

**AMBULANCE SERVICE LICENSE
HUERFANO-COUNTY APPLICATION**

PLEASE PRINT. APPLICATION MUST BE NOTARIZED IN 2 PLACES.

New Application _____ Renewal Application Date 4-20-23

Indicate the number of units you wish to license and inspect:
Med 2 Med 3 Med 4 Med 5 Med 6 _____

Please attach a check to the application(s).
 Telephone numbers and fees for each county are listed on the Pre-Inspection Checklist.

Company name (Owner/parent Company) Huerfano County Hospital District
 Check one: Sole Proprietor Partnership _____ Corporation _____ Other _____

Address 23500 US Hwy 1160 City Walsenburg State CO Zip Code 81089
Telephone number 719-738-5100 **Fax number** 719-738-5138 **E-Mail** cuadagnoli@sprhc.org

Doing Business As (AKA) Spanish Peaks Regional Health Center Ambulance
Address 326 Main St City Walsenburg State CO Zip code 81089
Telephone number 719-738-2370 **Fax number** 719-738-5782 **E-Mail** mwhitley@sprhc.org

Manager or individual responsible for operation of service: Name Matthew Whitley
Address 326 Main Street City Walsenburg State CO Zip Code 81089
Telephone number 719-738-4547 **Fax number** 719-738-5782 **E-Mail** mwhitley@sprhc.org

Dispatch Center
Address 500 S Albert Ave. City Walsenburg State CO Zip Code 81089
Telephone number 719-738-1100 **Fax number** _____ **E-Mail** _____

Insurance Company Copic/Hub International
Address 1414 W 4th Street City Pueblo State CO Zip Code 81004
Insurance Agent Amber Keller
Address 1414 W 4th Street City Pueblo State CO Zip Code 81004
Telephone number 719-884-0703 **Fax number** 800-290-9290 **E-Mail** amber.keller@hubinternational.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
- Drug list approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director)
- 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

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 Mary L. Whitley Telephone # 719-738-4135
Address 23500 US Hwy 160 City Walsenburg State CO Zip Code 81089
Telephone number 719-738-4135 Fax number 719-738-5138 E-Mail kwhitley@sprhc.org

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 9th DAY OF MARCH 2023, IN THE
COUNTY OF HUERFANO STATE OF COLORADO.
Signature of Notary [Signature] My Commission Expires JUNE 3, 2023

MARY JOLENE DAVIS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084002141
MY COMMISSION EXPIRES JUNE 3, 2023

[SEAL]

TO BE COMPLETED BY THE MEDICAL DIRECTOR

Medical Director Jeremiah Foster Elias Medical License Number DE.0042410
Address 595 Parsley Drive City Colorado Springs State CO Zip Code 80906
Telephone number 719-244-1971 Fax number _____ E-Mail Jellias@gmail.com
Facility Affiliation Spanish Peaks Regional Health Center Ambulance
Address 326 Main Street City Walsenburg State CO Zip code 81089
Telephone number 719-738-2370 Fax number 719-738-5782 E-Mail jellias@sprhc.org

- 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 Spanish Peaks Regional Health Center Ambulance 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 3/9/2023
Please print Medical Director's name JEREMIAH FOSTER ELLIAS Telephone # 719-244-1971

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 9th DAY OF MARCH 2023, IN THE
COUNTY OF HUERFANO STATE OF COLORADO.
Signature of Notary [Signature] My Commission Expires JUNE 3, 2023

MARY JOLENE DAVIS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084002141
MY COMMISSION EXPIRES JUNE 3, 2023

[SEAL]

Last Name	Preferred / First Name
Alexander	Kyle
Beardslee	Janelle
Chongway	Danae
Cordova	Emily
Felmlee	James
Gonzales	Michael
Hollis	Robert
Kwiatkowski	Eve
Lantis	Molly
Martinez	Gabriel
Murphy	Colten
Ray	Eddie
Ray	Melissa
Saint Peter	Darcy

DIVISION	DEPARTMENT	JOB	Actions
Hospital SPH	Ambulance	Paramedic	...
Hospital SPH	Ambulance	EMT-I	...
Hospital SPH	Ambulance	EMT-RN	...
Hospital SPH	Ambulance	EMT-B	...
Hospital SPH	Ambulance	EMT-B	...
Hospital SPH	Ambulance	EMT-B	...
Hospital SPH	Ambulance	Paramedic	...
Hospital SPH	Ambulance	Paramedic	...
Hospital SPH	Ambulance	Paramedic	...
Hospital SPH	Ambulance	Paramedic	...
Hospital SPH	Ambulance	Paramedic	...
Hospital SPH	Ambulance	EMT-B	...
Hospital SPH	Ambulance	EMT-I	...

 Export Employees

Last Name Preferred / First Name

Shrout Kristin

Trujillo Sam

Weber Christian

Whitley Matthew

1 **2**

15 - 18 of 18 items

DIVISION DEPARTMENT JOBS Actions

Hospital SPH Ambulance EMT-B ...

Hospital SPH Ambulance Paramedic ...

Hospital SPH Ambulance Paramedic ...

Hospital SPH Ambulance EMS Director ...

1 **2**

15 - 18 of 18 items

Ambulance Service License Renewal Application

Med 2

DATE: March 3, 2022

NAME OF VEHICLE OWNER: Huerfano County Hospital District

ADDRESS: 23500 US Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-5100

NAME OF AMBULANCE SERVICE: Huerfano County Hospital District (DBA)

Spanish Peaks Regional Health Center Ambulance

ADDRESS: 326 Main Street

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-2370

NAME OF AMBULANCE DIRECTOR/DIRECTOR EMERGENCY SERVICES: Nick Brown/Kelea Nardini

HOW MANY AMBULANCES DO YOU OPERATE? FIVE (5)

WHAT AREA OF YOUR COUNTY WILL BE SERVED BY THIS COMPANY? Huerfano County

PHYSICIAN ADVISOR: Dr. Jeremiah Ellias

ADDRESS: 23500 US-hwy 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-5100

INSURANCE COVERAGE ON THESE VEHICLES:

A.) COMPANY: American Alternative Insurance Corporation

B.) AGENT: HUB International Insurance Service

Ambulance Service License Renewal Application

Med 2

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE FORGOING APPLICATION AND THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION. SUBSEQUENT DETERMINATION THAT A LICENSE HAS BEEN ISSUED BASED ON FALSE INFORMATION CONSTITUTES GROUNDS FOR LICENSE REVOCATION.

Signature of Applicant: [Handwritten Signature] Title: CEO Date: 4/6/2023

SUBSCRIBED AND AFFIRMED BEFORE ME THIS 6th DAY OF April, 2023. IN THE COUNTY OF: Huerfano STATE OF COLORADO.

SIGNATURE OF NOTARY: [Handwritten Signature]
MY COMMISSION EXPIRES 06/03/2023

MARY JOLENE DAVIS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084002141
MY COMMISSION EXPIRES JUNE 3, 2023

(FOR OFFICE USE ONLY)

Date Received: _____ Documentation Verified: _____

Inspection Satisfactory (Y/ N): _____

Approval Recommended (Y/ N): _____

Date Referred to B.O.C.C _____

CHAIRMAN, B.O.C.C
Licensing Agent

Comments: _____

Ambulance Service License Renewal Application

Med 2

Date: April 20, 2023

Vehicle #: **Med 2**

Year: **2009** Make/Model: **Dodge Sprinter** Type: **II** 4 Wheel Drive (Y/N): **No**

Manufacturers Identification Number (V.I.N.): **WDOPE745095386201**

Colorado State License Number (Registration No.): **PTQ - 891**

Registered with the State of Colorado as an emergency vehicle (Y/N): **Yes**

Date Ambulance placed in service: **01/20/2011**

Normal Location of Ambulance: **Ambulance Garage – 326 Main Street – Walsenburg, CO 81089**

**Huerfano County
Ambulance Inspection Checklist**

Certificate of Motor Vehicle Condition

Date of Certification: 3-2 Agency's Fleet Number: MEA 2
 VIN: WDOPE745095386201 Vehicle Owner: SPRHC
 Make: DODGE Model: _____ Year: 2009
 License Plate Number: PTQ891 Expiration Date: 3-31-2024

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	/		
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.

Johnny Malvarin
Mechanic's Signature

Foreman
Title

4/3/23
Date

JM TIRE
Company Name

928 MAIN ST
Address

719-738-2150
Telephone

COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

19445

POLICY NUMBER

GPNUJPF0027575

YEAR MAKE/MODEL

2009 DODGE VAN

COMPANY

National Union Fire Ins. Co. of Pittsburgh, Pa.

EFFECTIVE DATE

12-31-2022

COMMERCIAL PERSONAL

EXPIRATION DATE

12-31-2023

VEHICLE IDENTIFICATION NUMBER

WD0PE745095386201

AGENCY/COMPANY ISSUING CARD

GLATFELTER UNDERWRITING SERVICES, INC.
183 LEADER HEIGHTS ROAD, YORK, PA 17402-4714
(800)233-1957

INSURED

HUERFANO COUNTY HOSPITAL DISTRICT
23500 US HIGHWAY 160
WALSENBURG, CO 81089-0000

BI and PD Coverage Provided

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



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. 5th Street
Walsenburg, CO 81089
Phone: 719-738-2650
Fax: 719-738-2653

AMBULANCE INSPECTION REPORT

Date of Inspection: 4/5/23 Time of Inspection: _____

Ambulance Service: SPRHC Ambulance Unit: Med-2

Location: 326 Main WB, CO 81089

Mailing Address: 23500 Hwy 160 WB, CO 81089

Chassis Make: Dodge Chassis Year: 2009

Vin: WDOPE745095386201

License Plate: PTQ-891 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 type="checkbox"/> Child Seat |
| <input checked="" type="checkbox"/> Headlights: Bright/Dim | <input type="checkbox"/> Horn |
| <input checked="" type="checkbox"/> Tail and Brake Lights | <input type="checkbox"/> Safety Belts: <input 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 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 *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)
 - Micro drip – 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
- 1 ml Epi

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
- Morphine / other Narcotics – (I / P) As required by PMD
- Pharmacological Agent Security Protocols are being met

Paramedic Level Only

- Magnesium Sulfate

- Dopamine

NA

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



Ambulance Inspection Form

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

Comments:

Robin Sykes
Ambulance Inspector Signature

Matthew A. [Signature]
Agency Representative Signature

Robin Sykes
Ambulance Inspector Printed Name

MATTHEW WHITLEY
Agency Representative Printed Name

4/5/23
Date

4-5-23
Date

Ambulance Service License Renewal Application

Med 3

DATE: April 20, 2023

NAME OF VEHICLE OWNER: Huerfano County Government

ADDRESS: 401 Main Street

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-3000, XT 200

NAME OF AMBULANCE SERVICE: Huerfano County Hospital District (DBA)

Spanish Peaks Regional Health Center Ambulance

ADDRESS: 326 Main Street

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-2370

NAME OF AMBULANCE DIRECTOR/DIRECTOR OF EMERGENCY SERVICES: Matthew Whitley/Kelea Nardini

HOW MANY AMBULANCES DO YOU OPERATE? Five (5)

WHAT AREA OF YOUR COUNTY WILL BE SERVED BY THIS COMPANY? Huerfano County

PHYSICIAN ADVISOR: Dr. Jeremiah Ellias

ADDRESS: 23500 U S Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: (719) 738-5100

INSURANCE COVERAGE ON THESE VEHICLES:

A.) COMPANY: American Alternative Insurance Corporation

B.) AGENT: HUB International Insurance Services

Ambulance Service License Renewal Application

Med 3

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE FORGOING APPLICATION AND THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION. SUBSEQUENT DETERMINATION THAT A LICENSE HAS BEEN ISSUED BASED ON FALSE INFORMATION CONSTITUTES GROUNDS FOR LICENSE REVOCATION.

Signature of Applicant: [Handwritten Signature] Title: CEO Date: 4/6/2023

SUBSCRIBED AND AFFIRMED BEFORE ME THIS 6th DAY OF April, 2023 IN THE COUNTY OF: HUERFANO STATE OF COLORADO.

SIGNATURE OF NOTARY: Mary Jolene Davis
MY COMMISSION EXPIRES 06/03/2023

MARY JOLENE DAVIS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084002141
MY COMMISSION EXPIRES JUNE 3, 2023

(FOR OFFICE USE ONLY)

Date Received: _____ Documentation Verified: _____
Inspection Satisfactory (Y/N): _____
Approval Recommended (Y/N): _____
Date Referred to B.O.C.C _____

CHAIRMAN, B.O.C.C
Licensing Agent

Comments: _____

Ambulance Service License Renewal Application

Med 3

Date: April 20, 2023

Vehicle #: **Med 3**

Year: **2017** Make/Model: **Ford F-350** Type: **I – 4x4 XLT** 4 Wheel Drive: Y/N: **Yes**

Manufacturers Identification Number (V.I.N.): **1FDRF3HT5HEF40251**

Colorado State License Number (Registration No.): **BSH - 459**

Registered with the State of Colorado as an emergency vehicle (Y/N): **Yes**

Date Ambulance placed in service: **05/01/2018**

Normal Location of Ambulance: **Ambulance Garage – 326 Main Street – Walsenburg, CO 81089**

**Huerfano County
Ambulance Inspection Checklist**

Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: MEA 3
 VIN: 1FDRE3HTSHEF40251 Vehicle Owner: SPRAC
 Make: FORD Model: AMB Year: 2017
 License Plate Number: BSH459 Expiration Date: PERMANENT

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	/		
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.

Johnny Kalarin
Mechanic's Signature

Foreman
Title

4/3/23
Date

JM TIRI
Company Name

928 MAIN ST
Address

719-738-2150
Telephone

COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 19445	COMPANY National Union Fire Ins. Co. of Pittsburgh, Pa.	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER GPNUPF0027575	EFFECTIVE DATE 12-31-2022	EXPIRATION DATE 12-31-2023	
YEAR MAKE/MODEL 2017 FORD F350 AMBULANCE		VEHICLE IDENTIFICATION NUMBER 1FDRF3HT5HEF40251	

AGENCY/COMPANY ISSUING CARD

GLATFELTER UNDERWRITING SERVICES, INC.
183 LEADER HEIGHTS ROAD, YGRK, PA 17402-4714
(800)233-1957

INSURED
HUERFANO COUNTY HOSPITAL DISTRICT
23500 US HIGHWAY 160
WALSENBURG, CO 81089-0000

BI and PD Coverage Provided

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



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. 5th Street
Walsenburg, CO 81089
Phone: 719-738-2650
Fax: 719-738-2653

AMBULANCE INSPECTION REPORT

Date of Inspection: 4/5/23 Time of Inspection: _____
Ambulance Service: SPRHC Ambulance Unit: Med 3
Location: 326 Main St WB
Mailing Address: 23500 Hwy WB, 81089
Chassis Make: Ford F350 Chassis Year: 2017
Vin: 1FDRF3HT5HEF40251
License Plate: BSH 459 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 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 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 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 checked="" 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
 - 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

- Aspirin – 81 mg (1 Bottle)
- Oral Glucose

- Epi – Pen Auto Injector
 - Adult Pediatric*Epi - 1 ML*

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
- Morphine / other Narcotics – (I / P) As required by PMD
- Pharmacological Agent Security Protocols are being met

Paramedic Level Only

- Magnesium Sulfate

- Dopamine *NA*

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



Ambulance Inspection Form

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

Comments:

Robin Sykes
Ambulance Inspector Signature

Matthew A. Whitley
Agency Representative Signature

Robin Sykes
Ambulance Inspector Printed Name

MATTHEW WHITLEY
Agency Representative Printed Name

4/5/23
Date

4-5-23
Date

Ambulance Service License Renewal Application

Med 4

DATE: April 20, 2023

NAME OF VEHICLE OWNER: Huerfano County Hospital District

ADDRESS: 23500 US Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-5100

NAME OF AMBULANCE SERVICE: Huerfano County Hospital District (DBA)
Spanish Peaks Regional Health Center Ambulance

ADDRESS: 326 Main Street

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-2370

NAME OF AMBULANCE DIRECTOR/DIRECTOR EMERGENCY SERVICES: Matthew
Whitley/Kelea Nardini

HOW MANY AMBULANCES DO YOU OPERATE? Five (5)

WHAT AREA OF YOUR COUNTY WILL BE SERVED BY THIS COMPANY? Huerfano County

PHYSICIAN ADVISOR: Dr. Jeremiah Ellias

ADDRESS: 23500 U S Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: (719)738-5100

INSURANCE COVERAGE ON THESE VEHICLES:

A.) COMPANY: American Alternative Insurance Corporation

B.) AGENT: HUB International Insurance Services

Ambulance Service License Renewal Application

Med 4

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE FORGOING APPLICATION AND THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION. SUBSEQUENT DETERMINATION THAT A LICENSE HAS BEEN ISSUED BASED ON FALSE INFORMATION CONSTITUTES GROUNDS FOR LICENSE REVOCATION.

Signature of Applicant:  Title: CEO Date: 4/6/2023

SUBSCRIBED AND AFFIRMED BEFORE ME THIS 6th DAY OF April, 2023 IN THE COUNTY OF: HUERFANO STATE OF COLORADO.

SIGNATURE OF NOTARY: 
MY COMMISSION EXPIRES 06/03/2023

(FOR OFFICE USE ONLY)

Date Received: _____ Documentation Verified: _____

Inspection Satisfactory (Y/ N): _____

Approval Recommended (Y/ N): _____

Date Referred to B.O.C.C _____ - _____

CHAIRMAN, B.O.C.C
Licensing Agent

Comments: _____

Ambulance Service License Renewal Application

Med 4

Date: April 20, 2023

Vehicle #: **Med 4**

Year: **2012** Make/Model: **Ford F-450** Type: **1** 4 Wheel Drive (Y/N): **Yes**

Manufacturers Identification Number (V.I.N.): **1FDUF4HT3CEB50578**

Colorado State License Number (Registration No.): **042 - RMX**

Registered with the State of Colorado as an emergency vehicle (Y/N): **Yes**

Date Ambulance placed in service: **07/18/2012**

Normal Location of Ambulance: **Ambulance Garage – 326 Main Street – Walsenburg, CO 81089**

**Huerfano County
Ambulance Inspection Checklist**

Certificate of Motor Vehicle Condition

Date of Certification: 3-29-17 Agency's Fleet Number: MEA 4
 VIN: 1FDDE4HT3CEB50578 Vehicle Owner: SPANISH PRINCS REBINAL HEALTH CENTER
 Make: FORD Model: AMB Year: 2012
 License Plate Number: 042RMX Expiration Date: 3-31-24

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	/		
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.

Johnny Holman
 Mechanic's Signature

Foreman
 Title

4/3/23
 Date

JM TIRE
 Company Name

928 MAIN ST
 Address

719-738-2150
 Telephone

COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL

National Union Fire Ins. Co. of Pittsburgh, Pa.

EXPIRATION DATE

12-31-2023

VEHICLE IDENTIFICATION NUMBER

1FDUF4HT3CEB50578

POLICY NUMBER

GENNBE0027575

YEAR MAKE/MODEL

2012 FORD TYPE 1 AMBUANCE

AGENCY/COMPANY ISSUING CARD

GLATFELTER UNDERWRITING SERVICES, INC.

183 LEADER HEIGHTS ROAD, YORK, PA 17402-4714

(800) 233-1957

INSURED

HUERFANO COUNTY HOSPITAL DISTRICT

23500 US HIGHWAY 160

WATSENBURG, CO 81089-0000

BI and PD Coverage Provided
SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



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. 5th Street
 Walsenburg, CO 81089
 Phone: 719-738-2650
 Fax: 719-738-2653

AMBULANCE INSPECTION REPORT

Date of Inspection: 4/5/23 Time of Inspection: _____

Ambulance Service: SPR HC Ambulance Spanish Peaks Reg Health Ctr Ambulance Unit: Med 4

Location: _____

Mailing Address: 23500 Hwy 160 WB, CO 81089

Chassis Make: Ford F450 Chassis Year: 2012

Vin: 1FDUF4HT3CEB50578

License Plate: 042-RMX Phone Number: 719 738 4547

Registration Proof of Insurance

Vehicle Emergency Systems/Crew and Occupant Safety

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Appropriate Markings/Appearance <input checked="" type="checkbox"/> Emergency Warning Lights <input checked="" type="checkbox"/> Siren/PA <input checked="" type="checkbox"/> Backing Warning <input checked="" type="checkbox"/> Headlights: Bright/Dim <input checked="" type="checkbox"/> Tail and Brake Lights <input checked="" type="checkbox"/> Windshield Wipers <input checked="" type="checkbox"/> Turn Signal <input checked="" type="checkbox"/> Tires <input type="checkbox"/> Evidence of vehicle maintenance/mechanical inspection | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Horn <input checked="" type="checkbox"/> Heater/Air Conditioning <input checked="" type="checkbox"/> Adjustable Gurney <input checked="" type="checkbox"/> Child Seat <input checked="" type="checkbox"/> Horn <input checked="" type="checkbox"/> Safety Belts: <input type="checkbox"/> Cab <input type="checkbox"/> Bench <input type="checkbox"/> Gurney <input checked="" type="checkbox"/> Non Smoking posted in the front and compartment |
|--|--|

Communications Equipment

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> To Dispatch <input checked="" type="checkbox"/> To Medical Control/Receiving Facility | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Portable Radio (800MHz) (Optional) <input checked="" type="checkbox"/> Cell Phones (Optional) |
|--|--|

Safety and Personal Protective Equipment

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Protective Eye Wear (2) <input checked="" type="checkbox"/> Gloves - Non Sterile Disposable (Multi Sizes) <input checked="" type="checkbox"/> Gloves - Non Latex Disposable (Multi Sizes) <input checked="" type="checkbox"/> Masks - Non Sterile Surgical (2) <input checked="" type="checkbox"/> Masks - HEPA Universal (2) <input checked="" type="checkbox"/> Sharps Containers (2) <input checked="" type="checkbox"/> Patient Compartment <input checked="" type="checkbox"/> Portable Bags | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Spare Batteries and Spare Bulbs <input checked="" type="checkbox"/> Fire Extinguishers (Minimum (2) 5 lb. ABC charged with seals intact and current insp. Tag) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Cab <input type="checkbox"/> Patient Compartment <input checked="" type="checkbox"/> ANSI/ISEA 107-2004 Class 2 Safety Vests (2) <input checked="" type="checkbox"/> Triangular Warning Reflectors <input checked="" type="checkbox"/> Flashlights (2) Rechargeable or battery operated |
|---|---|

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
 - Combi - Tube *I-Gel*
 - King Tube

Intravenous I.V. Solutions & Vascular Access Supplies

Basic Life Support

- Arm Boards Adult Pediatric
- IV Administration Sets
 - Macrodrop – 10/15 gtt (4)
 - Microdrop – 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
- Epi – 1 ml

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
- Morphine / other Narcotics – (I / P) As required by PMD
- Pharmacological Agent Security Protocols are being met

Paramedic Level Only

- Magnesium Sulfate

- Dopamine

NA

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



Ambulance Inspection Form

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

Comments:

Robin Sykes
Ambulance Inspector Signature

Matthew Waitley
Agency Representative Signature

Robin Sykes
Ambulance Inspector Printed Name

MATTHEW WAITLEY
Agency Representative Printed Name

4-5-23
Date

4-5-23
Date

Ambulance Service License Renewal Application

Med 5

DATE: April 20, 2023

NAME OF VEHICLE OWNER: Huerfano County Hospital District

ADDRESS: 23500 US Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-5100

NAME OF AMBULANCE SERVICE: Huerfano County Hospital District (DBA)
Spanish Peaks Regional Health Center Ambulance

ADDRESS: 326 Main Street

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-2370

NAME OF AMBULANCE DIRECTOR/DIRECTOR OF EMERGENCY SERVICES: Matthew Whitley/Kelea Nardini

HOW MANY AMBULANCES DO YOU OPERATE? Five (5)

WHAT AREA OF YOUR COUNTY WILL BE SERVED BY THIS COMPANY? Huerfano County

PHYSICIAN ADVISOR: Dr. Jeremiah Ellias

ADDRESS: 23500 U S Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: (719)738-5100

INSURANCE COVERAGE ON THESE VEHICLES:

A.) COMPANY: American Alternative Insurance Corporation

B.) AGENT: HUB International Insurance Services

Ambulance Service License Renewal Application

Med 5

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE FORGOING APPLICATION AND THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION. SUBSEQUENT DETERMINATION THAT A LICENSE HAS BEEN ISSUED BASED ON FALSE INFORMATION CONSTITUTES GROUNDS FOR LICENSE REVOCATION.

Signature of Applicant: [Signature] Title: CEO Date: 4/6/2023

SUBSCRIBED AND AFFIRMED BEFORE ME THIS 6th DAY OF April, 2023 IN THE COUNTY OF: Huerfano STATE OF COLORADO.

SIGNATURE OF NOTARY: [Signature]

MY COMMISSION EXPIRES 06/03/2023

MARY JOLENE DAVIS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084002141
MY COMMISSION EXPIRES JUNE 3, 2023

(FOR OFFICE USE ONLY)

Date Received: _____ Documentation Verified: _____
Inspection Satisfactory (Y/N): _____
Approval Recommended (Y/N): _____
Date Referred to B.O.C.C _____

CHAIRMAN, B.O.C.C
Licensing Agent

Comments: _____

Ambulance Service License Renewal Application

Med 5

Date: April 20, 2023

Vehicle #: **Med 5**

Year: **2020** Make/Model: **RAM 3500** Type: **I** 4 Wheel Drive (Y/N): **Yes**

Manufacturers Identification Number (V.I.N.): **3C7WRTBL7LG279717**

Colorado State License Number (Registration No.): **BJO-L61**

Registered with the State of Colorado as an emergency vehicle (Y/N): **Yes**

Date Ambulance placed in service: **07/08/2021**

Normal Location of Ambulance: **Ambulance Garage – 326 Main Street – Walsenburg, CO 81089**

**Huerfano County
Ambulance Inspection Checklist**

Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: MEA 5
 VIN: 3C7WRTBL7LG279717 Vehicle Owner: SPRHC
 Make: RAM Model: 3500 Year: 2020
 License Plate Number: B50L61 Expiration Date: PERMANENT

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	/		
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.

Johnny Galarraga
 Mechanic's Signature

Foreman
 Title

4/3/23
 Date

JM TIRE
 Company Name

928 MAIN ST
 Address

719-738-2150
 Telephone

COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
19445

POLICY NUMBER
GPNUPF0027575

YEAR MAKE/MODEL
2020 RAM 3500 AMBULANCE

COMPANY

National Union Fire Ins. Co. of Pittsburgh, Pa.

EFFECTIVE DATE
12-31-2022

COMMERCIAL PERSONAL

EXPIRATION DATE
12-31-2023

VEHICLE IDENTIFICATION NUMBER
3C7WRTBL7LG279717

AGENCY/COMPANY ISSUING CARD

GLATFELTER UNDERWRITING SERVICES, INC.
183 LEADER HEIGHTS ROAD, YORK, PA 17402-4714
(800)233-1957

INSURED

HUERFANO COUNTY HOSPITAL DISTRICT
23500 US HIGHWAY 160
WALSENBURG, CO 81089-0000

BI and PD Coverage Provided

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



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. 5th Street
Walsenburg, CO 81089
Phone: 719-738-2650
Fax: 719-738-2653

AMBULANCE INSPECTION REPORT

Date of Inspection: 4/5/23 Time of Inspection: _____
Ambulance Service: SPRHC-Ambulance Unit: Med 5
Location: 326 Main St. WB, Co 81089
Mailing Address: _____
Chassis Make: Dodge 3500 Chassis Year: 2020
Vin: 3C7WRTBL7LG279717
License Plate: B50 L61 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 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 type="checkbox"/> Cab <input 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 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 checked="" 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
 - Combi - Tube
 - King Tube

I-Gel

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

Epi - 1 ml

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
- Morphine / other Narcotics – (I / P) As required by PMD
- Pharmacological Agent Security Protocols are being met

Paramedic Level Only

- Magnesium Sulfate

- Dopamine

NA

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



Ambulance Inspection Form

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

Comments:

Robin Sykes
Ambulance Inspector Signature

Matthew Whitley
Agency Representative Signature

Robin Sykes
Ambulance Inspector Printed Name

MATTHEW WHITLEY
Agency Representative Printed Name

4/5/23
Date

4-5-23
Date

Ambulance Service License Renewal Application

Med 6

DATE: April 20, 2023

NAME OF VEHICLE OWNER: Huerfano County Hospital District

ADDRESS: 23500 US Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-5100

NAME OF AMBULANCE SERVICE: Huerfano County Hospital District (DBA)
Spanish Peaks Regional Health Center Ambulance

ADDRESS: 326 Main Street

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: 719-738-2370

NAME OF AMBULANCE DIRECTOR/DIRECTOR OF EMERGENCY SERVICES: Matthew
Whitley/Kelea Nardini

HOW MANY AMBULANCES DO YOU OPERATE? Five (5)

WHAT AREA OF YOUR COUNTY WILL BE SERVED BY THIS COMPANY? Huerfano County

PHYSICIAN ADVISOR: Dr. Jeremiah Ellias

ADDRESS: 23500 U S Highway 160

CITY: Walsenburg STATE: CO ZIP: 81089 TELEPHONE NUMBER: (719)738-5100

INSURANCE COVERAGE ON THESE VEHICLES:

A.) COMPANY: American Alternative Insurance Corporation

B.) AGENT: HUB International Insurance Services

Ambulance Service License Renewal Application

Med 6

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE FORGOING APPLICATION AND THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION. SUBSEQUENT DETERMINATION THAT A LICENSE HAS BEEN ISSUED BASED ON FALSE INFORMATION CONSTITUTES GROUNDS FOR LICENSE REVOCATION.

Signature of Applicant: [Signature] Title: CEO Date: 4/6/2023

SUBSCRIBED AND AFFIRMED BEFORE ME THIS 6th DAY OF April, 2023 IN THE COUNTY OF: HUERFANO STATE OF COLORADO.

SIGNATURE OF NOTARY: [Signature]

MY COMMISSION EXPIRES 06/03/2023

MARY JOLENE DAVIS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084002141
MY COMMISSION EXPIRES JUNE 3, 2023

(FOR OFFICE USE ONLY)

Date Received: _____ Documentation Verified: _____

Inspection Satisfactory (Y/ N): _____

Approval Recommended (Y/ N): _____

Date Referred to B.O.C.C _____

CHAIRMAN, B.O.C.C
Licensing Agent

Comments: _____

Ambulance Service License Renewal Application

Med 6

Date: April 20, 2023

Vehicle #: **Med 6**

Year: **2002** Make/Model: **Dodge Durango** Type: **I** 4 Wheel Drive (Y/N): **Yes**

Manufacturers Identification Number (V.I.N.): **1B4HS38N22F179833**

Colorado State License Number (Registration No.): **AOW - 0185**

Registered with the State of Colorado as an emergency vehicle (Y/N): **Yes**

Date Ambulance placed in service: **04/15/2016**

Normal Location of Ambulance: **Ambulance Garage – 326 Main Street – Walsenburg, CO 81089**

**Huerfano County
Ambulance Inspection Checklist**

Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: MEA 6
 VIN: 1B4H538N22E179833 Vehicle Owner: SPRHC
 Make: DOODGE Model: AMS Year: 2002
 License Plate Number: ADW185 Expiration Date: 6-30-23

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	/		
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.

Johnny Kellam
Mechanic's Signature

Freeman
Title

4/3/23
Date

JM TIRI
Company Name

928 MAIN ST
Address

719-738-2150
Telephone

COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
19445

POLICY NUMBER
GPNUPF0027575

YEAR MAKE/MODEL
2002 DODGE DURANGO

COMPANY

National Union Fire Ins. Co. of Pittsburgh, Pa.

EFFECTIVE DATE
12-31-2022

COMMERCIAL PERSONAL

EXPIRATION DATE
12-31-2023

VEHICLE IDENTIFICATION NUMBER
1B4HS38N22F179833

AGENCY/COMPANY ISSUING CARD

GLATFELTER UNDERWRITING SERVICES, INC.
183 LEADER HEIGHTS ROAD, YORK, PA 17402 4714
(800)233-1957

INSURED

HUERFANO COUNTY HOSPITAL DISTRICT
23500 US HIGHWAY 160
WALSENBURG, CO 81089-0000

BI and PD Coverage Provided

SEE IMPORTANT NOTICE ON REVERSE SIDE

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VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



HUERFANO COUNTY
BOARD OF COUNTY COMMISSIONERS

Ambulance Service License

Issued pursuant to Resolution 17-53, Dated May 9, 2017

Spanish Peaks Regional Health Center Ambulance Service

LOCATED AT 326 MAIN STREET, WALSENBURG, CO 81089

Having met all the requirements of said resolution, is hereby
licensed to operate as an ambulance service within Huerfano County

from

APRIL 28, 2023

to

APRIL 27, 2024

unless it be sooner revoked or suspended as provided by law.

Attest

Board of County Commissioners

County Clerk and Recorder

Chairman

LICENSE NUMBER 2023-02