

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities					
5.02	Triage & Transfer Protocols*					
5.03	Transfer Guidelines*					
5.04	Specialty Care Facilities*					
5.05	Mass Casualty Management					
5.06	Hospital Evacuation*					
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*					
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		x	x		x
5.09	Public Input					
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design					
5.11	Emergency Departments					
5.12	Public Input					
Enhanced Level: Other Speciality Care Systems:						
5.13	Specialty System Design					
5.14	Public Input					

APPENDIX 1: System Assessment Form

STANDARD: 5.08 Trauma System Design

CURRENT STATUS: Meets current standards.

COORDINATION WITH OTHER EMS AGENCIES: Trauma Center representatives of one other EMS Agency (SSV) meet with Sacramento County trauma center representatives regularly. Trauma system design concerns are coordinated at the Region Level for matters of disaster planning. Trauma concerns beyond the regional level would be coordinated with other agencies as the need arises.

NEED(S): New Level II Trauma Center for the south area of the County has been identified. Kaiser Foundation Hospital South has been nominated and will be available no later than the year 2010 as planned.

OBJECTIVE: To maintain current standards and provide for the increasing population.

TIME FRAME FOR MEETING OBJECTIVE: 2010

_____ Short-range plan (one year or less)

 X Long-range plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Sacramento County EMS Agency

Reporting Year: 2007/2008

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Sacramento

A. Basic Life Support (BLS)	<u>0</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency b
- a - Public Health Department
 - b - County Health Services Agency
 - c - Other (non-health) County Department
 - d - Joint Powers Agency
 - e - Private Non-Profit Entity
 - f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to b
- a - Public Health Officer
 - b - Health Services Agency Director/Administrator
 - c - Board of Directors
 - d - Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	<u>x</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

Continuing education	<u> x </u>
Personnel training	<u> </u>
Operation of oversight of EMS dispatch center	<u> </u>
Non-medical disaster planning	<u> x </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> x </u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 07/08
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>491,113</u>
Contract Services (e.g. medical director)	<u>840,478</u>
Operations (e.g. copying, postage, facilities)	<u>157,578</u>
Travel	<u>5,059</u>
Fixed assets	<u>inc.</u>
Indirect expenses (overhead)	<u>183,584</u>
Ambulance subsidy	<u> </u>
EMS Fund payments to physicians/hospital	<u>1,637,631</u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	<u>\$3,315,443</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>98,721</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>17,950</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	<u>15,000</u>
Trauma center designation fees	<u>157,178</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>1,433,750</u>
Other fees: <u>Trauma Fund, Misc.</u>	<u>694,269</u>
Other fees: <u>Pre-hospital</u>	<u>151,985</u>
Other (specify): <u>Cig. Tax (AB75,AB430,EMSA)</u>	<u>746,590</u>
TOTAL REVENUE	<u>\$3,315,443</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

Table 2 - System Organization & Management (cont.)

Fee structure for FY 07/08

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>25</u>
EMT-I recertification	<u>25</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>35</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>0</u>
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	<u>15,000</u>
Trauma center designation (s)	<u>157,000</u> (annual total)
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/08.

Table 2 - System Organization & Management (cont.)

EMS System: Sacramento County EMS Agency

Reporting year 2007/2008

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Chief (Health Program Manager)	1.0	47.02	28	
Asst. Admin./Admin. Asst./Admin. Mgr.	Sr. Health Program Coordinator	1.0	42.20	28	(vacant)
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist II	1.0	29.56	24	
Program Coordinator/ Field Liaison (Non-clinical)	Health Program Coordinator Administrative Services Officer	1.0 1.0	38.34 35.74	28 24	
Trauma Coordinator					
Medical Director	Medical Director	0.64	70.00	0	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Sr. Office Assistant	1.0	18.21	24	
Other Clerical	Office Assistant II	1.0	15.83	24	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

COUNTY OF SACRAMENTO

EMERGENCY MEDICAL SERVICES AGENCY

ORGANIZATIONAL CHART

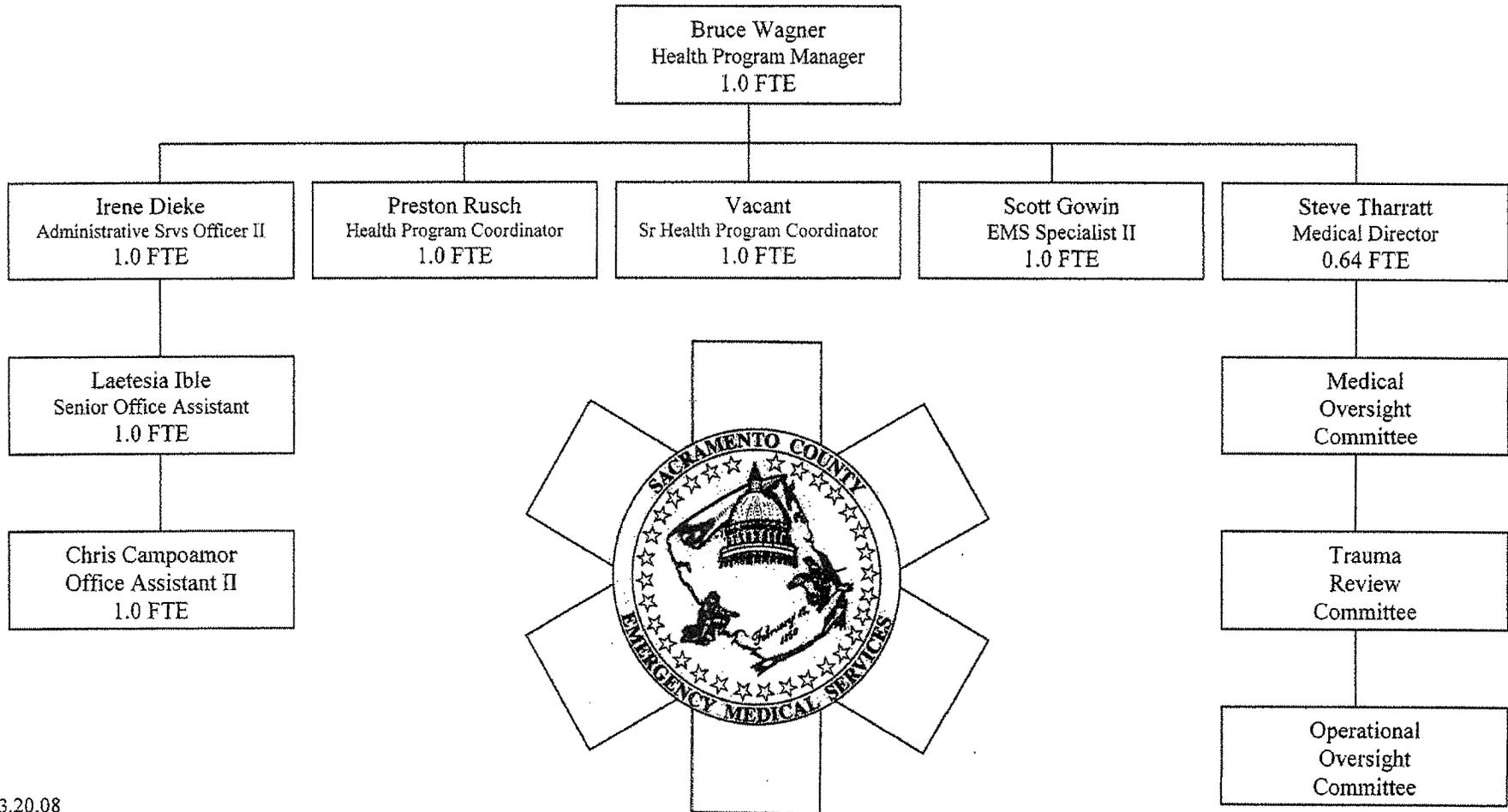


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #3 (2/16/95)

EMS System: Sacramento County EMS Agency

Reporting Year: 2007

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	1312			85	* n/a
Number newly certified this year	143			33	
Number recertified this year	574			52	
Total number of accredited personnel on July 1 of the reporting year			939		
Number of certification reviews resulting in:					
a) formal investigations	0		0	0	
b) probation	0		0	0	
c) suspensions	0		0	0	
d) revocations	0		0	0	
e) denials	0		0	0	
f) denials of renewal	2		0	0	
g) no action taken	0		0	0	

1. Number of EMS dispatchers trained to EMSA standards: ** n/a
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 1312
 - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program yes no

*The EMS Agency does not certify Dispatchers ** The County's Communications Center does train and employ dispatchers

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 800MHz Trunked System (multiple frequency switching)
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Sacramento Regional Fire /Emergency Communications Center
7. Who is your primary dispatch agency for a disaster? Sacramento Regional Fire/Emergency Communications Center

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Sacramento County EMS Agency

Reporting Year: 2007

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 20

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4-6 minutes	4-6 minutes	n/a	n/a
Early defibrillation responder	4-6 minutes	4-6 minutes	n/a	n/a
Advanced life support responder	4-6 minutes	20 minutes	n/a	n/a
Transport Ambulance	6-8 minutes	20 minutes	n/a	n/a

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Sacramento County EMS Agency

Reporting Year: 2007

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|--------------------|
| a) Number of patients meeting trauma triage criteria | <u>3936</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>1474</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>not tracked</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | <u>not tracked</u> |

Emergency Departments

- | | |
|---|-------------------|
| Total number of emergency departments | <u>9</u> |
| a) Number of referral emergency services | <u> </u> |
| b) Number of standby emergency services | <u> </u> |
| c) Number of basic emergency services | <u> </u> |
| d) Number of comprehensive emergency services | <u>1</u> |

Receiving Hospitals

- | | |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>9</u> |
| 2. Number of base hospitals with written agreements | <u>4</u> |

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Sacramento International Airport, Mather Air Field, McClellan Park, Sacramento Executive Airport. Others may be designated based on incident conditions.
 - b. How are they staffed? Paramedics, nurses, physicians and volunteers
 - c. Do you have a supply system for supporting them for 72 hours? yes x no

2. CISD
Do you have a CISD provider with 24 hour capability? yes x no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes no x
 - b. For each team, are they incorporated into your local response plan? yes no
 - c. Are they available for statewide response? yes no
 - d. Are they part of a formal out-of-state response system? yes no

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes x no
 - b. At what HazMat level are they trained? Specialist
 - c. Do you have the ability to do decontamination in an emergency room? yes x no
 - d. Do you have the ability to do decontamination in the field? yes x no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes x no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 6

3. Have you tested your MCI Plan this year in a:
- a. real event? yes no
- b. exercise? yes no
4. List all counties with which you have a written medical mutual aid agreement.
Amador, Contra Costa, Placer, San Joaquin, Solano, and Yolo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no
7. Are you part of a multi-county EMS system for disaster response? yes no
8. Are you a separate department or agency? yes no
9. If not, to whom do you report? Sacramento County Director of Health and Human Services Department
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name American Red Cross Contact Person telephone no. Janet Baker 916 368-3120
 Address 8928 Volunteer Lane, Sac 95826

Student Eligibility: *Public	Cost of Program	**Program Level: <u>EMT-I</u>
	Basic <u>\$75</u>	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: _____
		Cont. Education <u>2500</u>
		Expiration Date: <u>1/31/10</u>
		Number of courses: _____
		Initial training: _____
		Refresher: _____
		Cont. Education: <u>333</u>

Training Institution Name American River College Contact Person telephone no. Grant Goold 916 484-8843
 Address 4700 College Oak Drive Sac 95841

Student Eligibility: *Public	Cost of Program	**Program Level: <u>EMT-I;EMT-P</u>
	Basic <u>\$100</u>	Number of students completing training per year:
	Refresher <u>\$30</u>	Initial training: <u>100-125</u>
		Refresher: <u>50</u>
		Cont. Education _____
		Expiration Date: <u>3/22/10</u>
		Number of courses: _____
		Initial training: <u>6</u>
		Refresher: <u>2</u>
		Cont. Education: _____

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name California SIDS Contact Person telephone no. Cheryl McBride 916 851-7437
 Address 11344 Coloma Rd, Ste 560
Gold River 95670

Student Eligibility: * Public health and emergency personnel	Cost of Program Basic <u>free</u> Refresher <u>free</u>	**Program Level: <u>n/a</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>30</u> Expiration Date: <u>1/31/11</u> Number of courses: <u>2</u> Initial training: _____ Refresher: _____ Cont. Education: <u>2/yr</u>
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Training Institution Name CE3000.com Contact Person telephone no. Eileen Dean RN 916 563-3330
 Address 1500 W. El Camino, Ste 640
Sacramento 95833

Student Eligibility: * General public	Cost of Program Basic <u>\$8/CEH</u> Refresher <u>\$50</u>	**Program Level: <u>EMT-I, EMT-P, RN</u> Number of students completing training per year: Initial training: _____ Refresher: _____ <u>CONFIDENTIAL</u> Cont. Education _____ Expiration Date: <u>1/28/10</u> Number of courses: <u>25</u> Initial training: _____ Refresher: _____ Cont. Education: <u>25</u>
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- Open to general public or restricted to certain personnel only.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Cosumnes Community Special District **Contact Person telephone no.** Linda Lichty 916 685-1748
Address 10573 E. Stockton Blvd
Elk Grove 95624

Student Eligibility: * Employees only	Cost of Program Basic _____ Refresher <u>\$0</u>	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>150</u> Expiration Date: <u>6/30/08</u> Number of courses: <u>12</u> Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
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Training Institution Name Cosumnes River College **Contact Person telephone no.** Matt McHugh 916 691-7906
Address 8401 Center Parkway Sacramento 95823

Student Eligibility: * Public	Cost of Program Basic <u>\$5/unit</u> Refresher <u>\$20/unit</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70</u> Refresher: <u>30</u> Cont. Education _____ Expiration Date: <u>6/30/08</u> Number of courses: <u>6</u> Initial training: <u>2/sem</u> Refresher: <u>1/sem</u> Cont. Education: _____
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- Open to general public or restricted to certain personnel only.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Dave Massengale
Address 112 McCormick Ct Folsom 95630

Contact Person telephone no. Dave Massengale 916 804-2911

Student Eligibility: * EMT-I	Cost of Program Basic <u>\$295</u> Refresher <u>\$50/CEH</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>12</u> Expiration Date: <u>2/28/09</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>2</u>
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Training Institution Name Emergency Medical Research & Educational Foundation
Address 1020 11th St. Ste 320 Sacramento 95814

Contact Person telephone no. Lucia Romo 916 325-5455

Student Eligibility: * Public	Cost of Program Basic <u>varies</u> Refresher _____	**Program Level: <u>EMT-I, EMT-P, MICN</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>9/30/09</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>5</u>
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- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name EMS Education Services **Contact Person telephone no.** Steve Jo 916 455-7853
Address 3125 U St Sacramento 95817

Student Eligibility: * Public	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>36</u> Expiration Date: <u>4/27/10</u> Number of courses: <u>12</u> Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
	Basic _____ Refresher <u>\$40</u>	

Training Institution Name Emergency Medical Sciences Training Institute **Contact Person telephone no.** David Patton 209 461-5550
Address 10161 Croyden Way Ste 1 Sacramento 95827

Student Eligibility: * Public	Cost of Program	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>28</u> Expiration Date: <u>6/14/11</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____
	Basic <u>\$750</u> Refresher <u>\$275</u>	

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- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name First Responder EMS, Inc. **Contact Person telephone no.** Peter Van Niekerk 916 381-3780
Address 8611 Folsom Blvd
Sacramento 95826

Student Eligibility: * EMS personnel	Cost of Program	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>75</u> Expiration Date: <u>2/28/10</u> Number of courses: <u>3</u> Initial training: _____ Refresher: _____ Cont. Education: <u>3</u>
	Basic <u>\$0</u> Refresher _____	

Training Institution Name Folsom Fire Dept. **Contact Person telephone no.** Dennis Wycoff 916 984-2284
Address 535 Glenn Drive Folsom 95630

Student Eligibility: * FFD personnel	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>1/31/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
	Basic <u>\$0</u> Refresher <u>\$0</u>	

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- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name CHW Mercy San Juan Med Center

Contact Person telephone no. Kristina Freas 916 537-5049

Address 6501 Coyle Ave Carmichael 95608

Student Eligibility: * Public	Cost of Program Basic _____ Refresher <u>\$0/CEH</u>	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>150-200</u> Expiration Date: <u>5/31/09</u> Number of courses: <u>8</u> Initial training: _____ Refresher: _____ Cont. Education: <u>8</u>
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Training Institution Name Methodist Hospital

Contact Person telephone no. Kathy Nacey 916 423-5914

Address 7500 Hospital Drive Sacramento 95823

Student Eligibility: * Public	Cost of Program Basic _____ Refresher <u>\$0/CEH</u>	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>75</u> Expiration Date: <u>5/31/09</u> Number of courses: <u>6</u> Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
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- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name California SIDS Contact Person telephone no. Cheryl McBride 916 851-7437
 Address 11344 Coloma Rd, Ste 560
Gold River 95670

Student Eligibility: * Public health and emergency personnel	Cost of Program Basic <u>free</u> Refresher <u>free</u>	**Program Level: <u>n/a</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>30</u> Expiration Date: <u>1/31/11</u> Number of courses: <u>2</u> Initial training: _____ Refresher: _____ Cont. Education: <u>2/yr</u>
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Training Institution Name CE3000.com Contact Person telephone no. Eileen Dean RN 916 563-3330
 Address 1500 W. El Camino, Ste 640
Sacramento 95833

Student Eligibility: * General public	Cost of Program Basic <u>\$8/CEH</u> Refresher <u>\$50</u>	**Program Level: <u>EMT-I, EMT-P, RN</u> Number of students completing training per year: Initial training: _____ Refresher: _____ <u>CONFIDENTIAL</u> Cont. Education _____ Expiration Date: <u>1/28/10</u> Number of courses: <u>25</u> Initial training: _____ Refresher: _____ Cont. Education: <u>25</u>
---	---	---

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Cosumnes Community Special District **Contact Person telephone no.** Linda Lichty 916 685-1748
Address 10573 E. Stockton Blvd
Elk Grove 95624

Student Eligibility: * Employees only	Cost of Program	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>150</u> Expiration Date: <u>6/30/08</u> Number of courses: <u>12</u> Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
	Basic _____ Refresher <u>\$0</u>	

Training Institution Name Cosumnes River College **Contact Person telephone no.** Matt McHugh 916 691-7906
Address 8401 Center Parkway Sacramento 95823

Student Eligibility: * Public	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70</u> Refresher: <u>30</u> Cont. Education _____ Expiration Date: <u>6/30/08</u> Number of courses: <u>6</u> Initial training: <u>2/sem</u> Refresher: <u>1/sem</u> Cont. Education: _____
	Basic <u>\$5/unit</u> Refresher <u>\$20/unit</u>	

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento City Unified School District-Charles A. Jones Contact Person telephone no. Gwen Ware 916 433-2600
 Address 5451 Lemon Hill Ave
Sacramento 95824

Student Eligibility: * 	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>2/31/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
---------------------------------------	--	---

Training Institution Name Sacramento City Unified School District-Old Marshall Contact Person telephone no. Mary Prather 916 264-4113
 Address 2718 G St Sacramento 95816

Student Eligibility: * Public	Cost of Program Basic <u>\$100, \$3650</u> Refresher _____	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: <u>70, 21</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>3/10/12</u> Number of courses: <u>3</u> Initial training: <u>2, 1</u> Refresher: _____ Cont. Education: _____
---	---	--

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento City Unified School District-Charles A. Jones **Contact Person telephone no.** Gwen Ware 916 433-2600
Address 5451 Lemon Hill Ave
Sacramento 95824

Student Eligibility: *	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>2/31/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
-------------------------------	--	---

Training Institution Name Sacramento City Unified School District-Old Marshall **Contact Person telephone no.** Mary Prather 916 264-4113
Address 2718 G St Sacramento 95816

Student Eligibility: * Public	Cost of Program Basic <u>\$100, \$3650</u> Refresher _____	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: <u>70, 21</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>3/10/12</u> Number of courses: <u>3</u> Initial training: <u>2, 1</u> Refresher: _____ Cont. Education: _____
---	---	--

- Open to general public or restricted to certain personnel only.

- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento County Office of Education - ROP
Address 10541 Norden Ave Mather 95655

Contact Person telephone no. Paula Dula 916 648-1717

Student Eligibility: * Public	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>35</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/10</u> Number of courses: <u>2/sem</u> Initial training: <u>1/sem</u> Refresher: _____ Cont. Education: _____
	Basic <u>\$0 (book \$90)</u> Refresher _____	

Training Institution Name Sacramento Fire Dept.
Address 3230 J St Sacramento 95814

Contact Person telephone no. Justin Cogswell 916 264-5352

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: _____ Cont. Education <u>550</u> Expiration Date: <u>3/31/10</u> Number of courses: _____ Initial training: <u>1</u> Refresher: _____ Cont. Education: <u>40</u>
	Basic <u>\$0 (book \$50)</u> Refresher _____	

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento International Airport Contact Person telephone no. Craig Stroup 209 814-3950
 Address 7201 Earhart Dr Sacramento 95837

Student Eligibility: * Employees	Cost of Program Basic _____ Refresher <u>\$0</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: <u>42</u> Cont. Education _____ Expiration Date: <u>4/20/10</u> Number of courses: <u>2</u> Initial training: _____ Refresher: <u>2</u> Cont. Education: _____
--	---	--

Training Institution Name Sacramento Metropolitan Fire Dept. Contact Person telephone no. Ric Maloney 916 566-4000
 Address 2101 Hurley Way Sacramento 65825

Student Eligibility: * SMFD personnel	Cost of Program Basic <u>\$0</u> Refresher _____	**Program Level: <u>EMT-I, EMT-P</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>600-700</u> Expiration Date: <u>6/22/09</u> Number of courses: <u>26</u> Initial training: _____ Refresher: _____ Cont. Education: <u>14, 12</u>
---	---	--

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sutter General Hospital Contact Person telephone no. Loni Howard 916 733-8579
 Address 2801 L St Sacramento 95816

Student Eligibility: * Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>30</u> Expiration Date: <u>2/20/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>10</u>
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Training Institution Name University of California Davis Contact Person telephone no. Alison Shuken 916 734-5323
Medical Center
 Address _____

Student Eligibility: * MICNs, Sacramento County Base Hospitals	Cost of Program Basic <u>\$180</u> Refresher _____	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: _____ Cont. Education <u>75</u> Expiration Date: <u>1/27/10</u> Number of courses: <u>8</u> Initial training: <u>2</u> Refresher: _____ Cont. Education: <u>6</u>
---	---	--

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento County EMS Agency Contact Person telephone no. Preston Rusch 916 875-9753
 Address 9616 Micron Ave., Suite 635
Sacramento 95827

Student Eligibility: * EMT-I, EMT-P, MICN	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-P, MICN__ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>150</u> Expiration Date: <u>12/31/09</u> Number of courses: <u>12</u> Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
---	--	---

Training Institution Name _____ Contact Person telephone no. _____
 Address _____

Student Eligibility: *	Cost of Program Basic _____ Refresher _____	**Program Level: __ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: _____ Number of courses: __ Initial training: _____ Refresher: _____ Cont. Education: _____
-------------------------------	--	--

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Facilities

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EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:		Primary Contact:		
Kaiser Hospital North, 2025 Morse Ave., Sacramento 95825		916 973-6055	Deborah Aspling	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:		Primary Contact:		
Kaiser Hospital South, 6600 Bruceville Rd, Sacramento 95823		916 688-2430	Max Villalobos	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2007

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:		Primary Contact:		
Methodist Hospital 7500 Hospital Drive, Sacramento 95823 916 423-5914		Kathy Nacey		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:		Primary Contact:		
Mercy Hospital 1650 Creekside Drive, Folsom 95630 916 983-7427		Amy Hooper		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

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EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** : 2007

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:		Primary Contact:		
Mercy General Hospital 400 J Street, Sacramento 95819 916 453-4930		Page West		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:		Primary Contact:		
Mercy San Juan Hospital 6501 Coyle Avenue, Carmichael 95608 916 537-5308		Joshua DiCaprie		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____II_____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: : 2007

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:		Primary Contact:		
Sutter General Hospital 2801 L Street, Sacramento 95816 916 454-2222		Drina Florez in Admin Office		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:		Primary Contact:		
Sutter Memorial Hospital 5151 F Street, Sacramento 95819 916 454-2222		Drina Florez in Admin Office		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County EMS Agency County: Sacramento County Reporting Year: 2007

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:		Primary Contact:		
University of California Davis Medical Center 2315 Stockton Blvd, Sacramento 95817		916 734-2011 Michael Minear		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** <u>I</u>

Name, address & telephone:		Primary Contact:		
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Sacramento Regional Fire/EMS Communications Center (916) 228-3070 10230 Systems Parkway Sacramento, CA 95827		Primary Contact: Penny Adams	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>27</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>10</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: American Medical Response (916) 563-0600 1779 Tribute Road, Suite H Sacramento, CA 95815		Primary Contact: Doug Petrick	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>26</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2007

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone:		Primary Contact:	
First Responder Emergency Medical Services, Inc. (916) 381-3780 8611 Folsom Boulevard, Suite G Sacramento, CA 95826		Kevin Grant	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ 6 _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 6 _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
Medic Ambulance (916) 564-9040 2349 Lexington Street Sacramento, CA 95815		Helen Pierson	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ 6 _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency **County:** Placer, Yolo, Yuba, Sutter & Nevada **Reporting Year:** 2008

OTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Woodland Healthcare 1325 Cottonwood St Woodland CA 530-662-3961				
Primary Contact: RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Sutter General Hospital 2801 L Street Sacramento CA 916-454-2222				Primary Contact:
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level: **** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency **County:** Placer, Yolo, Yuba, Sutter & Nevada **Reporting Year:** 2008

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Kaiser Roseville 1600 Eureka Rd Roseville CA 973-6600				
Primary Contact: Pankaj Patel, MD				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes x <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Rideout Memorial Hospital 726 4th Street Marysville CA 530-749-4511				
Primary Contact: Erik Angle RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____ 3 _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency **County:** Placer, Yolo, Yuba, Sutter & Nevada **Reporting Year:** 2008

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Sutter Davis Hospital 2000 Sutter Place Davis CA 530-757-5111				
Primary Contact: Loren Johnson, MD				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Sutter Roseville Medical Center One Medical Plaza Roseville CA 916-781-1127				
Primary Contact: Barbara Todd RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____ II

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

T E 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency **County:** Placer, Yolo, Yuba, Sutter & Nevada

Reporting Year: 2008

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Sierra Nevada Memorial Hospital PO Box 1029 Grass Valley CA 530-274-6020				
Primary Contact: Sandra Cummings RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Sutter Auburn Faith Hospital 11815 Education St Auburn CA 530-888-4553				
Primary Contact: BeBe Peticini RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level: **** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

T/ E 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency **County:** Placer, Yolo, Yuba, Sutter & Nevada **Reporting Year:** 2008

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Tahoe Forest Hospital PO Box 759 Truckee CA 530-582-3219 Primary Contact: Bev Brink MD				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:UCDavis Medical Center 2315 Stockton Blvd Sacramento CA 916-734-5693 Primary Contact: Cheryl Wraa RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* x <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** x <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** x <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _1_____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE : RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2008

Name, address & telephone: Sierra Nevada Memorial Hospital Ambulance
 155 Glasson Way, Grass Valley, CA 95945
 530-274-6233
Primary Contact: Rob Riley

Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

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TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2008

Name, address & telephone: Sutter Co. Fire. 1160 Civic Center Blvd., Yuba City 530-822-7400			Primary Contact: Dan Yager		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Pleasant Grove Fire 3100 Howsley, Pleasant Grove, 916-655-3937			Primary Contact: Thomas Reese		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TAB 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yolo

Reporting Year: 2008

Name, address & telephone: American Medical Response 545 Jefferson Blvd, Suite 1 West Sacramento CA 916-374-8431			Primary Contact: John Poland		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [11] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>11</u>

Name, address & telephone: Capay Valley Fire PO Box 6 Brooks 95606 (530) 796-3300 16881 CR 59 (volunteer)			Primary Contact: Clay Eubank		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> </u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: Auburn Fire Dept. 1225 Lincoln Way Auburn 95603 (530) 823-4211			Primary Contact: Mark D'Ambrogi		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [15] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [1] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: CDF - Nevada/Yuba/Placer 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact: Brad Harris		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [2/5] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Reporting Year: 2008

Name, address & telephone: Bi-County Ambulance Service PO Box 3130 Yuba City 95992-3130 (530) 674-2780			Primary Contact: Ron Welch		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [51] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>15</u>

Name, address & telephone: Beale AFB FD 6451 B Street 9th CES/CEF Beale AFB 95903-1708 (530) 634-8672			Primary Contact: Michael Kunsman		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [68] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [x] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 2005/06

Name, address & telephone: CALSTAR 13750 Lincoln Wy Auburn 95603 (530) 887-8259			Primary Contact: Linda Kirkbride		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [7] PS [7] PS-Defib [7] BLS [7] EMT-D [7] LALS [7] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

Name, address & telephone: REACH Primary Contact: Dan McDonald 5010 Flight Line Dr. Santa Rose 95403 (707) 447-6886					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [5] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [23] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

TABLE : RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: Colfax Fire Dept. PO Box 1233 Colfax 95713 (530) 346-2323			Primary Contact: Scott Brady		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TAB 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2008

Name, address & telephone: Davis Fire Dept. 530 5th Street Davis, CA 95616 (530) 757-5684			Primary Contact: Rose Conroy		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [36] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Dunnigan FPD PO Box 69 Dunnigan 95937 (530) 724-3315 (volunteer)			Primary Contact: David Hunt		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [24] PS <input type="checkbox"/> PS-Defib [1] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2008

Name, address & telephone: Dobbins Oregon House FPD PO Box 164 Oregon House 95962 (530) 692-1175				Primary Contact: Mike Butler	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [10] BLS [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (530) 675-2383				Primary Contact: Rick Cunningham	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib [12] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: Dutch Flat Fire Dept. PO Box 83 Dutch Flat 95714 (530) 389-2287			Primary Contact: C.L. Bridges		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [2] PS <input type="checkbox"/> PS-Defib [4] BLS <input type="checkbox"/> EMT-D [2] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Lincoln Fire Dept. 472 E Street Lincoln 95648 (530) 645-4040			Primary Contact: Dave Whilt		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [9] PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2008

Name, address & telephone: Elkhorn Volunteer Fire 18350 Old River Road West Sacramento 95691 (530) 371-4541			Primary Contact: Richard Young		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [5] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Esparto FPD PO Box 366 Esparto 95627 (530) 787-3300			Primary Contact: Barry Burns		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [21] PS <input type="checkbox"/> PS-Defib [6] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2008

Name, address & telephone: Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (530) 675-2343			Primary Contact: Rick Cunningham		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [20] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Linda Fire Dept. 1286 Scales Marysville (530) 743-1553			Primary Contact: Rich Webb		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib [12] BLS [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8 SOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2008

Name, address & telephone: Forty-Niner FPD PO Box 354 Nevada City 95959 (530) 265-4431			Primary Contact: Daniel Kopp		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [30] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Grass Valley FD 125 E. Main St. Grass Valley 95945 (530) 274-4370			Primary Contact: Jim Marquis		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [28] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2008

Name, address & telephone: Higgins FPD 10106 Combie Road Auburn 95602 (530) 269-2488			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [7] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Nevada City FD 317 Broad St. Nevada City 95959 (530) 265-2351			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [22] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> </u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2008

Name, address & telephone: Knights Landing FD 6th & Grove St. Knights Landing 95645 (530) 735-6590 (volunteer)			Primary Contact: Jeff Gilbert		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [11] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Madison FPD PO Box 12 Madison 95653 (530) 662-5745			Primary Contact: Vernon Green		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2008

Name, address & telephone: Loma Rica/Browns Valley CDF PO Box 8153 Marysville (530) 749-2316			Primary Contact: Gary Kavanagh		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [2] PS <input type="checkbox"/> PS-Defib [5] BLS [3] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Marysville Fire Dept. 107 Ninth St. Marysville (530) 741-6622			Primary Contact: Curt Williges		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: North Tahoe FPD PO Box 5879 Tahoe City 96145 (530) 583-6913			Primary Contact: Duane Whitelaw		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [48] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [22] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Northstar Fire Dept. PO Box 210 Truckee 96160 (530) 562-1212			Primary Contact: Mark Shadowens		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [15] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE C RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: Penryn FPD PO Box 219 Penryn 95663 (916) 663-3389			Primary Contact: David Ebert		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [12] PS <input type="checkbox"/> PS-Defib [10] BLS [12] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Placer County Fire 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [39] PS <input type="checkbox"/> PS-Defib [40] BLS [12] EMT-D <input type="checkbox"/> LALS [1] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8 SOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: Placer Consolidated FPD 11645 Atwood Road Auburn 95603 (530) 889-7991			Primary Contact: Randy Smith		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [30] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Placer Hills Fire PO Box 308 Meadow Vista 95722 (530) 878-0405			Primary Contact: Ian Gow		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib [48] BLS [13] EMT-D <input type="checkbox"/> LALS [5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2005/06

Name, address & telephone: Rocklin Fire Dept PO Box 1380 Rocklin 95677 (916) 632-4150			Primary Contact: Bill Mikesell		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Squaw Valley Fire Dept. PO Box 2522 Olympic Valley 96146 (530) 583-6111			Primary Contact: Peter Bansen		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [4] PS <input type="checkbox"/> PS-Defib [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: South Placer Fire 6900 Eureka Road Granite Bay 95661 (916) 791-7059			Primary Contact: Tony Corrado		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [36] EMT-D <input type="checkbox"/> LALS [12] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

Name, address & telephone: Foresthill Safety Club PO Box 557 Foresthill 95631 (530) 367-2509			Primary Contact: Kurt Snyder		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [6] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2008

Name, address & telephone: U.S. Forest Service 22830 Auburn Foresthill Road Foresthill 95631 (530) 367-2224			Primary Contact: Paula Nelson		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [4] PS <input type="checkbox"/> PS-Defib [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2008

Name, address & telephone: Wheatland Fire Dept. PO Box 395 Wheatland 95692 (530) 633-2930			Primary Contact: Art Paquette		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [10] BLS [5] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> </u>

TABLE RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2008

Name, address & telephone: Winters FD 10 Abbey St. Winters 95694 (530) 795-4131			Primary Contact: Scott Dozier		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [18] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

Name, address & telephone: Woodland FD 532 Court St. Woodland 95695 (530) 661-5844			Primary Contact: Mike Cahill		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [46] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 1 RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2008

Name, address & telephone: Yuba City Fire Dept. 824 Clark Avenue Yuba City 95991 (530) 741-4691			Primary Contact: Mark Boomgaarden		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [28] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> </u>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Sacramento County EMS Agency_
Area or subarea (Zone) Name or Title: Sacramento County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. See attached map.
Area or subarea (Zone) Geographic Description: Entire Sacramento County EMS Agency_
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/a
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/a

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



August 8, 2008

Bruce Wagner, EMS Administrator
Sacramento County EMS Agency
9616 Micron Avenue, Suite 635
Sacramento, CA 95827

Dear Mr. Wagner:

We have completed our review of *Sacramento County's 2007 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss