**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[ ]  OtherExplain:  |  **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  |