreement as of February 8, 2017 ("Commencement Date").

Blythe Ambulance Service DBA: American Medical Response

By: 
Wayne Ennis, Operations Manager AMR Eastern Riverside County

River Medical Inc.

By: 
John Valentin

Print Name: John Valentin

Print Title: Regional Director

Schedule A

This attachment is intended to serve as the process to be used in the event Mutual aid is required by either American Medical Response Blythe Operation located in the City of Blythe California, and/or American Medical Response River Medical located in Lake Havasu Arizona however has stations located in the communities of Quartzite and Parker Arizona.

For the purposes of this agreement, mutual aid may need to be requested by either AMR Operation whenever emergency call volume is greater than the resources that are available for that given response area.

Both AMR Blythe and AMR River Medical provide ALS Paramedic level in the Cities and communities listed above.

Reasons to request mutual aid include but may not be limited to:

- Anytime the 9-1-1 system demand in a given area exceeds the ability of the AMR ALS resources for the geographical areas of Blythe and surrounding communities on the California side OR the community of Ehrenburg, Quartzite and Parker and other surrounding communities on the Arizona side.
- Multi Casualty Incidents (MCI)

This Agreement only covers mutual aid for emergent calls that are generated through the 911 system.

Request for mutual aid are made by the communications center for either AMR Operation by utilizing the following contact numbers:

- AMR Riverside Communications: (800) 549-1058 or (760) 327-1313
- AMR River Medical Communications: (928) 855-3428

Mutual aid requests for the City of Blythe and surrounding communities

In the event all the ALS Ambulances assigned to the City of Blythe and surrounding communities are assigned to calls, The AMR Riverside County Communications Center will immediately contact AMR River Medical and request that they send an ALS Ambulance from the Arizona side to the State Line to provide coverage for the City of Blythe and surrounding communities should another emergency request for service occur.

In the event AMR River Medical does not have an available ALS unit to send for coverage, the AMR Riverside Communications Center is to contact the next closest mutual aid provider, within the immediate area, for mutual aid coverage. Should another request for emergency service occur while there are no ALS ambulances immediately available and if no other mutual aid providers are available, AMR Riverside Communications Center will immediately respond a unit from the Palm Springs operation.

Mutual aid requests for Ehrenburg and surrounding communities

In the event the ALS Ambulances assigned to the communities of Ehrenburg, Quartzite and/or Parker areas of Arizona are assigned to calls and additional resources from the AMR River Medical Operation are not available to respond or provide coverage for those communities, AMR River Medical's

Schedule A

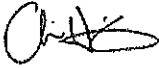
Communication Center will contact AMR Riverside's Communication Center to request possible system coverage or mutual Aid response as needed.



COUNTY OF IMPERIAL
PUBLIC HEALTH DEPARTMENT

ROBIN HODGKIN, M.P.A.
Director

STEPHEN W. MUNDAY, M.D., M.P.H.
Health Officer

TO: Imperial County Sheriff's Office Dispatch, Imperial County Fire Department, American Medical Response
FROM: Chris Herring, EMS Manager 
SUBJECT: EMS Response to Palo Verde
Date: October 31, 2019

The Imperial County EMS Agency, American Medical Response (AMR)-Imperial, and AMR-Riverside will be implementing a new emergency ambulance response model for the Palo Verde area. The new response model includes a mutual response agreement between the two AMR divisions and an air ambulance auto-launch protocol for all requests for emergency ambulance service within Imperial County Fire Department's Station #5 service area. Additionally, the mutual response agreement includes the provision of back-up ground ambulance coverage to the Blythe area by AMR-Imperial. This will not impact Imperial County PSAPs.

The process for requesting emergency ground ambulance for the Palo Verde area is outlined below:

Imperial County Sheriff's Office (ICSO) Dispatch Procedure:

Upon receipt of a 911 request for ambulance service:

1. Request a ground ambulance from AMR-Riverside (Blythe area): (877) 267-6622
2. Launch an air ambulance to ICFD Station #5; provide updated landing zone coordinates once available. If updated landing zone information is unavailable, air ambulances may self-land at ICFD Station #5

American Medical Response Procedure:

Upon receipt of a request for ground ambulance from ICSO Dispatch:

1. Dispatch AMR-Blythe ambulance, if available
2. If AMR-Blythe ambulance is unavailable for response, AMR-Riverside will transfer call information to AMR-Imperial's communications center
3. AMR-Imperial's communications center will contact ICSO dispatch via telephone and provide the following:
 - a. AMR responding unit information
 - b. Estimated time of arrival

Patient Destination for Air Ambulance Transports from the Palo Verde Area

Transport destination decisions for all patient's requiring air ambulance transport from the Palo Verde area shall be made by the air medical crew, without the need to contact the Base Hospital, using the following factors:

1. Patient's need for a specific or specialty hospital
2. Appropriate destination, FAA approved helipad for the aircraft
3. The capabilities of the aircraft, and fuel availability
4. Air safety factors, which will be approved by the pilot
5. Patient and/or family request may be used to consider destination if the request is reasonable and not precluded by any of the factors listed above.

Section B

Item # 6



Response Times Reports

Attached is the compliance for 2021 and 2022 - level of service, number of responses and number of late responses based upon the time the unit was requested/promised compared to the actual arrival.

A sample of the data extracted for the January 2021 is provided. Hard copy documents exceeded 500 pages, so the summary was provided.

The actual detail is available upon request for review.

1st Quarter 2021

Month	LOS	Resp	Lates	Compliance
Jan 2021	ALS	107	15	86.0%
	BLS	415	62	85.1%
	CCT	36	7	80.6%
Jan Total		558	84	84.9%
Feb 2021	ALS	97	7	92.8%
	BLS	457	62	86.4%
	CCT	27	3	88.9%
Feb Total		581	72	87.6%
Mar 2021	ALS	104	4	96.2%
	BLS	476	47	90.1%
	CCT	29	6	79.3%
Mar Total		609	57	90.6%

1st Quarter 2022

Month	LOS	Resp	Lates	Compliance
Jan 2021	ALS	99	7	92.9%
	BLS	366	105	71.3%
	CCT	16	3	81.3%
Jan Total		481	115	76.1%
Feb 2021	ALS	118	9	92.4%
	BLS	515	104	79.8%
	CCT	26	5	80.8%
Feb Total		659	118	82.1%
Mar 2021	ALS	102	18	82.4%
	BLS	603	69	88.6%
	CCT	23	2	91.3%
Mar Total		728	89	87.8%

2nd Quarter 2021

Month	LOS	Resp	Lates	Compliance
Apr 2021	ALS	108	4	96.3%
	BLS	552	79	85.7%
	CCT	37	5	86.5%
Apr Total		697	88	87.4%
May 2021	ALS	162	10	93.8%
	BLS	523	83	84.1%
	CCT	25	2	92.0%
May Total		710	95	86.6%
Jun 2021	ALS	107	9	91.6%
	BLS	545	89	83.7%
	CCT	36	3	91.7%
Jun Total		688	101	85.3%

2nd Quarter 2022

Month	LOS	Resp	Lates	Compliance
Apr 2021	ALS	112	15	86.6%
	BLS	582	98	83.2%
	CCT	21	6	71.4%
Apr Total		715	119	83.4%
May 2021	ALS	115	12	89.6%
	BLS	605	94	84.5%
	CCT	15	3	80.0%
May Total		735	109	85.2%
Jun 2021	ALS	101	4	96.0%
	BLS	587	87	85.2%
	CCT	18	2	88.9%
Jun Total		706	93	86.8%

3rd Quarter 2021

Month	LOS	Resp	Lates	Compliance
Jul 2021	ALS	169	12	92.9%
	BLS	601	93	84.5%
	CCT	24	3	87.5%
Jul Total		794	108	86.4%
Aug 2021	ALS	128	15	88.3%
	BLS	563	124	78.0%
	CCT	21	0	100.0%
Aug Total		712	139	80.5%
Sep 2021	ALS	109	7	93.6%
	BLS	479	83	82.7%
	CCT	24	6	75.0%
Sep Total		612	96	84.3%

3rd Quarter 2022

Month	LOS	Resp	Lates	Compliance
Jul 2021	ALS	110	15	86.4%
	BLS	626	126	79.9%
	CCT	18	1	94.4%
Jul Total		754	142	81.2%
Aug 2021	ALS	133	16	88.0%
	BLS	677	112	83.5%
	CCT	16	1	93.8%
Aug Total		826	129	84.4%
Sep 2021	ALS	111	8	92.8%
	BLS	439	73	83.4%
	CCT	19	1	94.7%
Sep Total		569	82	85.6%

4th Quarter 2021

Month	LOS	Resp	Lates	Compliance
Oct 2021	ALS	133	17	87.2%
	BLS	487	143	70.6%
	CCT	21	7	66.7%
Oct Total		641	167	73.9%
Nov 2021	ALS	139	16	88.5%
	BLS	466	109	76.6%
	CCT	20	2	90.0%
Nov Total		625	127	79.7%
Dec 2021	ALS	121	21	82.6%
	BLS	492	87	82.3%
	CCT	20	2	90.0%
Dec Total		633	110	82.6%

4th Quarter 2022

Month	LOS	Resp	Lates	Compliance
Oct 2021	ALS	134	13	90.3%
	BLS	387	82	78.8%
	CCT	14	5	64.3%
Oct Total		535	100	81.3%
Nov 2021	ALS	150	10	93.3%
	BLS	448	82	81.7%
	CCT	23	3	87.0%
Nov Total		621	95	84.7%
Dec 2021	ALS	120	9	92.5%
	BLS	427	97	77.3%
	CCT	25	4	84.0%
Dec Total		572	110	80.8%

DOS	Year	Resp#	Location	Address	Rec	PU Prom	OS
1/1/2021	2021	3219609	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	22:25:21	22:25:21	23:18:02
1/1/2021	2021	3219707	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:33:40	1:15:00	1:06:48
1/1/2021	2021	3220049	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:38:03	12:10:00	11:50:35
1/1/2021	2021	3220060	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:23:18	12:00:00	12:12:10
1/1/2021	2021	3220061	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:15:24	12:30:00	12:12:33
1/1/2021	2021	3220154	CYPRESS GARDENS CON	9025 Colorado Ave	13:56:18	13:56:18	14:12:16
1/1/2021	2021	3220162	PARKVIEW COM HOS-RIV	3865 JACKSON ST	10:00:00	13:00:00	15:44:49
1/1/2021	2021	3220217	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:00:01	16:00:00	15:17:02
1/1/2021	2021	3220349	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:30:01	17:30:00	17:47:26
1/1/2021	2021	3220350	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:24:20	18:00:00	18:03:39
1/1/2021	2021	3220352	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:46:25	18:30:00	17:57:23
1/2/2021	2021	3220675	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:25:36	2:30:00	1:40:17
1/2/2021	2021	3220703	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	2:19:40	3:20:00	2:58:32
1/2/2021	2021	3220751	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	5:12:11	5:45:00	5:18:03
1/2/2021	2021	3220812	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	8:15:22	8:15:00	8:28:13
1/2/2021	2021	3220930		2880 HULEN PL	10:30:11	10:27:00	10:39:01
1/2/2021	2021	3220941	PALM TERRACE CON-RIV	11162 Palm Terrace Ln	10:48:10	10:48:10	10:55:18
1/2/2021	2021	3220947	VILLA REH & CARE CTR-RIV	8965 MAGNOLIA AVE	10:31:13	11:00:00	11:22:18
1/2/2021	2021	3220994	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	12:04:44	12:04:44	12:15:28
1/2/2021	2021	3221007	ALTA VISTA HLTH CARE	9020 GARFIELD ST	12:02:39	12:00:00	12:39:42
1/2/2021	2021	3221112	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:22:26	13:50:00	13:51:48
1/2/2021	2021	3221135	PARKVIEW COM HOS-RIV	3865 JACKSON ST	11:13:33	14:00:00	14:27:55
1/2/2021	2021	3221136	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:22:26	15:00:00	14:14:37
1/2/2021	2021	3221189	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	15:10:56	15:40:00	16:06:52
1/2/2021	2021	3221257	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:12:42	17:15:00	16:40:15
1/3/2021	2021	3221657	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	0:03:45	0:30:00	0:16:49
1/3/2021	2021	3221746	RIVERSIDE MUNI AIRPORT	6741 GEMENDE DR	1:30:42	6:00:00	6:02:00
1/3/2021	2021	3221802	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	6:30:53	7:30:00	7:34:00
1/3/2021	2021	3221892	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	9:25:09	9:25:09	9:41:41
1/3/2021	2021	3221931	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:44:04	10:45:00	10:19:24
1/3/2021	2021	3221933	PALM TERRACE CON-RIV	11162 Palm Terrace Ln	10:10:55	10:10:55	10:29:47
1/3/2021	2021	3221937	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:51:50	11:30:00	10:23:50
1/3/2021	2021	3221947	RIVERSIDE MED CLNC DAY	6405 Day St	10:42:46	10:42:46	10:50:21
1/3/2021	2021	3221959	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	11:02:25	11:02:25	11:11:22
1/3/2021	2021	3222004	VAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	11:32:33	12:30:00	12:05:00
1/3/2021	2021	3222040	VILLA REH & CARE CTR-RIV	8965 MAGNOLIA AVE	11:50:33	12:50:00	12:32:34
1/3/2021	2021	3222090	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:23:52	14:30:00	13:31:37
1/3/2021	2021	3222179	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:30:37	15:30:00	15:03:02
1/3/2021	2021	3222199	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:04:07	15:35:00	15:23:52
1/3/2021	2021	3222341	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:30:00	17:30:00	18:17:45
1/3/2021	2021	3222411	VAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	18:50:38	20:00:00	19:42:52
1/3/2021	2021	3222439	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:30:00	20:30:00	20:08:34
1/3/2021	2021	3222452	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:00:01	21:00:00	20:12:30
1/3/2021	2021	3222550	PARKVIEW COM HOS-RIV	3865 JACKSON ST	19:50:58	22:35:00	22:19:04
1/4/2021	2021	3214361	PARKVIEW COM HOS-RIV	3865 JACKSON ST	21:40:00	23:59:00	1:53:39
1/4/2021	2021	3222651	PARKVIEW COM HOS-RIV	3865 JACKSON ST	1:45:07	2:25:00	2:08:21
1/4/2021	2021	3223011	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:28:02	11:30:00	11:26:44
1/4/2021	2021	3223073	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:28:04	13:00:00	12:29:19
1/4/2021	2021	3223291	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:18:20	15:30:00	16:23:52
1/4/2021	2021	3223293	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	16:25:16	16:25:16	16:33:42
1/4/2021	2021	3223314	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	16:51:15	16:51:15	17:04:01
1/4/2021	2021	3223331	PPE ALERT RIVERSIDE MED CLINIC	7117 Brockton Ave	17:02:48	17:02:48	17:24:11
1/4/2021	2021	3223351	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	17:22:18	17:22:18	17:32:48
1/4/2021	2021	3223379	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:55:10	16:00:00	18:36:22
1/4/2021	2021	3223523	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	20:59:14	20:57:00	21:12:47
1/4/2021	2021	3223586	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:00:00	21:00:00	22:43:04
1/4/2021	2021	3223590	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:00:00	21:00:00	22:38:47
1/4/2021	2021	3223605	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:20:55	22:00:00	23:59:24
1/4/2021	2021	3223680	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:10:38	22:00:00	1:04:15
1/4/2021	2021	3223696	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:15:59	22:15:00	1:42:42
1/5/2021	2021	3223699	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	20:32:44	0:30:00	1:58:46
1/5/2021	2021	3223717	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	22:14:45	2:15:00	2:56:53
1/5/2021	2021	3223725	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:00:01	3:00:00	3:39:14
1/5/2021	2021	3223728	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	2:26:58	4:00:00	4:00:07
1/5/2021	2021	3223799	VAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	4:20:01	7:15:00	7:33:04
1/5/2021	2021	3223888	MERIDIAN GARDENS OF RIVERSIDE	10849 ARLINGTON AVE	9:01:02	10:00:00	9:50:24
1/5/2021	2021	3224001	RIVERSIDE MED CLNC DAY	6405 Day St	11:35:35	11:35:35	11:43:46
1/5/2021	2021	3224069	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	12:41:25	13:10:00	12:56:40
1/5/2021	2021	3224140	PARKVIEW COM HOS-RIV	3865 JACKSON ST	10:22:57	13:00:00	13:45:39
1/5/2021	2021	3224249	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	15:12:58	15:12:58	15:28:00
1/5/2021	2021	3224285	RIVERSIDE MED CLNC DAY	6405 Day St	15:51:18	15:51:18	16:01:03
1/5/2021	2021	3224437	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:49:52	18:00:00	18:38:04
1/5/2021	2021	3224447	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:11:33	20:00:00	18:40:50
1/5/2021	2021	3224472	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:53:47	20:00:00	19:05:07
1/5/2021	2021	3224513	RIVERSIDE MED CLNC DAY	6405 Day St	19:20:24	19:20:24	19:39:19
1/5/2021	2021	3224572	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:28:45	21:00:00	20:28:26

1/5/2021	2021	3224573	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:00:00	21:00:00	20:56:27
1/5/2021	2021	3224576	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:53:17	22:00:00	20:54:36
1/5/2021	2021	3224623	PARKVIEW COM HOS-RIV	3865 JACKSON ST	20:45:28	23:45:00	21:31:11
1/5/2021	2021	3224647	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:11:01	23:00:00	22:16:16
1/5/2021	2021	3224656	PARKVIEW COM HOS-RIV	3865 JACKSON ST	20:45:22	23:45:00	22:34:37
1/5/2021	2021	3224715	PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:14:04	2:05:00	0:39:10
1/6/2021	2021	3224668	PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:12:02	2:10:00	22:47:22
1/6/2021	2021	3224997	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	7:48:32	10:30:00	10:13:29
1/6/2021	2021	3224998	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	10:04:44	10:04:44	10:13:10
1/6/2021	2021	3225037	PARKVIEW COM HOS-RIV	3865 JACKSON ST	10:48:01	10:47:00	11:10:35
1/6/2021	2021	3225226	PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:52:39	12:52:00	13:07:07
1/6/2021	2021	3225455	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:23:06	17:00:00	16:47:24
1/6/2021	2021	3225457	PACIFIC GROVE HOSPITAL	5900 BROCKTON AVE	16:27:21	17:00:00	16:44:27
1/6/2021	2021	3225510	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:32:22	18:00:00	17:53:26
1/6/2021	2021	3225546	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:30:00	18:30:00	18:43:10
1/6/2021	2021	3225630	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:46:21	19:00:00	19:43:03
1/6/2021	2021	3225643	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:38:41	20:00:00	20:01:07
1/6/2021	2021	3225652	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:13:20	19:00:00	20:08:40
1/6/2021	2021	3225690	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:18:24	20:00:00	21:01:47
1/6/2021	2021	3225703	EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	20:58:49	21:30:00	21:06:26
1/6/2021	2021	3225746	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	20:00:01	22:00:00	22:07:56
1/6/2021	2021	3225780	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:05:55	23:15:00	23:19:33
1/7/2021	2021	3225787	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	23:47:02	0:15:00	23:51:23
1/7/2021	2021	3225936	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	4:00:01	7:00:00	6:50:30
1/7/2021	2021	3226151	THE ARC CENTER	3495 JEFFERSON ST	7:12:47	11:15:00	11:09:04
1/7/2021	2021	3226262	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	12:09:44	12:09:44	12:37:31
1/7/2021	2021	3226536	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:29:37	16:45:00	16:41:48
1/7/2021	2021	3226543	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:28:18	17:00:00	16:56:52
1/7/2021	2021	3226629		11602 HARTFORD CT	17:52:58	17:51:00	18:18:00
1/7/2021	2021	3226637	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:28:12	18:30:00	18:26:52
1/7/2021	2021	3226742	PARKVIEW COM HOS-RIV	3865 JACKSON ST	19:53:20	20:15:00	20:11:44
1/7/2021	2021	3226769	COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	20:33:16	20:55:00	20:46:30
1/7/2021	2021	3226811	PARKVIEW COM HOS-RIV	3865 JACKSON ST	21:29:57	22:00:00	21:55:02
1/7/2021	2021	3226871	PALM TERRACE CON-RIV	11162 Palm Terrace Ln	23:26:01	23:26:01	23:35:50
1/8/2021	2021	3226863	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:00:13	1:00:00	23:16:06
1/8/2021	2021	3226961	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	2:16:18	3:00:00	2:38:32
1/8/2021	2021	3226984	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	3:24:31	4:00:00	4:09:19
1/8/2021	2021	3227008	ORANGETREE CON-RIV	4000 Harrison St	5:41:26	5:41:26	5:56:06
1/8/2021	2021	3227061	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	7:48:18	8:10:00	8:13:33
1/8/2021	2021	3227149	UNIVERSITY PAIN CONSULTANT	6900 BROCKTON AVE	9:42:04	9:42:04	9:42:04
1/8/2021	2021	3227315	PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:55:03	13:30:00	13:02:06
1/8/2021	2021	3227381	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	14:17:00	14:17:00	14:26:18
1/8/2021	2021	3227464	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	15:19:13	15:19:13	15:37:00
1/8/2021	2021	3227480	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:35:01	16:30:00	16:38:17
1/8/2021	2021	3227537	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:32:02	15:30:00	16:56:16
1/8/2021	2021	3227541	RIVERSIDE MED CLNC DAY	6405 DAY ST	15:58:15	18:30:00	16:41:29
1/8/2021	2021	3227545	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:34:55	15:00:00	16:52:50
1/8/2021	2021	3227564	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:00:00	17:00:00	17:16:10
1/8/2021	2021	3227565	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:30:01	17:30:00	17:06:18
1/8/2021	2021	3227630	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:01:58	18:01:00	18:17:55
1/8/2021	2021	3227634	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:14:49	18:00:00	18:35:58
1/8/2021	2021	3227650	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:00:00	19:00:00	18:39:51
1/8/2021	2021	3227725	RIVERSIDE MED CLNC DAY	6405 Day St	19:41:35	19:41:35	19:51:54
1/8/2021	2021	3227729	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:00:01	20:00:00	20:09:00
1/8/2021	2021	3227762	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:00:01	21:00:00	20:34:58
1/9/2021	2021	3227948	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	2:08:06	4:05:00	3:32:05
1/9/2021	2021	3228135	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	9:58:09	9:58:09	10:02:56
1/9/2021	2021	3228199	EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	10:59:38	10:58:00	11:24:32
1/9/2021	2021	3228238	PARKVIEW COM HOS-RIV	3865 JACKSON ST	9:09:25	12:00:00	12:30:49
1/9/2021	2021	3228249	ALTA VISTA HLTH CARE	9020 GARFIELD ST	5:00:01	12:30:00	12:45:48
1/9/2021	2021	3228357	VILLA REH & CARE CTR-RIV	8965 Magnolia Ave	14:29:45	14:29:45	14:35:06
1/9/2021	2021	3228371	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:40:37	15:40:00	14:59:49
1/9/2021	2021	3228376	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:00:00	15:00:00	15:10:00
1/9/2021	2021	3228388	cal oaks snr living	3891 Polk St	15:10:33	15:10:33	15:24:23
1/9/2021	2021	3228432	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:00:01	16:00:00	16:31:51
1/9/2021	2021	3228446	RIVERSIDE MED CLNC DAY	6405 Day St	16:30:15	16:30:15	16:37:37
1/9/2021	2021	3228471	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	17:00:04	17:30:00	17:58:35
1/9/2021	2021	3228546	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:38:45	19:30:00	19:08:00
1/9/2021	2021	3228569	ALTA VISTA HLTH CARE	9020 GARFIELD ST	19:28:37	20:00:00	19:53:17
1/9/2021	2021	3228576	RIVERSIDE MED CLNC URGENT CARE	6405 Day St	19:39:59	19:39:59	19:52:41
1/9/2021	2021	3228691	PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:05:38	22:03:00	22:08:37
1/9/2021	2021	3228735	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	22:58:13	22:55:00	23:09:25
1/10/2021	2021	3228780	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	0:28:14	0:23:00	0:28:39
1/10/2021	2021	3228830	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	2:18:04	2:45:00	2:31:43
1/10/2021	2021	3228845	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	3:09:46	3:35:00	3:38:01
1/10/2021	2021	3228871	SIERRA PINE GUEST HOME	5051 LA SIERRA AVE	4:14:11	4:40:00	4:35:09
1/10/2021	2021	3228923	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	3:47:00	8:30:00	7:52:24

1/10/2021	2021	3228950	PARKVIEW COM HOS-RIV	3865 JACKSON ST	8:22:34	8:45:00	8:44:54
1/10/2021	2021	3229018	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:20:17	10:50:00	11:04:28
1/10/2021	2021	3229112	EVAL TREATMENT SVC-RIV	9990 County Farm Rd	12:19:27	12:19:27	12:31:06
1/10/2021	2021	3229169	EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	13:43:08	14:15:00	14:05:11
1/10/2021	2021	3229174	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:46:02	14:15:00	14:34:41
1/10/2021	2021	3229180	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:57:52	14:30:00	14:14:04
1/10/2021	2021	3229401	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:02:07	20:00:00	19:29:10
1/10/2021	2021	3229450	THE GROVE	3401 LEMON ST	20:06:37	20:35:00	20:11:23
1/10/2021	2021	3229487	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	20:55:29	21:25:00	21:25:21
1/11/2021	2021	3229637	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	3:07:50	3:35:00	3:33:58
1/11/2021	2021	3229862	VILLA REH & CARE CTR-RIV	8965 Magnolia Ave	10:49:51	10:49:51	10:58:08
1/11/2021	2021	3229960	PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:41:32	13:15:00	13:10:11
1/11/2021	2021	3230005	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:00:01	14:00:00	13:44:00
1/11/2021	2021	3230006	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:00:01	14:00:00	13:49:20
1/11/2021	2021	3230108	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:07:44	15:30:00	15:26:16
1/11/2021	2021	3230123	PALM TERRACE CON-RIV	11162 PALM TERRACE LN	15:20:43	16:00:00	16:11:29
1/11/2021	2021	3230252	RIVERSIDE MED CLNC DAY	6405 DAY ST	16:37:00	17:10:00	18:18:08
1/11/2021	2021	3230322	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:13:51	18:00:00	19:41:55
1/11/2021	2021	3230375	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:07:07	18:30:00	20:05:31
1/11/2021	2021	3230387		18604 NEWMAN AVE	17:57:20	21:00:00	20:43:39
1/11/2021	2021	3230415	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:00:01	21:00:00	21:23:09
1/11/2021	2021	3230429	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	20:25:02	22:00:00	21:31:27
1/11/2021	2021	3230432	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:58:35	21:20:00	21:38:36
1/11/2021	2021	3230451	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	20:30:22	22:00:00	21:43:57
1/11/2021	2021	3230456	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:02:04	20:00:00	21:53:26
1/11/2021	2021	3230478	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	21:01:03	22:30:00	22:53:31
1/12/2021	2021	3230509	PARKVIEW COM HOS-RIV	3865 JACKSON ST	23:16:54	0:45:00	0:12:29
1/12/2021	2021	3230511	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:34:39	1:00:00	0:07:22
1/12/2021	2021	3230556	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:29:46	2:30:00	2:20:58
1/12/2021	2021	3230581	EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	23:02:26	1:00:00	4:05:48
1/12/2021	2021	3230629	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	5:03:16	7:00:00	6:50:09
1/12/2021	2021	3230719	PARKVIEW COM HOS-RIV	3865 JACKSON ST	9:16:37	10:15:00	9:51:03
1/12/2021	2021	3230810	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	7:26:44	12:00:00	12:07:15
1/12/2021	2021	3230817	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:30:01	12:30:00	11:33:48
1/12/2021	2021	3230847	EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	11:36:30	12:15:00	11:53:00
1/12/2021	2021	3230905	RIVERSIDE POST ACUTE	4000 HARRISON ST	12:42:45	13:10:00	12:49:29
1/12/2021	2021	3231243	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:03:28	19:00:00	19:00:08
1/12/2021	2021	3231330	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:20:00	20:30:00	20:18:07
1/12/2021	2021	3231401	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:50:00	22:45:00	22:23:12
1/12/2021	2021	3231448	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	22:59:20	23:00:00	23:12:23
1/12/2021	2021	3231474	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	22:35:31	23:00:00	0:15:51
1/13/2021	2021	3231460	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:01:17	0:00:00	23:50:58
1/13/2021	2021	3231552	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	4:15:59	5:15:00	5:00:47
1/13/2021	2021	3231570	ARLINGTON GARDENS-RIV	3688 NYE AVE	5:04:15	8:00:00	5:31:49
1/13/2021	2021	3231818	ARLINGTON GARDENS-RIV**PPE**	3688 Nye Ave	11:48:01	11:48:01	11:53:21
1/13/2021	2021	3231939	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:03:20	15:00:00	14:54:53
1/13/2021	2021	3231947	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:00:00	15:00:00	14:41:13
1/13/2021	2021	3232083	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:00:00	18:00:00	18:02:35
1/13/2021	2021	3232177	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:00:00	20:00:00	19:40:46
1/13/2021	2021	3232191	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:00:00	20:00:00	19:53:09
1/13/2021	2021	3232195	COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	18:38:02	20:35:00	20:18:08
1/13/2021	2021	3232320	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	22:42:01	22:41:00	22:44:33
1/14/2021	2021	3232414	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	2:48:43	2:44:00	2:49:34
1/14/2021	2021	3232429	PARKVIEW COM HOS-RIV	3865 JACKSON ST	2:39:10	4:05:00	3:39:59
1/14/2021	2021	3232433	PARKVIEW COM HOS-RIV	3865 JACKSON ST	3:30:42	4:00:00	4:03:26
1/14/2021	2021	3232445	PARKVIEW COM HOS-RIV	3865 JACKSON ST	4:35:51	4:35:00	5:11:35
1/14/2021	2021	3232482	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	4:00:00	7:00:00	7:28:50
1/14/2021	2021	3232646	ARLINGTON GARDENS-RIV	3688 NYE AVE	9:59:36	10:30:00	10:34:33
1/14/2021	2021	3232693	EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	8:30:00	11:30:00	11:15:25
1/14/2021	2021	3232743	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	11:54:28	12:30:00	12:26:26
1/14/2021	2021	3232857	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:11:12	14:30:00	14:42:37
1/14/2021	2021	3232886	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:20:14	15:30:00	15:46:46
1/14/2021	2021	3232921	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	15:25:00	15:25:00	15:35:57
1/14/2021	2021	3232924	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:00:01	16:00:00	15:35:15
1/14/2021	2021	3232986	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:00:01	16:00:00	16:33:48
1/14/2021	2021	3232991	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:28:06	17:00:00	16:51:51
1/14/2021	2021	3233062	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:24:23	18:00:00	17:47:27
1/14/2021	2021	3233127	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:52:56	19:30:00	19:30:31
1/14/2021	2021	3233128	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:58:30	20:00:00	19:46:45
1/14/2021	2021	3233134	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:29:55	19:30:00	19:30:51
1/14/2021	2021	3233144	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:00:01	20:00:00	20:03:19
1/14/2021	2021	3233152	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:25:43	20:00:00	20:19:42
1/15/2021	2021	3233468	ARLINGTON GARDENS-RIV	3688 Nye Ave	6:20:43	6:20:43	6:42:20
1/15/2021	2021	3233531	ORANGETREE CON-RIV	4000 HARRISON ST	8:12:43	8:45:00	8:35:51
1/15/2021	2021	3233613	HEALTHCAREADVANCE IMAGING	4500 OLIVEWOOD AVE	7:00:00	10:00:00	9:45:57
1/15/2021	2021	3233703	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:33:41	12:30:00	11:48:29
1/15/2021	2021	3233765	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:31:29	13:00:00	12:39:22

1/15/2021	2021	3233986	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:08:10	16:00:00	16:01:10
1/15/2021	2021	3234202	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:00:32	19:45:00	19:45:32
1/15/2021	2021	3234258	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:02:22	21:05:00	20:24:08
1/15/2021	2021	3234390	PARKVIEW COM HOS-RIV	3865 JACKSON ST	23:03:50	23:15:00	23:12:37
1/16/2021	2021	3234424	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:12:24	1:15:00	0:45:13
1/16/2021	2021	3234486	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:47:51	2:15:00	2:44:50
1/16/2021	2021	3234511		3933 HARRISON ST	2:41:34	4:00:00	4:43:03
1/16/2021	2021	3234563	PARKVIEW COM HOS-RIV	3865 JACKSON ST	6:06:46	7:05:00	6:46:22
1/16/2021	2021	3234564	PALM TERRACE CON-RIV	11162 PALM TERRACE LN	6:04:42	7:00:00	7:04:34
1/16/2021	2021	3234566	PARKVIEW COM HOS-RIV	3865 JACKSON ST	6:13:49	7:30:00	7:14:11
1/16/2021	2021	3234647	MAGNOLIA REHAB & NURSING-RIV	8133 MAGNOLIA AVE	9:30:47	10:00:00	9:53:20
1/16/2021	2021	3234680	ORANGETREE CON-RIV	4000 HARRISON ST	9:48:04	10:38:28	10:48:38
1/16/2021	2021	3234770	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	11:55:14	12:45:00	12:23:02
1/16/2021	2021	3234905	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:12:16	15:45:00	15:19:11
1/17/2021	2021	3235362	VAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	23:50:09	1:50:00	0:49:50
1/17/2021	2021	3235368	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:40:45	0:45:00	1:01:21
1/17/2021	2021	3235400	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	2:48:17	2:44:00	2:51:16
1/17/2021	2021	3235450	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	5:13:31	5:35:00	5:25:50
1/17/2021	2021	3235464	PARKVIEW COM HOS-RIV	3865 JACKSON ST	6:13:50	6:13:00	6:17:44
1/17/2021	2021	3235552	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	7:19:18	8:30:00	9:39:55
1/17/2021	2021	3235573	PARKVIEW COM HOS-RIV	3865 JACKSON ST	8:01:04	9:00:00	10:26:06
1/17/2021	2021	3235658	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:30:00	12:30:00	12:07:39
1/17/2021	2021	3235659	PARKVIEW COM HOS-RIV	3865 JACKSON ST	9:54:20	12:30:00	12:15:20
1/17/2021	2021	3235679	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:41:35	13:00:00	12:48:36
1/17/2021	2021	3235764	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:10:44	15:30:00	15:16:27
1/17/2021	2021	3235777	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:59:12	15:30:00	15:26:07
1/17/2021	2021	3235783	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:12:29	15:45:00	15:39:07
1/17/2021	2021	3235809	VAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	16:00:15	16:30:00	16:27:41
1/17/2021	2021	3235810	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:08:08	16:30:00	16:36:59
1/17/2021	2021	3235856	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:05:24	17:45:00	17:51:30
1/17/2021	2021	3235862	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:14:51	18:00:00	17:38:23
1/17/2021	2021	3235863	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:47:19	18:00:00	17:57:35
1/17/2021	2021	3235949	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:04:16	19:45:00	19:38:54
1/17/2021	2021	3236033	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:00:01	21:30:00	21:31:11
1/18/2021	2021	3236134	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	22:35:40	1:35:00	1:16:57
1/18/2021	2021	3236223	PARKVIEW COM HOS-RIV	3865 JACKSON ST	2:30:00	5:30:00	5:49:32
1/18/2021	2021	3236256	PARKVIEW COM HOS-RIV	3865 JACKSON ST	6:46:14	7:15:00	7:31:26
1/18/2021	2021	3236358	MAGNOLIA REHAB & NURSING-RIV	8133 MAGNOLIA AVE	9:12:19	9:45:00	10:01:07
1/18/2021	2021	3236397	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:50:43	10:15:00	10:30:50
1/18/2021	2021	3236433	ALTA VISTA HLTH CARE	9020 GARFIELD ST	10:34:14	11:00:00	11:16:19
1/18/2021	2021	3236443	DR BUSH	3838 SHERMAN DR	10:41:22	10:41:22	10:41:22
1/18/2021	2021	3236613	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:15:32	13:15:33	13:15:32
1/18/2021	2021	3236617	PARKVIEW COM HOS-RIV	3865 JACKSON ST	11:03:37	13:00:00	13:28:51
1/18/2021	2021	3236650	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:27:08	14:00:00	14:07:24
1/18/2021	2021	3236704	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:29:13	15:30:00	15:13:10
1/18/2021	2021	3236711	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:17:28	15:45:00	15:37:48
1/18/2021	2021	3236716	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:42:05	16:00:00	15:35:19
1/18/2021	2021	3236720	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:52:50	16:00:00	16:09:03
1/18/2021	2021	3236759	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:23:28	15:30:00	16:52:26
1/18/2021	2021	3236812	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:15:39	18:00:00	17:43:26
1/18/2021	2021	3236819	CYPRESS GARDENS CON	9025 COLORADO AVE	17:26:46	18:00:00	17:42:04
1/18/2021	2021	3236865	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:20:56	18:20:00	18:48:31
1/18/2021	2021	3236924	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:04:47	18:30:00	19:38:02
1/18/2021	2021	3236948	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:03:55	20:00:00	20:04:09
1/18/2021	2021	3236951	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:30:00	20:30:00	20:21:38
1/18/2021	2021	3237004	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:30:01	21:30:00	22:06:51
1/18/2021	2021	3237072	VALENCIA GARDENS HEALTH CARE CENTER	4301 CAROLINE CT	22:18:14	23:20:00	23:32:12
1/19/2021	2021	3237098	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	0:56:22	1:15:00	1:03:27
1/19/2021	2021	3237293	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:30:22	9:50:00	9:55:56
1/19/2021	2021	3237386	PARKVIEW COM HOS-RIV	3865 JACKSON ST	11:15:56	11:30:00	11:28:41
1/19/2021	2021	3237404	PALM TERRACE CON-RIV	11162 PALM TERRACE LN	11:19:44	11:50:00	11:48:56
1/19/2021	2021	3237475	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	9:50:01	12:45:00	13:00:40
1/19/2021	2021	3237490	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:50:58	13:30:00	13:09:25
1/19/2021	2021	3237545	VILLA REH & CARE CTR-RIV	8965 MAGNOLIA AVE	14:05:04	14:30:00	14:18:26
1/19/2021	2021	3237590	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:30:09	15:30:00	15:19:50
1/19/2021	2021	3237627	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:06:12	16:00:00	15:49:05
1/19/2021	2021	3237663	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:30:43	16:30:00	16:39:35
1/19/2021	2021	3237724	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:00:00	18:00:00	17:44:24
1/19/2021	2021	3237842	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:17:15	20:15:00	20:17:58
1/19/2021	2021	3237851	PARKVIEW COM HOS-RIV	3865 JACKSON ST	19:12:20	21:00:00	20:57:52
1/19/2021	2021	3237860	PARKVIEW COM HOS-RIV	3865 JACKSON ST	20:29:34	22:00:00	21:18:09
1/19/2021	2021	3237888	ARLINGTON GARDENS-RIV	3688 NYE AVE	21:10:53	22:40:00	22:16:06
1/20/2021	2021	3238059	ALTA VISTA HLTH CARE	9020 GARFIELD ST	7:44:06	8:15:00	8:10:02
1/20/2021	2021	3238073	LAGO CRISIS RESIDENTIAL TREAT	9890 COUNTY FARM RD	8:07:05	8:40:00	8:23:39
1/20/2021	2021	3238188	PARKVIEW COM HOS-RIV	3865 JACKSON ST	10:34:47	11:05:00	10:46:07
1/20/2021	2021	3238206	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	8:33:35	11:30:00	11:10:53
1/20/2021	2021	3238220	PARKVIEW COM HOS-RIV	3865 JACKSON ST	11:15:29	11:45:00	11:34:28

1/20/2021	2021	3238257	Eval Treatment SVC-RIV	9990 COUNTY FARM RD	11:53:59	12:30:00	12:16:57
1/20/2021	2021	3238311	RIVERSIDE POST ACUTE	4000 HARRISON ST	12:08:11	12:45:00	13:08:10
1/20/2021	2021	3238380	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:15:35	14:30:00	14:13:41
1/20/2021	2021	3238455	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:45:12	16:15:00	16:00:12
1/20/2021	2021	3238461	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:48:18	16:15:00	16:02:37
1/20/2021	2021	3238531	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:10:42	18:30:00	17:53:49
1/20/2021	2021	3238543	Eval Treatment SVC-RIV	9990 COUNTY FARM RD	16:27:32	17:15:00	18:04:48
1/20/2021	2021	3238566	Eval Treatment SVC-RIV	9990 COUNTY FARM RD	18:26:02	18:14:00	18:41:13
1/20/2021	2021	3238601	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:44:20	19:00:00	19:35:49
1/20/2021	2021	3238626	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:21:11	19:50:00	19:57:02
1/20/2021	2021	3238634	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:52:52	22:00:00	20:22:41
1/20/2021	2021	3238672	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:30:00	21:00:00	21:18:39
1/20/2021	2021	3238700	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:38:52	22:40:00	21:50:22
1/20/2021	2021	3238752	COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	19:50:01	22:50:00	23:26:23
1/21/2021	2021	3238806	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:03:53	1:30:00	1:24:46
1/21/2021	2021	3238809	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:35:04	2:05:00	1:42:15
1/21/2021	2021	3238908	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:09:29	4:00:00	8:10:12
1/21/2021	2021	3239031	PALM TERRACE CON-RIV	11162 PALM TERRACE LN	9:37:05	10:00:00	10:34:54
1/21/2021	2021	3239071	RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	11:01:03	11:01:03	11:06:31
1/21/2021	2021	3239127	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:56:36	12:30:00	12:39:04
1/21/2021	2021	3239147	PARKVIEW COM HOS-RIV	3865 JACKSON ST	9:02:59	12:00:00	12:29:01
1/21/2021	2021	3239148	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	10:12:20	12:45:00	12:40:30
1/21/2021	2021	3239154	MAGNOLIA REHAB & NURSING-RIV	8133 MAGNOLIA AVE	12:27:30	13:00:00	12:58:24
1/21/2021	2021	3239217	PARKVIEW COM HOS-RIV	3865 JACKSON ST	11:57:34	14:00:00	14:21:18
1/21/2021	2021	3239222	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:30:07	14:05:00	14:04:39
1/21/2021	2021	3239226	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:46:08	14:15:00	13:51:17
1/21/2021	2021	3239257	PALM TERRACE CON-RIV	11162 PALM TERRACE LN	14:30:46	15:00:00	14:57:55
1/21/2021	2021	3239334	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:05:36	16:30:00	16:36:14
1/21/2021	2021	3239393	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	17:15:18	18:15:00	17:54:44
1/21/2021	2021	3239404	RIVERSIDE HEALTHCARE CENTER-RIV	4580 PALM AVE	17:00:54	17:30:00	17:33:18
1/21/2021	2021	3239419	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:35:20	18:30:00	18:25:54
1/21/2021	2021	3239467	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:26:14	18:24:00	18:33:09
1/21/2021	2021	3239468	ARLINGTON GARDENS-RIV	3688 Nye Ave	18:29:29	18:29:29	18:47:15
1/21/2021	2021	3239469	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:28:06	18:27:00	18:49:13
1/21/2021	2021	3239562	Eval Treatment SVC-RIV	9990 COUNTY FARM RD	17:22:39	20:45:00	20:47:23
1/21/2021	2021	3239569	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	20:42:54	20:41:00	20:48:20
1/21/2021	2021	3239641	PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:49:43	23:30:00	23:17:09
1/21/2021	2021	3239644	PARKVIEW COM HOS-RIV	3865 JACKSON ST	23:04:59	23:30:00	23:13:45
1/21/2021	2021	3239651	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:16:15	23:30:00	23:41:34
1/21/2021	2021	3239653	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:20:36	23:45:00	23:26:09
1/22/2021	2021	3239710	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:44:43	3:30:00	3:10:53
1/22/2021	2021	3239731	PARKVIEW COM HOS-RIV	3865 JACKSON ST	4:02:37	4:20:00	4:17:35
1/22/2021	2021	3239747	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	5:04:30	5:00:00	5:11:09
1/22/2021	2021	3239780	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	6:19:49	7:00:00	6:56:01
1/22/2021	2021	3239785	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	6:57:29	7:20:00	7:05:52
1/22/2021	2021	3239822	PARKVIEW COM HOS-RIV	3865 JACKSON ST	6:07:51	6:45:00	8:31:03
1/22/2021	2021	3239935	RIVERSIDE MED CLNC DAY URG CARE	6405 Day St	11:15:56	11:15:56	11:28:41
1/22/2021	2021	3239955	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	11:46:30	12:30:00	12:08:24
1/22/2021	2021	3240013	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:18:44	13:00:00	14:09:04
1/22/2021	2021	3240084	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:18:02	15:00:00	14:46:04
1/22/2021	2021	3240178	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:01:22	16:00:00	15:46:54
1/22/2021	2021	3240215	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:33:15	14:00:00	16:25:31
1/22/2021	2021	3240228	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:43:53	17:15:00	16:50:27
1/22/2021	2021	3240237	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	16:47:27	17:00:00	17:22:07
1/22/2021	2021	3240249	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:13:51	18:30:00	18:00:02
1/22/2021	2021	3240295	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:56:22	18:30:00	18:27:04
1/22/2021	2021	3240408	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:28:13	21:30:00	21:26:50
1/22/2021	2021	3240430	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	21:11:58	23:10:00	22:27:29
1/22/2021	2021	3240463	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	21:43:06	23:40:00	23:40:33
1/23/2021	2021	3240509	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	21:57:32	0:00:00	0:43:57
1/23/2021	2021	3240539	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:29:42	1:30:00	1:38:27
1/23/2021	2021	3240560	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:26:09	2:25:00	3:02:39
1/23/2021	2021	3240612	COM CARE REHAB RIVERSIDE	4070 Jurupa Ave	5:30:18	5:30:18	5:38:15
1/23/2021	2021	3240739	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	7:30:01	10:30:00	10:12:44
1/23/2021	2021	3240802	VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	9:50:01	12:45:00	12:34:22
1/23/2021	2021	3240823	PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:23:03	12:55:00	12:45:35
1/23/2021	2021	3240868	ORANGETREE CON-RIV	4000 HARRISON ST	12:54:50	13:25:00	13:37:16
1/23/2021	2021	3240882	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:59:20	14:00:00	13:47:58
1/23/2021	2021	3240949	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:18:56	16:00:00	16:03:06
1/23/2021	2021	3240951	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:21:51	15:17:00	15:22:14
1/23/2021	2021	3240969	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:47:02	16:15:00	16:04:17
1/23/2021	2021	3241042	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:00:00	19:00:00	18:50:34
1/23/2021	2021	3241095	CYPRESS GARDENS CON	9025 COLORADO AVE	18:23:15	19:55:00	20:23:49
1/23/2021	2021	3241104	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	20:24:54	20:23:00	20:33:29
1/23/2021	2021	3241109	PARKVIEW COM HOS-RIV	3865 JACKSON ST	19:00:26	20:30:00	21:11:15
1/23/2021	2021	3241122	RIVERSIDE URGENT CARE	18876 VAN BUREN BLVD	20:59:53	21:20:00	21:10:43
1/23/2021	2021	3241140	PARKVIEW COM HOS-RIV	3865 JACKSON ST	20:30:57	22:00:00	21:57:52

1/23/2021	2021	3241143	PARKVIEW COM HOS-RIV	3865 JACKSON ST	21:18:46	22:25:00	22:27:21
1/23/2021	2021	3241151	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	21:52:13	21:50:00	22:06:52
1/23/2021	2021	3241163	PARKVIEW COM HOS-RIV	3865 JACKSON ST	20:06:33	22:00:00	22:45:40
1/23/2021	2021	3241168	PARKVIEW COM HOS-RIV	3865 JACKSON ST	21:16:02	22:50:00	22:54:46
1/23/2021	2021	3241181	ALTA VISTA HLTH CARE	9020 Garfield St	23:01:47	23:01:47	23:08:04
1/24/2021	2021	3241228	PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:02:42	23:30:00	1:04:40
1/24/2021	2021	3241232	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:49:48	1:25:00	1:22:31
1/24/2021	2021	3241250	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:16:11	1:50:00	1:46:08
1/24/2021	2021	3241267	COM CARE REHAB RIVERSIDE	4070 Jurupa Ave	2:15:36	2:15:36	2:32:26
1/24/2021	2021	3241290	PARKVIEW COM HOS-RIV	3865 JACKSON ST	2:58:41	2:58:00	3:14:04
1/24/2021	2021	3241295	PARKVIEW COM HOS-RIV	3865 JACKSON ST	1:26:43	3:30:00	3:40:28
1/24/2021	2021	3241388	VALENCIA GARDENS HEALTH CARE CENTER	4301 CAROLINE CT	6:00:01	9:00:00	8:53:20
1/24/2021	2021	3241532	PARKVIEW COM HOS-RIV	3865 JACKSON ST	10:29:32	13:00:00	12:27:07
1/24/2021	2021	3241590	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:20:29	13:35:00	13:57:13
1/24/2021	2021	3241593	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:50:58	14:10:00	13:58:01
1/24/2021	2021	3241604	CYPRESS GARDENS CON	9025 COLORADO AVE	14:01:41	14:35:00	14:30:34
1/24/2021	2021	3241641	THE GROVE	3401 LEMON ST	14:51:40	17:00:00	15:52:43
1/24/2021	2021	3241642	Eval TREATMENT SVC-RIV	9990 COUNTY FARM RD	14:07:37	16:30:00	15:41:22
1/24/2021	2021	3241656	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:35:50	16:30:00	16:14:42
1/24/2021	2021	3241685	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:12:07	17:00:00	17:10:15
1/24/2021	2021	3241736	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:36:46	17:30:00	18:30:24
1/24/2021	2021	3241765	PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:30:01	19:30:00	19:13:29
1/24/2021	2021	3241779	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:30:01	19:30:00	19:29:14
1/24/2021	2021	3241803	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:44:33	17:00:00	20:01:59
1/24/2021	2021	3241831	PARKVIEW COM HOS-RIV	3865 JACKSON ST	21:47:57	23:30:00	21:01:06
1/24/2021	2021	3241846	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:59:08	22:00:00	21:22:21
1/24/2021	2021	3241867	ARLINGTON GARDENS-RIV	3688 NYE AVE	18:36:08	20:30:00	22:16:48
1/24/2021	2021	3241908	COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	20:07:22	23:00:00	0:20:05
1/24/2021	2021	3241910	Eval TREATMENT SVC-RIV	9990 COUNTY FARM RD	20:20:01	23:20:00	0:02:32
1/25/2021	2021	3241932	PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:03:08	23:55:00	0:51:21
1/25/2021	2021	3241941	PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:38:25	0:37:00	0:51:40
1/25/2021	2021	3241958	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	0:30:00	3:30:00	1:45:03
1/25/2021	2021	3241959	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:18:48	4:15:00	1:54:07
1/25/2021	2021	3241990	ARLINGTON GARDENS-RIV	3688 NYE AVE	23:50:00	2:45:00	3:35:44
1/25/2021	2021	3242084	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	5:21:01	7:00:00	6:46:00
1/25/2021	2021	3242310	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	9:44:41	11:00:00	10:55:28
1/25/2021	2021	3242334	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:05:28	11:30:00	11:30:10
1/25/2021	2021	3242476	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:00:00	15:00:00	15:06:22
1/25/2021	2021	3242558	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:01:39	17:00:00	16:59:18
1/25/2021	2021	3242606	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:15:50	18:00:00	17:51:29
1/25/2021	2021	3242684	PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:00:00	20:00:00	19:37:07
1/25/2021	2021	3242734	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:24:11	20:30:00	20:33:46
1/26/2021	2021	3242858	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:45:16	1:00:00	1:30:16
1/26/2021	2021	3242866	PARKVIEW COM HOS-RIV	3865 JACKSON ST	23:00:01	2:00:00	2:23:26
1/26/2021	2021	3242867	Eval TREATMENT SVC-RIV	9990 COUNTY FARM RD	20:49:31	0:55:00	2:28:00
1/26/2021	2021	3242898	PARKVIEW COM HOS-RIV	3865 JACKSON ST	2:27:01	3:45:00	3:45:52
1/26/2021	2021	3242940	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	5:19:44	5:10:00	5:30:25
1/26/2021	2021	3243074	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	7:00:00	10:00:00	9:43:38
1/26/2021	2021	3243118	Eval TREATMENT SVC-RIV	9990 COUNTY FARM RD	10:00:59	10:30:00	10:43:14
1/26/2021	2021	3243173	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:35:56	11:30:00	11:14:20
1/26/2021	2021	3243209	CYPRESS GARDENS CON	9025 COLORADO AVE	11:46:24	12:20:00	12:12:52
1/26/2021	2021	3243278	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:27:18	13:27:00	13:29:31
1/26/2021	2021	3243308	CYPRESS GARDENS CON	9025 COLORADO AVE	14:12:49	14:45:00	14:28:20
1/26/2021	2021	3243335	PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:38:12	15:10:00	15:11:18
1/26/2021	2021	3243344	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:47:16	15:30:00	15:10:36
1/26/2021	2021	3243409	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:19:35	17:00:00	16:42:37
1/26/2021	2021	3243473	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:55:06	18:30:00	17:52:00
1/26/2021	2021	3243494	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:04:36	17:50:00	18:15:56
1/26/2021	2021	3243504	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:42:53	18:30:00	18:49:47
1/26/2021	2021	3243539	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:00:01	19:00:00	19:38:49
1/26/2021	2021	3243540	PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:13:53	19:30:00	19:45:38
1/26/2021	2021	3243541	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:05:18	18:30:00	19:27:16
1/26/2021	2021	3243545	PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:30:00	18:30:00	18:21:25
1/26/2021	2021	3243547	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	19:03:27	19:45:00	19:40:22
1/26/2021	2021	3243575	ALTA VISTA HLTH CARE	9020 GARFIELD ST	18:48:28	20:15:00	20:36:30
1/26/2021	2021	3243583	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:00:01	20:00:00	20:40:10
1/27/2021	2021	3243698	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	2:08:03	2:33:00	2:58:30
1/27/2021	2021	3243759	COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	4:00:01	7:00:00	6:38:59
1/27/2021	2021	3243765	Eval TREATMENT SVC-RIV	9990 COUNTY FARM RD	4:30:00	7:30:00	7:27:27
1/27/2021	2021	3243955	VILLA REH & CARE CTR-RIV	8965 MAGNOLIA AVE	11:55:41	12:30:00	12:11:56
1/27/2021	2021	3243956	KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	11:58:10	11:57:00	11:58:34
1/27/2021	2021	3243963	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	10:35:50	12:30:00	12:08:23
1/27/2021	2021	3243977	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	11:52:59	13:00:00	12:40:57
1/27/2021	2021	3243989	PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:37:38	13:15:00	13:14:36
1/27/2021	2021	3244021	Eval TREATMENT SVC-RIV	9990 COUNTY FARM RD	13:21:58	13:45:00	13:33:09
1/27/2021	2021	3244034	PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:40:42	14:00:00	14:02:30
1/27/2021	2021	3244068	RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:08:39	15:00:00	14:53:31

1/27/2021	2021	3244095 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:42:12	15:40:00	15:18:55
1/27/2021	2021	3244108 VILLA LEA B&C-RIV	3891 POLK ST	15:16:28	15:45:00	15:32:24
1/27/2021	2021	3244120 PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:00:01	15:00:00	15:27:24
1/27/2021	2021	3244129 PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:26:24	16:00:00	16:07:32
1/27/2021	2021	3244194 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:54:51	17:30:00	17:18:41
1/27/2021	2021	3244207 COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	17:00:56	17:15:00	17:28:54
1/27/2021	2021	3244208 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:49:02	17:40:00	17:40:59
1/27/2021	2021	3244227 COM CARE REHAB RIVERSIDE	4070 JURUPA AVE	14:11:51	14:45:00	17:48:55
1/27/2021	2021	3244228 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:15:30	18:00:00	18:02:49
1/27/2021	2021	3244296 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:13:45	18:30:00	19:40:17
1/27/2021	2021	3244297 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:29:07	19:00:00	19:23:15
1/27/2021	2021	3244316 PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:01:58	17:00:00	19:40:57
1/27/2021	2021	3244333 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:30:01	19:30:00	20:31:24
1/27/2021	2021	3244353 PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:43:49	19:45:00	21:01:21
1/27/2021	2021	3244398 PARKVIEW COM HOS-RIV	3865 JACKSON ST	19:50:43	21:45:00	21:51:23
1/27/2021	2021	3244429 PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:40:00	21:40:00	23:16:57
1/27/2021	2021	3244457 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	23:34:33	23:59:00	23:54:29
1/28/2021	2021	3244505 MISSION NURSING CTR	8487 Magnolia Ave	2:13:27	2:13:27	2:31:56
1/28/2021	2021	3244527 PARKVIEW COM HOS-RIV	3865 JACKSON ST	3:30:05	3:55:00	3:48:28
1/28/2021	2021	3244544 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	4:11:14	4:11:00	4:18:19
1/28/2021	2021	3244568 PARKVIEW COM HOS-RIV	3865 JACKSON ST	6:00:56	6:55:00	6:37:22
1/28/2021	2021	3244583 ARLINGTON GARDENS-RIV	3688 NYE AVE	6:45:14	7:15:00	7:20:30
1/28/2021	2021	3244689 home	1970 LOMA VISTA ST	9:40:37	10:15:00	9:59:48
1/28/2021	2021	3244807 PARKVIEW COM HOS-RIV	3865 JACKSON ST	11:54:11	13:00:00	12:35:37
1/28/2021	2021	3244809 VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	10:00:00	13:00:00	12:34:20
1/28/2021	2021	3244819 *PPE ALERT** ARLINGTON GARDENS-RIV	3688 Nye Ave	12:23:23	12:23:23	12:32:21
1/28/2021	2021	3244893 *PPE ALERT* COM CARE REHAB RIVERSIDE	4070 Jurupa Ave	13:48:23	13:48:23	13:59:27
1/28/2021	2021	3244971 PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:33:28	16:05:00	16:18:24
1/28/2021	2021	3244972 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:26:12	16:30:00	16:04:09
1/28/2021	2021	3245004 PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:59:33	17:00:00	16:43:40
1/28/2021	2021	3245014 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:25:43	17:00:00	16:43:59
1/28/2021	2021	3245039 PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:53:30	16:53:00	17:41:30
1/28/2021	2021	3245048 RIVERSIDE MED CLINIC - BROCKTON	7117 Brockton Ave	17:01:30	17:01:30	17:17:17
1/28/2021	2021	3245068 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:22:53	18:00:00	18:00:20
1/28/2021	2021	3245075 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:58:51	18:00:00	17:43:55
1/28/2021	2021	3245123 PARKVIEW COM HOS-RIV	3865 JACKSON ST	18:26:48	18:55:00	18:33:11
1/28/2021	2021	3245152 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	17:14:05	19:00:00	19:11:12
1/28/2021	2021	3245238 PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:30:01	20:30:00	20:20:02
1/28/2021	2021	3245328 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	21:28:24	22:30:00	0:12:26
1/29/2021	2021	3245391 PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:08:38	1:40:00	1:57:12
1/29/2021	2021	3245398 PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:27:27	1:55:00	2:22:02
1/29/2021	2021	3245649 ORANGETREE CON-RIV	4000 HARRISON ST	10:29:37	10:29:37	10:38:48
1/29/2021	2021	3245767 VALENCIA GARDENS HEALTH CARE CENTER	4301 CAROLINE CT	13:16:29	14:00:00	13:31:06
1/29/2021	2021	3245769 CYPRESS GARDENS CON	9025 COLORADO AVE	13:26:45	13:25:00	13:31:39
1/29/2021	2021	3245774 PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:18:53	14:00:00	13:55:38
1/29/2021	2021	3245799 PALM TERRACE CON-RIV	11162 PALM TERRACE LN	14:20:21	14:45:00	14:52:36
1/29/2021	2021	3245805 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	12:00:01	15:00:00	14:47:31
1/29/2021	2021	3245808 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:31:48	15:05:00	14:42:38
1/29/2021	2021	3245817 VANTAGE RADIATION	6939 PALM CT	14:42:36	14:42:36	14:42:36
1/29/2021	2021	3245843 PARKVIEW COM HOS-RIV	3865 JACKSON ST	12:37:09	15:30:00	15:34:42
1/29/2021	2021	3245851 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	13:44:09	16:00:00	15:43:19
1/29/2021	2021	3245858 CYPRESS GARDENS CON	9025 COLORADO AVE	15:33:22	16:00:00	16:01:52
1/29/2021	2021	3245871 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:19:09	16:30:00	16:10:08
1/29/2021	2021	3245872 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:35:25	17:26:00	16:29:17
1/29/2021	2021	3245877 PARKVIEW COM HOS-RIV	3865 JACKSON ST	16:16:00	16:14:00	16:20:37
1/29/2021	2021	3245972 PARKVIEW COM HOS-RIV	3865 JACKSON ST	17:25:15	18:00:00	18:44:53
1/29/2021	2021	3245978 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:13:39	18:30:00	18:40:03
1/29/2021	2021	3245987 PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:45:22	14:30:00	18:49:30
1/29/2021	2021	3246013 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	16:36:44	18:30:00	19:18:06
1/29/2021	2021	3246023 MERIDIAN OF RIVERSIDE	4609 ARLINGTON AVE	18:51:32	19:20:00	19:24:43
1/29/2021	2021	3246087 THE PLACE-RIV	2800 HULEN PL	20:00:27	20:20:00	20:12:54
1/29/2021	2021	3246136 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	21:03:33	21:30:00	21:16:11
1/29/2021	2021	3246141 PARKVIEW COM HOS-RIV	3865 JACKSON ST	19:00:02	22:00:00	21:29:54
1/29/2021	2021	3246161 EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	22:09:05	22:30:00	22:28:33
1/29/2021	2021	3246163 EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	21:55:19	22:45:00	23:04:55
1/30/2021	2021	3246224 PARKVIEW COM HOS-RIV	3865 JACKSON ST	0:50:06	1:15:00	1:11:23
1/30/2021	2021	3246253 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	1:26:08	3:00:00	2:48:13
1/30/2021	2021	3246293 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	3:00:00	5:00:00	5:04:15
1/30/2021	2021	3246330 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	4:30:01	7:30:00	7:19:27
1/30/2021	2021	3246356 KAISER HOS RIVERSIDE	10800 MAGNOLIA AVE	7:18:23	8:00:00	8:25:35
1/30/2021	2021	3246366 PALM TERRACE CON-RIV	11162 PALM TERRACE LN	8:33:06	8:32:00	8:43:09
1/30/2021	2021	3246458 LAGO CRISIS RESIDENTIAL TREAT	9890 COUNTY FARM RD	10:41:57	11:20:00	10:58:57
1/30/2021	2021	3246478 SIERRA VISTA BC	4972 SIERRA VISTA AVE	11:25:35	12:00:00	11:58:27
1/30/2021	2021	3246534 VAN BUREN DIALYSIS CENTER	3595 VAN BUREN BLVD	9:36:36	13:30:00	13:36:43
1/30/2021	2021	3246601 PARKVIEW COM HOS-RIV	3865 JACKSON ST	13:00:44	15:00:00	14:40:07
1/30/2021	2021	3246615 PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:50:25	14:49:00	14:57:21
1/30/2021	2021	3246651 PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:00:01	16:00:00	16:26:41

1/30/2021	2021	3246739 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:52:26	18:00:00	18:45:15
1/30/2021	2021	3246787 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	18:10:01	20:00:00	19:33:13
1/30/2021	2021	3246893 EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	21:41:30	23:30:00	23:07:28
1/30/2021	2021	3246908 PARKVIEW COM HOS-RIV	3865 JACKSON ST	22:21:21	22:40:00	22:42:06
1/30/2021	2021	3246915 EVAL TREATMENT SVC-RIV	9990 COUNTY FARM RD	22:52:34	23:05:00	23:09:43
1/31/2021	2021	3246950 PARKVIEW COM HOS-RIV	3865 JACKSON ST	23:58:59	0:15:00	0:05:17
1/31/2021	2021	3247001 PARKVIEW COM HOS-RIV	3865 JACKSON ST	1:31:48	2:00:00	2:02:20
1/31/2021	2021	3247056 PARKVIEW COM HOS-RIV	3865 JACKSON ST	4:59:02	5:45:00	4:59:28
1/31/2021	2021	3247063 PARKVIEW COM HOS-RIV	3865 JACKSON ST	5:10:33	5:30:00	5:35:43
1/31/2021	2021	3247230 VILLA REH & CARE CTR-RIV	8965 MAGNOLIA AVE	12:03:13	12:35:00	12:37:16
1/31/2021	2021	3247257 ORANGETREE CON-RIV	4000 HARRISON ST	12:38:52	13:10:00	13:20:58
1/31/2021	2021	3247341 PARKVIEW COM HOS-RIV	3865 JACKSON ST	14:58:29	15:30:00	15:17:07
1/31/2021	2021	3247365 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:17:32	16:00:00	15:46:38
1/31/2021	2021	3247368 PALM TERRACE CON-RIV	11162 PALM TERRACE LN	15:36:47	16:10:00	16:08:14
1/31/2021	2021	3247369 PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:38:02	16:15:00	15:58:32
1/31/2021	2021	3247384 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:40:38	16:30:00	16:26:51
1/31/2021	2021	3247397 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	14:01:06	17:00:00	17:16:27
1/31/2021	2021	3247412 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	15:28:44	17:30:00	17:19:53
1/31/2021	2021	3247442 PARKVIEW COM HOS-RIV	3865 JACKSON ST	15:00:00	18:00:00	18:07:36
1/31/2021	2021	3247568 RIVERSIDE COM HOSP	4445 MAGNOLIA AVE	20:48:56	21:00:00	20:55:47

Section B

Item # 7



Preventative Maintenance Program

Please refer to Section B Item#4 – A copy of the motor vehicle inspection and maintenance program.