

AMBULANCE SERVICE LICENSE  
HUERFANO-COUNTY APPLICATION

PLEASE PRINT. APPLICATION MUST BE NOTARIZED IN 2 PLACES.

New Application \_\_\_\_\_ Renewal Application

Date 12/7/2023

Indicate the number of units you wish to license and inspect: 3

Company name (Owner/parent Company)

Check one: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other COLORADO SPECIAL DISTRICT

Address 100 BIRCH ST City LA VETA State CO Zip Code 81055

Telephone number 719-742-3656 Fax number 719-742-3320 E-Mail \_\_\_\_\_

Doing Business As (AKA) LA VETA FIRE PROTECTION DISTRICT

Address PO Box 44 City LA VETA State CO Zip code 81055

Telephone number 719-742-3656 Fax number 719-742-3320 E-Mail \_\_\_\_\_

Manager or individual responsible for operation of service: Name DAVID E. MOWER, NRP

Address PO Box 44 / 100 BIRCH ST City LA VETA State CO Zip Code 81055

Telephone number 719-369-6408 Fax number 719-742-3320 E-Mail dmower@lavetafire.org

Dispatch Center

Address \_\_\_\_\_ City WALSENBURG State CO Zip Code 81055

Telephone number 719-738-1044 Fax number 719-738-3676 E-Mail \_\_\_\_\_

Insurance Company COLORADO SPECIAL DISTRICT INSURANCE POOL MCGRIFF INSURANCE SVL. LLC

Address PO Box 1539 City PORTLAND State OR Zip Code 97207-1539

Insurance Agent JENNIFER ALVARADO

Address PO Box 1539 City PORTLAND State OR Zip Code 97207-1539

Telephone number 503-807-0607 Fax number \_\_\_\_\_ E-Mail jalvarado@mcgriff.com

Attachments required to complete the application:

- Name and address of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- Certificate of Insurance showing: Bodily Injury (Each person \$1,000,000, Each accident \$2,000,000)
  - Property Damage (Each accident \$1,000,000)
  - Professional Liability (Each person \$1,000,000, Each accident \$2,000,000)
  - Workman's Compensation
- Geographic of the service area
- Motor Vehicle Condition form completed for each vehicle
- List of locations (central and sub-station), where ambulances will be located. Attach zoning authorization if appropriate
- List of current personnel providing service (list all levels of state certified EMT's and respective expiration dates)
- List of current ambulances (include the year, make, type, maximum capacity for each vehicle)
- Please attach a check to each application

Chairman Initials - Date: S-9-16

Approved: ERL

Disapproved: \_\_\_\_\_

Amount: \_\_\_\_\_

Fund: \_\_\_\_\_

**Linked Automobiles**

<b>VIN</b>	<b>Description</b>	<b>Year</b>	<b>Make</b>	<b>Value</b>
1FDWF37FXEC55543	<i>ALS</i> Ambulance	1999	Ford	66,726.00
3D6WD66LX9G535892	Ram ALS Ambulance	2009	Dodge	185,200.00
1FDRF3HT2HEE50667	Ford ALS Ambulance	2017	Ford	135,000.00

I hereby certify that the information provided in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification.

Determination that an ambulance service license has been issued based on false information constitutes grounds for license revocation and possible criminal prosecution.

Applicant's Signature [Signature] Date Signed \_\_\_\_\_

Please print the applicant's name DAVID E. MOWER Telephone # 719-369-6408

Address 1500 Birch St / PO Box 44 City LA VETA State CO Zip Code 81055

Telephone number 719-369-6408 Fax number 719-742-3320 E-Mail dmower@lavetafire.org

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 7th DAY OF December 2023 IN THE COUNTY OF Huerfano STATE OF COLORADO.

Signature of Notary [Signature] My Commission Expires 06/03/2027

MARY JOLENE DAVIS  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20084002141  
MY COMMISSION EXPIRES 06/03/2027

TO BE COMPLETED BY THE MEDICAL DIRECTOR

Medical Director Jeremiah F. Ellings Medical License Number 42410

Address 595 Paisley Drive City Colo Spgs State Co Zip Code 80906

Telephone number 719 244 1971 Fax number \_\_\_\_\_ E-Mail Jellings2@gmail.com

Facility Affiliation Laveta Fire Rescue

Address 100 Bunker Road City Laveta State Co Zip code 81055

Telephone number 719 742 3656 Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

The following are licensing requirements of a medical director:

- 1) Meet the requirements established by Colorado Board of Medical Examiners (CBME) as defined in CBME 3CCR713-6, Rule 500
- 2) Provision of Medical Oversight for the ambulance service and personnel
- 3) Provision of a medical continuous quality improvement program (must be available to County upon request)
- 4) Ensure that the ambulance service complete a patient care report for each patient that is assessed
- 5) Ensure that the ambulance service completes and submits an agency profile
- 6) Investigate and provide written documentation of the investigation and resolution process of each complaint received from the County (Non-compliance with any of these requirements may result in suspension or revocation of ambulance service license).

I understand and accept the responsibilities of a Medical Director for \_\_\_\_\_ service.  
I understand that non-compliance with any of these requirements may result in suspension or revocation of ambulance license.

Medical Director's Signature [Signature] Date Signed 12/7/23

Please print Medical Director's name Jeremiah F. Ellings Telephone # 719 244 1971

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 7th DAY OF December 2023 IN THE COUNTY OF Huerfano STATE OF COLORADO.

Signature of Notary [Signature] My Commission Expires 06/03/2027

MARY JOLENE DAVIS  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20084002141  
MY COMMISSION EXPIRES 06/03/2027

[SEAL]

Chairman Initials - Date: 5.9.26  
Approved: ERA  
Disapproved: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Fund: \_\_\_\_\_

Huerfano County  
Ambulance Inspection Checklist

Vehicle Identification Number: \_\_\_\_\_

Date of Certification: 12-06-23 Agency's Fleet Number: RESCUE 1  
 VIN: 3D6WDL6LX9G535892 Vehicle Owner: LA VETA FIRE PROTECTION DISTRICT  
 Make: DODGE Model: RAM 550 Year: 2009  
 License Plate Number: 967HVW Expiration Date: PERMANENT  
 CAPACITY: 2

Evaluation Check List

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comments</u>
Engine	✓		
Transmission	✓		
Wheels & tires	✓		
Steering	✓		
Alignment	✓		
Suspension	✓		
Brakes	✓		
Hand brake <u>Park Brake</u>	✓		
Lights	✓		
Electrical system	✓		
Vehicle and patient compartment heater and cooling system	✓		
Glass	✓		
Exhaust system	✓		
Fuel system	✓		
Body & sheet metal	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date, evaluated the mechanical condition of the identified ambulance and determined that this vehicle is in safe operating condition. Said evaluation does NOT warrantee future status of the Ambulance due to conditions beyond mechanic's control.

Brian James  
Mechanic's Signature

Mechanic / Lt.  
Title

12-06-23  
Date

La Veta Fire Protection Dist.  
Company Name

100 Birch St. LaVeta CO  
Address

719-742-3656  
Telephone

Chairman Initials - Date: 5-9-16  
 Approved: ERG  
 Disapproved: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Fund: \_\_\_\_\_

Huerfano County  
Ambulance Inspection Checklist

Certificate of Motor Vehicle Condition

Date of Certification: 12-06-23 Agency's Fleet Number: RESCUE 2  
 VIN: 1FDWF37FXEC55543 Vehicle Owner: LA VETA FIRE PROTECTION DISTRICT  
 Make: FORD Model: F-350 Year: 1999  
 License Plate Number: BSH-460 Expiration Date: PERMANENT  
 CAPACITY: 2

Evaluation Check List

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comments</u>
Engine	✓		
Transmission	✓		
Wheels & tires	✓		
Steering	✓		
Alignment	✓		
Suspension	✓		
Brakes	✓		
Hand brake <u>Park Brake</u>	✓		
Lights	✓		
Electrical system	✓		
Vehicle and patient compartment heater and cooling system	✓		
Glass	✓		
Exhaust system	✓		
Fuel system	✓		
Body & sheet metal	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date, evaluated the mechanical condition of the identified ambulance and determined that this vehicle is in safe operating condition. Said evaluation does NOT warrantee future status of the Ambulance due to conditions beyond mechanic's control.

Berita James Mechanic's Signature Mechanic / Lt. Title 12-06-23 Date  
La Veta Fire Protection Dist. Company Name 100 Birch St. La Veta Co. Address 719-742-3656 Telephone

Chairman Initials - Date: 5-9-16  
 Approved: ENG  
 Disapproved: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Fund: \_\_\_\_\_



# CERTIFICATE OF COVERAGE

Certificate Number  
CERT-006055

<b>ADMINISTRATOR</b> Colorado Special Districts Property and Liability Pool c/o McGriff Insurance Services, LLC PO Box 1539 Portland, OR 97207-1539	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>NAMED MEMBER</b> La Veta Fire Protection District 82 Emerald Lane La Veta, CO 80155	<b>COMPANIES AFFORDING COVERAGE</b> COMPANY A: Colorado Special Districts Property and Liability Pool COMPANY B: COMPANY C: COMPANY D: COMPANY E:

### COVERAGES

THIS IS TO CERTIFY THAT COVERAGE DOCUMENTS LISTED HEREIN HAVE BEEN ISSUED TO THE NAMED MEMBER HEREIN FOR THE COVERAGE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

CO LTR	Type of Coverage	Coverage #	Effective Date	Expiration Date	LIMITS	
A	General Liability	24PL-52168-3218	01/01/24	12/31/24	General Aggregate	Unlimited
	<input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices <input checked="" type="checkbox"/> Occurrence				*Except that for claims, occurrences or suits to which the monetary limits of the Colorado Immunity Act, C.R.S. & 24-10-101, et.seq., as amended, apply, there shall be a further sublimit of (a) \$387,000 for an injury to any one person in any single occurrence; and (b) \$1,093,000 for an injury to two or more persons in any single occurrence; but in the event of an injury to two or more persons in any single occurrence, the sublimit shall not exceed \$387,000 for each injured person.	
A	Automobile Liability <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	24PL-52168-3218	01/01/24	12/31/24	Each Occurrence*	\$2,000,000
	Auto Physical Damage <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos					
	Excess Liability <input type="checkbox"/> Other Than Umbrella Form				General Aggregate	
					Each Occurrence*	
	Property <input type="checkbox"/>					

Description:  
Evidence of Liability Coverage.

<b>CERTIFICATE HOLDER</b>  Huerfano County Commissioners 401 Main Street, Ste. 202 Walsenburg, CO 81089	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE FORM PROVISIONS.  AUTHORIZED REPRESENTATIVE: By: Joseph E. DePaepe
	Date: November 28, 2023

# CERTIFICATE OF COVERAGE

<b>ADMINISTRATOR:</b> Colorado Special Districts Property and Liability Pool c/o McGriff Insurance Services, LLC PO Box 1539 Portland, OR 97207-1539	<b>CERTIFICATE NO.:</b>	CERT-000648
	<b>DATE:</b>	11/9/2023
<b>NAMED MEMBER:</b> La Veta Fire Protection District 82 Emerald Lane La Veta, CO 80155	This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend, or alter the coverage afforded by the coverage documents listed herein.	
	<b>COMPANIES AFFORDING COVERAGE</b>	
	<b>COMPANY A:</b>	Colorado Special Districts Property and Liability Pool
	<b>COMPANY B:</b>	Safety National Casualty Corporation

## COVERAGES

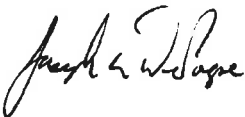
This is to certify that the coverage documents listed herein have been issued to the Named Member herein for the coverage period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions, and exclusions of such coverage documents.

CO LTR	TYPE OF COVERAGE	LIMITS		COVERAGE NUMBER	EFFECTIVE DATE	EXPIRATION DATE
AB	Workers' Compensation	WC STATUTORY LIMITS		24WC-52168-2944	1/1/2024	EOD 12/31/2024
AB	Employer's Liability	EL EACH ACCIDENT	\$2,000,000			
		EL DISEASE - EACH EMPLOYEE	\$2,000,000			
		EL DISEASE - POLICY LIMIT	\$2,000,000			

**Description:**

*Subject to the terms and conditions of the Workers' Compensation Coverage Document.*

Evidence of coverage only.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Huerfano County Commissioners 401 Main Street, Suite 202 Walsenburg, CO 81089	Should any of the above described coverages be canceled before the expiration date thereof, notice will be delivered in accordance with the coverage and policy for provisions.
	<b>AUTHORIZED REPRESENTATIVE:</b> Joseph E. DePaepe 







# Las Animas-Huerfano Counties District Health Department

Las Animas | Huerfano Counties  
DISTRICT HEALTH DEPARTMENT

**Trinidad Office**  
412 Benedicta Ave.  
Trinidad, CO 81082  
Phone: 719-846-2213  
Fax: 719-846-4472

**Walsenburg Office**  
119 E. 5<sup>th</sup> Street  
Walsenburg, CO 81089  
Phone: 719-738-2650  
Fax: 719-738-2653

## AMBULANCE INSPECTION REPORT

Date of Inspection: 11-17-23 Time of Inspection: \_\_\_\_\_

Ambulance Service: La Veta Fire Prot. Dist. Unit: Rescue 1

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Chassis Make: Dodge Chassis Year: 1989

Vin: 306W066LX9G535892

License Plate: 967-HUW Phone Number: \_\_\_\_\_

Registration  Proof of Insurance

### Vehicle Emergency Systems/Crew and Occupant Safety

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Appropriate Markings/Appearance                       | <input checked="" type="checkbox"/> Horn   |
| <input checked="" type="checkbox"/> Emergency Warning Lights                              | <input checked="" type="checkbox"/> Heater/Air Conditioning  |
| <input checked="" type="checkbox"/> Siren/PA  | <input type="checkbox"/> Adjustable Gurney   |
| <input checked="" type="checkbox"/> Backing Warning                                       | <input checked="" type="checkbox"/> Child Seat   |
| <input checked="" type="checkbox"/> Headlights: Bright/Dim                                | <input checked="" type="checkbox"/> Horn   |
| <input checked="" type="checkbox"/> Tail and Brake Lights                                 | <input checked="" type="checkbox"/> Safety Belts: <input checked="" type="checkbox"/> Cab <input checked="" type="checkbox"/> Bench <input checked="" type="checkbox"/> Gurney |
| <input checked="" type="checkbox"/> Windshield Wipers                                     | <input checked="" type="checkbox"/> Non Smoking posted in the front and compartment  |
| <input checked="" type="checkbox"/> Turn Signal   |  |
| <input checked="" type="checkbox"/> Tires   |  |
| <input checked="" type="checkbox"/> Evidence of vehicle maintenance/mechanical inspection |  |

### Communications Equipment

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> To Dispatch                           | <input checked="" type="checkbox"/> Portable Radio (800MHz) (Optional) |
| <input checked="" type="checkbox"/> To Medical Control/Receiving Facility | <input checked="" type="checkbox"/> Cell Phones (Optional)             |

### Safety and Personal Protective Equipment

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Protective Eye Wear (2)                                    | <input checked="" type="checkbox"/> Spare Batteries and Spare Bulbs  |
| <input checked="" type="checkbox"/> Gloves - Non Sterile Disposable (Multi Sizes)              | <input checked="" type="checkbox"/> Fire Extinguishers (Minimum (2) 5 lb. ABC charged with seals intact and current insp. Tag) |
| <input checked="" type="checkbox"/> Gloves - Non Latex Disposable (Multi Sizes)                | <input checked="" type="checkbox"/> Cab <input checked="" type="checkbox"/> Patient Compartment                                |
| <input checked="" type="checkbox"/> Masks - Non Sterile Surgical (2)                           | <input checked="" type="checkbox"/> ANSI/ISEA 107-2004 Class 2 Safety Vests (2)  |
| <input checked="" type="checkbox"/> Masks - HEPA Universal (2)                                 | <input checked="" type="checkbox"/> Triangular Warning Reflectors  |
| <input checked="" type="checkbox"/> Sharps Containers (2)                                      | <input checked="" type="checkbox"/> Flashlights (2) Rechargeable or battery operated   |
| <input type="checkbox"/> Patient Compartment <input checked="" type="checkbox"/> Portable Bags |  |

## Airway, Oxygen, and Ventilation Equipment

### Basic Life Support

- Bag Valve Masks w/Oxygen Reservoir
  - Infant (500cc)  Child (750c)
  - Adult (1000 cc)
- Nasopharyngeal Airways – Adult & Pediatric (sizes 24-32) \_\_\_\_\_
- Oropharyngeal Airways – Adult & Pediatric (sizes 50-110) \_\_\_\_\_
- House Oxygen w/adjustable regulator
- Portable Oxygen w/adjustable regulator (2)
- House Suction Unit

- Portable Suction Unit
- Rigid Pharyngeal Curved Suction Tip
- Wide Bore Tubing
- Soft Catheter Tips (6-14 Fr)
- Water-Based Lubricant Jelly Packets
- Non-Rebreathers (Masks)
  - Adult  Child  Infant
- Nasal Cannulas:  Adult  Pediatric

### Advanced Life Support

- Chest Decompression Kit (or equivalent)
- End – Tidal CO2 Detector (Easy Cap/Capno monitoring)
- Nebulizer Apparatus (4)
- Tube Securing Device (Tube holder or tube ties)
- Endotracheal Tubes
  - Cuffed (Sizes 5-9 mm)
  - \_\_\_\_\_
  - Uncuffed (Sizes 2-5.5mm)
  - \_\_\_\_\_

- Stylettes
  - Infant (Size 6)  Pediatric (Size 10)
  - Adult (Sizes 12 – 14)
- Laryngoscope Handle and Blades
  - Straight (0 – 4) \_\_\_\_\_
  - Curved (0 – 4) \_\_\_\_\_
- Magill Forceps
  - Adult  Pediatric
- Alternative Airway *I-Gel*
  - Combi - Tube
  - King Tube

## Intravenous I.V. Solutions & Vascular Access Supplies

### Basic Life Support

- Arm Boards  Adult  Pediatric
- IV Administration Sets
  - Macro drip – 10/15 gtt (4)
  - Microdrip – 60 gtt (2)
- IV Angiocaths (sizes 14g – 24g)
- \_\_\_\_\_

- Venous Tourniquets (Latex Free &/or Latex)
- Normal Saline (1000 ml bags) (6)
- Blood Y Sets (Optional)
- Transparent Dressings (Tegaderm)

### Advanced Life Support

- Intraosseous Needles (15 and 18 g)
- Syringes (1 mL to 10 mL)

- Braslow Tape

## Pharmacological Agents

### Basic Life Support

- Asprin - 81 mg (1 Bottle)
- Oral Glucose

- Mix own*
- Epi - Pen Auto Injector
  - Adult  Pediatric

### Advanced Life Support

- Adenosine - ( I / P )
- Albuterol - ( I / P )
- Atropine - ( I / P )
- Dextrose - 25% ( B / I / P )
- Dextrose - 50% ( B / I / P )
- Diphenhydramine (Benadryl) - ( I / P )
- Epinephrine - 1:1000 ( I / P )
- Epinephrine - 1:10,000 ( I / P )
- Glucagon - ( I / P ) (Optional)
- Lidocaine - 2% ( I / P )
- Lidocaine Drip - 5% ( I / P )
- Methylprednisolone or solu-medrol - ( I / P )
- Naloxone (Narcan) - ( I / P )
- Nitroglycerine - ( B / I / P )
- Neosynephrine (Phenylephrine Nasal Spray)
- Sodium Bicarbonate - ( I / P )
- Diazepam - ( I / P ) As required by PMD *versed*
- Morphine / other Narcotics - ( I / P ) As required by PMD
- Pharmacological Agent Security Protocols are being met

### Paramedic Level Only

- Magnesium Sulfate

~~Dopamine~~

## EMT Certifications

### EMT Basic

- Total # of Basic EMT Personnel \_\_\_\_\_
- Basic Certification - updated and current
  - CPR Certification

### EMT Basic + (IV)

- Total # of Basic + Personnel \_\_\_\_\_
- EMT Basic Certification - updated and current
  - CPR Certification
  - IV Certification

### EMT Intermediate (Advanced)

- Total # of Intermediate Certified Personnel \_\_\_\_\_
- EMT Intermediate Certification - updated And current
  - ACLS Certification
  - PALS Certification

### Paramedic

- Total # of Paramedic Certified Personnel \_\_\_\_\_
- Paramedic Certification
  - CPR Certification
  - ACLS Certification
  - PALS Certification



**Las Animas | Huerfano Counties**  
DISTRICT HEALTH DEPARTMENT

# Ambulance Inspection Form

- Acceptable As Is     
  Acceptable w/Below Changes     
  Not Acceptable – See Comment Below  
 Basic Life Support     
  Advanced Life Support

Comments:

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*Robin Sykes*  
 \_\_\_\_\_  
 Ambulance Inspector Signature

*[Signature]*  
 \_\_\_\_\_  
 Agency Representative Signature

*Robin Sykes*  
 \_\_\_\_\_  
 Ambulance Inspector Printed Name

*DAVID E MOWER*  
 \_\_\_\_\_  
 Agency Representative Printed Name

*11-17-23*  
 \_\_\_\_\_  
 Date

*11/17/2023*  
 \_\_\_\_\_  
 Date



# Las Animas-Huerfano Counties District Health Department

Las Animas | Huerfano Counties  
DISTRICT HEALTH DEPARTMENT

**Trinidad Office**  
412 Benedicta Ave.  
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Phone: 719-738-2650  
Fax: 719-738-2653

## AMBULANCE INSPECTION REPORT

Date of Inspection: 11-17-23 Time of Inspection: \_\_\_\_\_

Ambulance Service: La Veta Fire Prot. Dist. Unit: Rescue 2

Location: 100 Birch St. La Veta, CO 81055

Mailing Address: P.O. Box 44 La Veta, CO 81055

Chassis Make: Ford Chassis Year: 1999

Vin: 1FDWF37FXXEC55543

License Plate: B5H-460 Phone Number: 719 742 3656

() Registration () Proof of Insurance

### Vehicle Emergency Systems/Crew and Occupant Safety

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Appropriate Markings/Appearance                       | <input checked="" type="checkbox"/> Horn   |
| <input checked="" type="checkbox"/> Emergency Warning Lights                              | <input checked="" type="checkbox"/> Heater/Air Conditioning  |
| <input checked="" type="checkbox"/> Siren/PA  | <input checked="" type="checkbox"/> Adjustable Gurney  |
| <input checked="" type="checkbox"/> Backing Warning                                       | <input checked="" type="checkbox"/> Child Seat   |
| <input checked="" type="checkbox"/> Headlights: Bright/Dim                                | <input type="checkbox"/> Horn  |
| <input checked="" type="checkbox"/> Tail and Brake Lights                                 | <input checked="" type="checkbox"/> Safety Belts: <input checked="" type="checkbox"/> Cab <input type="checkbox"/> Bench <input type="checkbox"/> Gurney |
| <input checked="" type="checkbox"/> Windshield Wipers                                     | <input checked="" type="checkbox"/> Non Smoking posted in the front and compartment  |
| <input checked="" type="checkbox"/> Turn Signal   |  |
| <input checked="" type="checkbox"/> Tires   |  |
| <input checked="" type="checkbox"/> Evidence of vehicle maintenance/mechanical inspection |  |

### Communications Equipment

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> To Dispatch                           | <input checked="" type="checkbox"/> Portable Radio (800MHz) (Optional) |
| <input checked="" type="checkbox"/> To Medical Control/Receiving Facility | <input checked="" type="checkbox"/> Cell Phones (Optional)             |

### Safety and Personal Protective Equipment

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Protective Eye Wear (2)                       | <input checked="" type="checkbox"/> Spare Batteries and Spare Bulbs  |
| <input checked="" type="checkbox"/> Gloves - Non Sterile Disposable (Multi Sizes) | <input checked="" type="checkbox"/> Fire Extinguishers (Minimum (2) 5 lb. ABC charged with seals intact and current insp. Tag) |
| <input checked="" type="checkbox"/> Gloves - Non Latex Disposable (Multi Sizes)   | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Cab <input type="checkbox"/> Patient Compartment       |
| <input checked="" type="checkbox"/> Masks - Non Sterile Surgical (2)              | <input checked="" type="checkbox"/> ANSI/ISEA 107-2004 Class 2 Safety Vests (2)  |
| <input checked="" type="checkbox"/> Masks - HEPA Universal (2)                    | <input checked="" type="checkbox"/> Triangular Warning Reflectors  |
| <input checked="" type="checkbox"/> Sharps Containers (2)                         | <input checked="" type="checkbox"/> Flashlights (2) Rechargeable or battery operated   |
| <input type="checkbox"/> Patient Compartment                                      |  |
| <input type="checkbox"/> Portable Bags  |  |

## Airway, Oxygen, and Ventilation Equipment

### Basic Life Support

- Bag Valve Masks w/Oxygen Reservoir
  - Infant (500cc)  Child (750c)
  - Adult (1000 cc)
- Nasopharyngeal Airways – Adult & Pediatric (sizes 24-32)
- Oropharyngeal Airways – Adult & Pediatric (sizes 50-110)
- House Oxygen w/adjustable regulator
- Portable Oxygen w/adjustable regulator (2)
- House Suction Unit

- Portable Suction Unit
- Rigid Pharyngeal Curved Suction Tip
- Wide Bore Tubing
- Soft Catheter Tips (6-14 Fr)

- Water-Based Lubricant Jelly Packets
- Non-Rebreathers (Masks)
  - Adult  Child  Infant
- Nasal Cannulas:  Adult  Pediatric

### Advanced Life Support

- Chest Decompression Kit (or equivalent)
- End – Tidal CO2 Detector (Easy Cap/Capno monitoring)
- Nebulizer Apparatus (4)
- Tube Securing Device (Tube holder or tube ties)
- Endotracheal Tubes
  - Cuffed (Sizes 5-9 mm)
  - Uncuffed (Sizes 2-5.5mm)

- Stylettes
  - Infant (Size 6)  Pediatric (Size 10)
  - Adult (Sizes 12 – 14)
- Laryngoscope Handle and Blades
  - Straight (0 – 4)
  - Curved (0 – 4)
- Magill Forceps
  - Adult  Pediatric
- Alternative Airway *T-Gels*
  - Combi - Tube
  - King Tube

## Intravenous I.V. Solutions & Vascular Access Supplies

### Basic Life Support

- Arm Boards  Adult  Pediatric
- IV Administration Sets
  - Macro drip – 10/15 gtt (4)
  - Microdrip – 60 gtt (2)
- IV Angiocaths (sizes 14g – 24g)

- Venous Tourniquets (Latex Free &/or Latex)
- Normal Saline (1000 ml bags) (6)
- Blood Y Sets (Optional)
- Transparent Dressings (Tegaderm)

### Advanced Life Support

- Intraosseous Needles (15 and 18 g)
- Syringes (1 mL to 10 mL)

- Braslow Tape

## Diagnostic Equipment and Supplies

### Basic Life Support

- Stethoscope
- Glucometer
- Blood Pressure Cuffs:  Adult  Child  Infant
- Pulse Oximeter:  Adult  Pediatric Probes
- A.E.D. (BLS units only)
  - Adult Patches for A.E.D.
  - Pedi Patches for A.E.D.
- Thermometer (Optional)
- Penlight

### Advanced Life Support

- Cardiac Monitor/Defibrillator (Down to 5 joules)
- Defibrillation Electrode Patches or Paddles with Conducting Gel:  Adult  Pediatric
- Electrocardiograph Electrodes:  Adult  Pediatric

## Obstetrical Supplies

- O.B. Kit (Towels, 4x4 dressing, umbilical tape or cord clamp, scissors, bulb syringe, sterile gloves, and blanket)
  - (O.B. Kit must be marked with date received – replace every 5 years)
- Silver swaddler and stocking cap
- M. De Lee Suction Unit (Size 8) or Meconium Aspirator with (2) #2 ET Tubes

## Medical Equipment and Supplies

### Basic Life Support

- Adhesive Tape (Multiple rolls and widths)
- Bandages – Roller Gauze
- Bandages – Triangular
- Hot and Cold Packs
- Blankets
- Burn Sheets (2) (Must be dated when received – replace every 5 years)
- Cervical Collars
  - Adult  Pediatric  Infant
- Dressing (4x4) (2 boxes)
- Dressings – Occlusive (Vaseline Gauze)
- Abdominal Dressings (10x30, 12x28 or similar sizes)
- Head Immobilization Devices (Blocks)
  - Adult  Pediatric
- Irrigation Solutions (Sterile)
- K.E.D.
- Prep Pads:
  - Alcohol  Non Alcohol (Betadine)
- Scoop, Vacuum Mattress or equivalent
- Shears/Scissors
- Spine Boards with straps:
  - Adult  Pediatric
- Splints – Upper & lower extremity or S.A.M.
- Splints – Traction
- Triage Tags
- Surgical Tape (Transpore)

## Pharmacological Agents

### Basic Life Support

- Asprin - 81 mg (1 Bottle)
- Oral Glucose

- Epi - Pen Auto Injector
- Adult  Pediatric

### Advanced Life Support

- Adenosine - ( I / P )
- Albuterol - ( I / P )
- Atropine - ( I / P )
- Dextrose - 25% ( B / I / P )
- Dextrose - 50% ( B / I / P )
- Diphenhydramine ( Benadryl ) - ( I / P )
- Epinephrine - 1:1000 ( I / P )
- Epinephrine - 1:10,000 ( I / P )
- Glucagon - ( I / P ) ( Optional )
- Lidocaine - 2% ( I / P )
- Lidocaine Drip - 5% ( I / P )

- Methylprednisolone or solu-medrol - ( I / P )
- Naloxone ( Narcan ) - ( I / P )
- Nitroglycerine - ( B / I / P )
- Neosynephrine ( Phenylephrine Nasal Spray )
- Sodium Bicarbonate - ( I / P )
- Diazepam - ( I / P ) As required by PMD *Mad 2012*
- Morphine / other Narcotics - ( I / P ) As required by PMD
- Pharmacological Agent Security Protocols are being met

### Paramedic Level Only

- Magnesium Sulfate

Dopamine

## EMT Certifications

### EMT Basic

- Total # of Basic EMT Personnel \_\_\_\_\_
- Basic Certification - updated and current
  - CPR Certification

### EMT Basic + (IV)

- Total # of Basic + Personnel \_\_\_\_\_
- EMT Basic Certification - updated and current
  - CPR Certification
  - IV Certification

### EMT Intermediate (Advanced)

- Total # of Intermediate Certified Personnel \_\_\_\_\_
- EMT Intermediate Certification - updated And current
  - ACLS Certification
  - PALS Certification

### Paramedic

- Total # of Paramedic Certified Personnel \_\_\_\_\_
- Paramedic Certification
  - CPR Certification
  - ACLS Certification
  - PALS Certification





**Las Animas | Huerfano Counties**  
DISTRICT HEALTH DEPARTMENT

# Ambulance Inspection Form

- Acceptable As Is     
  Acceptable w/Below Changes     
  Not Acceptable – See Comment Below  
 Basic Life Support     
  Advanced Life Support

Comments:

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*Robin Sykes*  
 \_\_\_\_\_  
 Ambulance Inspector Signature

*David E Mower*  
 \_\_\_\_\_  
 Agency Representative Signature

*Robin Sykes*  
 \_\_\_\_\_  
 Ambulance Inspector Printed Name

*DAVID E MOWER*  
 \_\_\_\_\_  
 Agency Representative Printed Name

*11-17-23*  
 \_\_\_\_\_  
 Date

*11/17/2023*  
 \_\_\_\_\_  
 Date



# Las Animas-Huerfano Counties District Health Department

Las Animas | Huerfano Counties  
DISTRICT HEALTH DEPARTMENT

**Trinidad Office**  
412 Benedicta Ave.  
Trinidad, CO 81082  
Phone: 719-846-2213  
Fax: 719-846-4472

**Walsenburg Office**  
119 E. 5<sup>th</sup> Street  
Walsenburg, CO 81089  
Phone: 719-738-2650  
Fax: 719-738-2653

## AMBULANCE INSPECTION REPORT

Date of Inspection: 11-17-23 Time of Inspection: \_\_\_\_\_

Ambulance Service: La Veta Fire Prot. Dist. Unit: Rescue 3

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Chassis Make: Ford Chassis Year: 2017

Vin: 1FDRF3HT2HEE50667

License Plate: B5J 189 Phone Number: \_\_\_\_\_

( ) Registration ( ) Proof of Insurance

### Vehicle Emergency Systems/Crew and Occupant Safety

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Appropriate Markings/Appearance                       | <input checked="" type="checkbox"/> Horn   |
| <input checked="" type="checkbox"/> Emergency Warning Lights                              | <input checked="" type="checkbox"/> Heater/Air Conditioning  |
| <input checked="" type="checkbox"/> Siren/PA  | <input checked="" type="checkbox"/> Adjustable Gurney  |
| <input checked="" type="checkbox"/> Backing Warning                                       | <input type="checkbox"/> Child Seat  |
| <input checked="" type="checkbox"/> Headlights: Bright/Dim                                | <input type="checkbox"/> Horn  |
| <input checked="" type="checkbox"/> Tail and Brake Lights                                 | <input checked="" type="checkbox"/> Safety Belts: <input checked="" type="checkbox"/> Cab <input type="checkbox"/> Bench <input type="checkbox"/> Gurney |
| <input checked="" type="checkbox"/> Windshield Wipers                                     | <input checked="" type="checkbox"/> Non Smoking posted in the front and compartment  |
| <input checked="" type="checkbox"/> Turn Signal   |  |
| <input checked="" type="checkbox"/> Tires   |  |
| <input checked="" type="checkbox"/> Evidence of vehicle maintenance/mechanical inspection |  |

### Communications Equipment

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> To Dispatch                           | <input checked="" type="checkbox"/> Portable Radio (800MHz) (Optional) |
| <input checked="" type="checkbox"/> To Medical Control/Receiving Facility | <input checked="" type="checkbox"/> Cell Phones (Optional)             |

### Safety and Personal Protective Equipment

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Protective Eye Wear (2)                         | <input checked="" type="checkbox"/> Spare Batteries and Spare Bulbs  |
| <input checked="" type="checkbox"/> Gloves - Non Sterile Disposable (Multi Sizes)   | <input checked="" type="checkbox"/> Fire Extinguishers (Minimum (2) 5 lb. ABC charged with seals intact and current insp. Tag) |
| <input checked="" type="checkbox"/> Gloves - Non Latex Disposable (Multi Sizes)     | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Cab <input type="checkbox"/> Patient Compartment       |
| <input checked="" type="checkbox"/> Masks - Non Sterile Surgical (2)                | <input checked="" type="checkbox"/> ANSI/ISEA 107-2004 Class 2 Safety Vests (2)  |
| <input checked="" type="checkbox"/> Masks - HEPA Universal (2)                      | <input checked="" type="checkbox"/> Triangular Warning Reflectors  |
| <input checked="" type="checkbox"/> Sharps Containers (2)                           | <input checked="" type="checkbox"/> Flashlights (2) Rechargeable or battery operated   |
| <input type="checkbox"/> Patient Compartment <input type="checkbox"/> Portable Bags |  |

## Airway, Oxygen, and Ventilation Equipment

### Basic Life Support

- Bag Valve Masks w/Oxygen Reservoir
  - Infant (500cc)  Child (750c)
  - Adult (1000 cc)
- Nasopharyngeal Airways – Adult & Pediatric (sizes 24-32) \_\_\_\_\_
- Oropharyngeal Airways – Adult & Pediatric (sizes 50-110) \_\_\_\_\_
- House Oxygen w/adjustable regulator
- Portable Oxygen w/adjustable regulator (2)
- House Suction Unit

- Portable Suction Unit
- Rigid Pharyngeal Curved Suction Tip
- Wide Bore Tubing
- Soft Catheter Tips (6-14 Fr)
- \_\_\_\_\_
- Water-Based Lubricant Jelly Packets
- Non-Rebreathers (Masks)
  - Adult  Child  Infant
- Nasal Cannulas:  Adult  Pediatric

### Advanced Life Support

- Chest Decompression Kit (or equivalent)
- End – Tidal CO<sub>2</sub> Detector (Easy Cap/Capno monitoring)
- Nebulizer Apparatus (4)
- Tube Securing Device (Tube holder or tube ties)
- Endotracheal Tubes
  - Cuffed (Sizes 5-9 mm)
  - \_\_\_\_\_
  - Uncuffed (Sizes 2-5.5mm)
  - \_\_\_\_\_

- Stylettes
  - Infant (Size 6)  Pediatric (Size 10)
  - Adult (Sizes 12 – 14)
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  - Straight (0 – 4) \_\_\_\_\_
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- Abdominal Dressings 10x30, 12x28 or similar sizes)
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  - Adult  Pediatric
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- Prep Pads:
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  - Adult  Pediatric
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- Splints – Traction
- Triage Tags
- Surgical Tape (Transpore)

## Pharmacological Agents

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- Oral Glucose

- Mix Own*
- Epi - Pen Auto Injector
  - Adult  Pediatric

### Advanced Life Support

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- Albuterol - ( I / P )
- Atropine - ( I / P )
- Dextrose - 25% ( B / I / P )
- Dextrose - 50% ( B / I / P )
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- Epinephrine - 1:10,000 ( I / P )
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- Lidocaine Drip - 5% ( I / P )

- Methylprednisolone or solu-medrol - ( I / P )
- Naloxone (Narcan) - ( I / P )
- Nitroglycerine - ( B / I / P )
- Neosynephrine (Phenylephrine Nasal Spray)
- Sodium Bicarbonate - ( I / P )
- Diazepam - ( I / P ) As required by PMD *Versed*
- Morphine / other Narcotics - ( I / P ) As required by PMD
- Pharmacological Agent Security Protocols are being met

### Paramedic Level Only

- Magnesium Sulfate

- Dopamine

## EMT Certifications

### EMT Basic

- Total # of Basic EMT Personnel \_\_\_\_\_
- \_\_\_ Basic Certification - updated and current
  - \_\_\_ CPR Certification

### EMT Basic + (IV)

- Total # of Basic + Personnel \_\_\_\_\_
- \_\_\_ EMT Basic Certification - updated and current
  - \_\_\_ CPR Certification
  - \_\_\_ IV Certification

### EMT Intermediate (Advanced)

- Total # of Intermediate Certified Personnel \_\_\_\_\_
- \_\_\_ EMT Intermediate Certification - updated And current
  - \_\_\_ ACLS Certification
  - \_\_\_ PALS Certification

### Paramedic

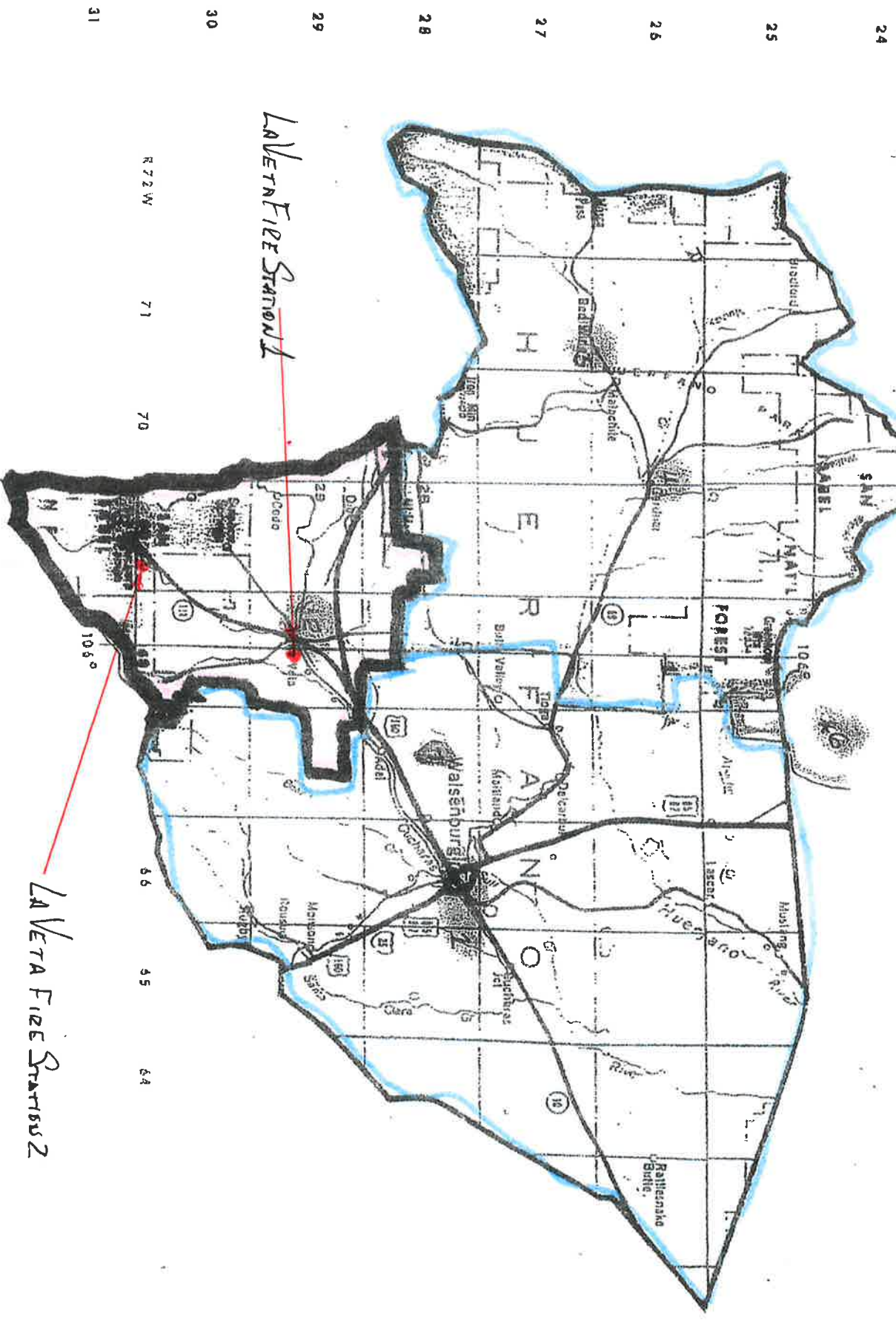
- Total # of Paramedic Certified Personnel \_\_\_\_\_
- \_\_\_ Paramedic Certification
  - \_\_\_ CPR Certification
  - \_\_\_ ACLS Certification
  - \_\_\_ PALS Certification





# HUERFANO COUNTY

EXHIBIT B



LA VETA FIRE STATION 1

LA VETA FIRE STATION 2

31

30

29

28

27

26

25

24

R 72 W

71

70

106°

