

# HUERFANO COUNTY

Board of County Commissioners

Ambulance Service License

Pursuant to Huerfano County, Colorado Resolution 97-31

## **La Veta Fire Protection District**

100 S. Birch St. La Veta, CO 81055

HAVING MET ALL THE REQUIREMENTS OF SAID RESOLUTION, IS HEREBY LICENSED TO  
Operate as an ambulance service within Huerfano County,

January 1, 2023 to January 1, 2024

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

COUNTY CLERK AND RECORDER

---

BOARD OF COUNTY COMMISSIONERS

---

Chairman

**AMBULANCE SERVICE LICENSE  
HUERFANO-COUNTY APPLICATION**

**PLEASE PRINT. APPLICATION MUST BE NOTARIZED IN 2 PLACES.**

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

Date 11/10/2022

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

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)**

Check one: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other Special District

Address PO Box 44, 100 Birch St City La Veta State CO Zip Code 81055

Telephone number 719-742-3656 Fax number 719-742-3320 E-Mail lvfpd@lavetafire.org

**Doing Business As (AKA)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Manager or individual responsible for operation of service:** Name Eddie Ray

Address PO Box 44 City La Veta State CO Zip Code 81055

Telephone number 719-742-3656 Fax number 719-742-3320 E-Mail eray@lavetafire.org

**Dispatch Center**

Address 500 S. Albert City Walsneburg State CO Zip Code 81089

Telephone number 719-738-1044 Fax number 719-738-1158 E-Mail \_\_\_\_\_

**Insurance Company** SDA

Address PO Box 1539 City Portland State OR Zip Code 97207

**Insurance Agent** Lei Shi

Address 1800 SW First Ave Suite 400 City Portland State OR Zip Code 97207

Telephone number 800-318-8870 ext. 3 Fax number \_\_\_\_\_ E-Mail claims@csdpool.org

**Attachments required to complete the application:**

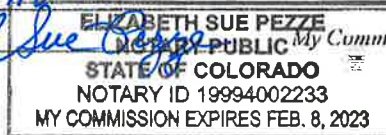
- Name and address of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- Certificate of Insurance showing: Bodily Injury (Each person \$1,000,000, Each accident \$2,000,000)
  - Property Damage (Each accident \$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 Eddie Ray Date Signed 11/23/22  
Please print the applicant's name Eddie Ray Telephone # 719-742-3656  
Address 100 Birch St. City La Veta State CO Zip Code 81055  
Telephone number 719-742-3656 Fax number 719-742-3320 E-Mail lvfpd@lavetafire.org

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 23<sup>RD</sup> DAY OF November 2022 IN THE  
COUNTY OF Huerfano STATE OF COLORADO.  
Signature of Notary Elizabeth Sue Pezze My Commission Expires 2/8/2023



[SEAL]

TO BE COMPLETED BY THE MEDICAL DIRECTOR

Medical Director Jeremiah F. Ellias Medical License Number 42410  
Address 595 Paisley Drive City Colorado Springs State CO Zip Code 80906  
Telephone number 719 244 1971 Fax number \_\_\_\_\_ E-Mail Jellias1@gmail  
Facility Affiliation Spauld Peaks  
Address 23500 US Hwy 160 City Walsenburg State CO Zip code 81089  
Telephone number 719 244 1971 Fax number \_\_\_\_\_ E-Mail Jellias1@gmail

The following are licensing requirements of a medical director:

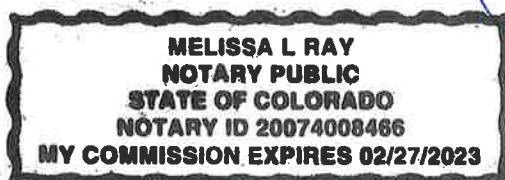
- 1) Meet the requirements established by Colorado Board of Medical Examiners (CBME) as defined in CBME 3CCR713-6, Rule 500
- 2) Provision of Medical Oversight for the ambulance service and personnel
- 3) Provision of a medical continuous quality improvement program (must be available to County upon 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 Jeremiah F. Ellias Date Signed 11/18/22  
Please print Medical Director's name Jeremiah F. Ellias Telephone # 719 244 1971

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 19<sup>th</sup> DAY OF November 2022 IN THE  
COUNTY OF Huerfano STATE OF COLORADO.  
Signature of Notary Melissa L Ray My Commission Expires 2/27/2023

[SEAL]





## CERTIFICATE OF COVERAGE

<b>ADMINISTRATOR:</b> Colorado Special Districts Property and Liability Pool c/o McGriff Insurance Services, Inc. PO Box 1539 Portland, OR 97207-1539 <b>NAMED MEMBER:</b> La Veta Fire Protection District PO Box 44 La Veta, CO 81055	<b>CERTIFICATE NO.:</b>	CERT-000648
	<b>DATE:</b>	11/22/2021
	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		POL-0010242	1/1/2022	EOD 12/31/2022
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.

#### CERTIFICATE HOLDER

Huerfano County Commissioners  
401 Main Street, Suite 202  
Walsenburg, CO 81089

#### CANCELLATION

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.

**AUTHORIZED REPRESENTATIVE:** Joseph E. DePaepe





# CERTIFICATE OF COVERAGE

Certificate Number  
CERT-006055

**ADMINISTRATOR**

Colorado Special Districts Property and Liability Pool  
c/o McGriff Insurance Services, Inc.  
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.

**NAMED MEMBER**

La Veta Fire Protection District  
PO Box 44  
La Veta, CO 81055

**COMPANIES AFFORDING COVERAGE**

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	POL-0010718	01/01/22	12/31/22	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.			Each Occurrence*	\$2,000,000
A	Automobile Liability <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	POL-0010718	01/01/22	12/31/22	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.

**CERTIFICATE HOLDER**

Huerfano County Commissioners  
401 Main Street, Ste. 202  
Walsenburg, CO 81089

**CANCELLATION**

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: December 13, 2021

**Linked Automobiles**

<b>VIN</b>	<b>Description</b>	<b>Year</b>	<b>Make</b>	<b>Value</b>
1FDWF37FXxEC55543	BLS Ambulance	1999	Ford	66,726.00
3D6WD66LX9G535892	Ram ALS Ambulance	2009	Dodge	185,200.00
1FDRF3HT2HEE50667	Ford ALS Ambulance	2017	Ford	135,000.00



## 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: 11-9-22 Time of Inspection: \_\_\_\_\_

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

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

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

Chassis Make: Dodge Chassis Year: 2009

Vin: 3D6WD66LX9G535892

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 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 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 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 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)
  - ✓ Laryngoscope Handle and Blades
    - ☒ Straight (0 – 4) \_\_\_\_\_
    - ☒ Curved (0 – 4) \_\_\_\_\_
  - ✓ Magill Forceps
    - ☒ Adult ☒ Pediatric
  - ✓ Alternative Airway
    - ☒ Combi - Tube
    - ☒ King Tube
- I-6015

## 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

Mix own

### 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

## 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

Eddie Ray  
Agency Representative Signature

Robin Sykes  
Ambulance Inspector Printed Name

Eddie Ray  
Agency Representative Printed Name

11-9-22  
Date

11-9-22  
Date



## 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: 11-9-22 Time of Inspection: \_\_\_\_\_

Ambulance Service: La Veta Fire Prot. District Unit: 2

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

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

Chassis Make: Ford Chassis Year: 1999

Vin: 1FDWF37FXXEC5543

License Plate: B3H-460 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 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 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 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)
- ✓ 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)
  - ☒ 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 *Mix own*
  - ☒ 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
- ☒ 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



## 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

Eddie Ray  
Agency Representative Signature

Robin Sykes  
Ambulance Inspector Printed Name

Eddie Ray  
Agency Representative Printed Name

11-9-22  
Date

11-9-22  
Date





## 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: 11-9-22 Time of Inspection: \_\_\_\_\_  
Ambulance Service: La Veta Fire Prot. Dist Unit: 3  
Location: 100 Birch Street La Veta, CO 81055  
Mailing Address: P.O. Box 44  
Chassis Make: Ford Chassis Year: 2017  
Vin: 1FDRF3HT2HEE50667  
License Plate: BSJ-189 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 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 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 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 (750cc)
  - ✓ 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)
- ✓ Laryngoscope Handle and Blades
  - ✓ Straight (0 – 4)
  - ✓ Curved (0 – 4)
- ✓ Magill Forceps
  - ✓ Adult ✓ Pediatric
- Alternative Airway *I-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)
  - ✓ 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 *Mix own*

### 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 *Has expired*

## 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

Eddie Ray  
Agency Representative Signature

Robin Sykes  
Ambulance Inspector Printed Name

Eddie Ray  
Agency Representative Printed Name

11-9-22  
Date

11-9-22  
Date