**Table 8: Resource Directory**

Reporting Year: \_\_\_\_\_\_\_\_\_\_\_\_

**Response/Transportation/Providers**

**Note:** *Table 8 is to be completed for each provider by county.* Make copies as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County:** |  | **Provider:** |  | **Response Zone:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address:** |  |  | **Number of Ambulance Vehicles in Fleet:** |  |
|  |  |  |  |  |
| **Phone**  **Number:** |  |  | **Average Number of Ambulances on Duty**  **At 12:00 p.m. (noon) on Any Given Day:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Written Contract:**  Yes  No | **Medical Director:**  Yes  No | **System Available 24 Hours:**  Yes  No | **Level of Service:**  Transport  ALS  9-1-1  Ground  Non-Transport  BLS  7-Digit  Air  LALS  CCT  Water  IFT |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ownership:**  Public  Private | **If Public:**  Fire  Law  Other  Explain: | **If Public:**  City  County  State  District  Federal | **If Air:**  Rotary  Fixed Wing | **Air Classification:**  Auxiliary Rescue  Air Ambulance  ALS Rescue  BLS Rescue |

**Transporting Agencies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total number of responses |  |  | Total number of transports |
|  | Number of emergency responses |  |  | Number of emergency transports |
|  | Number of non-emergency responses |  |  | Number of non-emergency transports |

**Air Ambulance Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total number of responses |  |  | Total number of transports |
|  | Number of emergency responses |  |  | Number of emergency transports |
|  | Number of non-emergency responses |  |  | Number of non-emergency transports |