

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



May 12, 2017

Mr. Tom Lynch, EMS Administrator
Inland Counties EMS Agency
1425 South "D" Street
San Bernardino, CA 92415

Dear Mr. Lynch:

This letter is in response to Inland Counties EMS Agency's 2013 EMS Plan Update submission to the EMS Authority on April 15, 2015.

I. Introduction and Summary:

The EMS Authority has concluded its review of Inland Counties EMS Agency's 2013 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Inland Counties EMS Agency received its last full plan approval for its 1999 plan submission, and its last annual plan update for its 2010 plan submission.

Historically, we have received EMS Plan submissions from Inland Counties EMS Agency for the following years:

- 1999
- 2006
- 2007
- 2009
- 2010

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Inland Counties EMS Agency's 2013 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

Not
Approved Approved

A. ☒ ☐ System Organization and Management

B. ☒ ☐ Staffing/Training

C. ☒ ☐ Communications

D. ☒ ☐ Response/Transportation

1. Ambulance Zones

- Based on the documentation provided by Inland Counties EMS Agency, please find enclosed the EMS Authority's determination of the exclusivity of Inland Counties EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

F. ☒ ☐ Data Collection/System Evaluation

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Inland Counties EMS Agency's 2013 EMS Plan Update is approved.

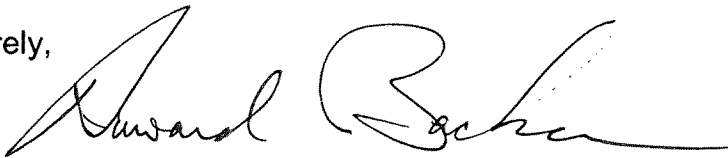
Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Inland Counties EMS Agency's 2017 EMS Plan Update will be due on or before May 31, 2018. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Howard Backer, MD, MPH, FACEP
Director

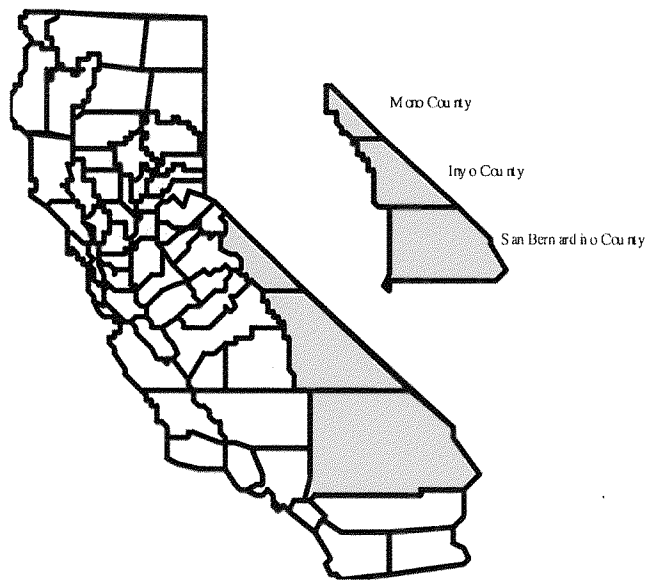
Enclosure

ZONE	EXCLUSIVITY			TYPE		LEVEL									
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Inyo County															
EOA #1		X	Competitive	X				X				X	X		
EOA #2		X	Non-Competitive	X				X							
EOA #3		X	Non-Competitive	X				X							
OA #4	X														
OA #5	X														
OA #6	X														
OA #7	X														
OA #8			Exempt												
EOA #9		X	Non-Competitive	X				X							
Mono County															
EOA #1		X	Non-Competitive	X				X		X		X			
EOA #2		X	Non-Competitive	X				X		X		X			
EOA #3		X	Non-Competitive	X				X		X		X			
EOA #4		X	Non-Competitive	X				X		X		X			
San Bernardino County															
EOA #1		X	Non-Competitive	X				X		X		X			
EOA #2		X	Non-Competitive	X				X		X		X			
EOA #3		X	Non-Competitive	X				X		X		X			
EOA #4		X	Non-Competitive	X				X		X		X			
EOA #5		X	Non-Competitive	X				X		X		X			
EOA #6		X	Non-Competitive	X				X		X		X			
EOA #7		X	Non-Competitive	X				X		X		X			
EOA #8		X	Non-Competitive	X				X		X		X			
EOA #9		X	Non-Competitive	X				X		X		X			

ZONE	EXCLUSIVITY			TYPE		LEVEL									
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
San Bernardino County															
EOA #10		X	Non-Competitive	X				X		X					
EOA #11		X	Non-Competitive	X				X		X					
EOA #12a #12b		X	Non-Competitive, Non-Competitive	X				X		X		X			
		X	Non-Competitive	X				X		X					
EOA #13		X	Non-Competitive	X				X		X		X			
EOA #14		X	Non-Competitive	X				X		X					
EOA #15		X	Non-Competitive	X				X		X					
EOA #16		X	Non-Competitive	X				X		X					
EOA #17		X	Non-Competitive	X				X		X					
EOA #18		X	Non-Competitive	X				X		X					
EOA #19		X	Non-Competitive	X				X		X		X			
EOA #20		X								X		X			
EOA #21		X	Non-Competitive	X				X		X		X			
EOA #22		X	Non-Competitive	X				X		X		X			
EOA #23		X													
EOA #24		X													
EOA #25		X													
EOA #26		X													
EOA #27		X													

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

EMS PLAN UPDATE 2013-2014



Prepared for:
State EMS Authority

By:
Tom Lynch, EMS Administrator
Inland Counties Emergency Medical Agency
April 15, 2015 (Revised)

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINE

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINE

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

TABLE 1: MINIMUM STANDARD () RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X			
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARD RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/ Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARD RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X	X		
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS AND RECOMMENDED GUIDELINES

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		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS AND RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			X
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARD | RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARD RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			X
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

TABLE 2: SYSTEM RESOURCES AND OPERATIONS**System Organization and Management**EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**Reporting Year: **2013-14**

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%.)

	<u>San Bernardino</u>	<u>Inyo</u>	<u>Mono</u>
A. Basic Life Support (BLS)	7%	60%	30%
B. Limited Advanced Life Support (LALS)	3%	10%	
C. Advanced Life Support (ALS)	90%	30%	70%

LALS is provided at this time by a limited number of SB County Sheriff's Search and Rescue. There are plans to extend the program to additional SB County, Inyo, and Mono providers in the future.

2. Type of agency
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
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)	X
Designations of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	

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

5. EMS agency budget for FY 13-14

EXPENSES

Salaries and benefits (All except contract personnel)	\$1,382,869
Contract Services (e.g. medical director)	\$652,916
Operations (e.g. copying, postage, facilities)	\$1,314,860
Travel	\$41,493
Fixed Assets	\$49,439
Indirect expenses (overhead)	\$0
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$0
Dispatch center operations (non-staff)	\$0
Training program operations	\$0
Other: Contribution to local Hospital	\$267,868
Other: Transfers to other County Departments	\$110,000
Other: <u>Transfers to Fire Departments for System Enhancement (this FY only)</u>	\$100,000
<u>TOTAL EXPENSES</u>	<u>\$3,919,445</u>

Table 2 - System Organization & Management (cont.)

EMS agency budget for **FY 13-14**

SOURCES OF REVENUE

Provider Authorization	\$181,503
Certification Fees	\$177,245
EMS Fund (SB 12-612)	\$680,705
State General Fund	\$301,460
Special Project Grant from EMSA - Data Repository	\$248,268
Special Project Grant from EMSA - HIE	\$115,991
Federal Aid	\$764,458
Health fees (Base, Trauma, STEMI, Stroke hospitals application and designation)	\$243,940
Performance Based Contracts Administrative Fees	\$656,396
Ambulance service/vehicle fees	\$2,315
Educational services	\$8,050
Other - Trust Fund Expenditure	\$179,576
Other - Transfer from other County Departments	\$261,360
Other Revenue	\$17,295

<u>TOTAL REVENUE</u>	<u>\$3,838,562</u>
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TRUST FUND BALANCES

Performance Based Contracts Liquidated Damages	\$632,778
Pediatric Trauma	\$1,160,752
H1N	\$24,070

<u>TOTAL TRUST FUND BALANCE</u>	<u>\$1,817,600</u>
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Table 2 - System Organization & Management (cont.)EMS agency budget for **FY 13-14****FEE STRUCTURE**

AEMT certification/recertification	\$60
EMS dispatcher certification	\$45
EMT certification/recertification	\$60
EMT skills verification	\$75
EMR certification/recertification	\$60
EMT-P accreditation	\$100
EMT-P reverification	\$60
MICN authorization/reauthorization	\$100
Flight Nurse authorization/reauthorization	\$60
EMR training program approval	\$650
EMT training program approval	\$650
EMT-P training program approval	\$1,500
MICN training program approval	\$400
Continuing Education Provider approval	\$500
Base hospital designation	\$5,000
Base hospital re-designation (every 2 years)	\$5,000
Trauma hospital designation	\$5,000
Trauma hospital redesignation (annual)	\$25,000
Pediatric facility designation/redesignation	N/A
STEMI center designation	\$5,000
STEMI center redesignation (annual)	\$17,445
Stroke center designation	\$5,000
Stroke center redesignation (annual)	\$19,045
EMS Prehospital Provider Permit/Authorization	\$2,000
Other: EMS Drug & Equipment Inspection	\$400/unit
Protocol Manual	\$40
Equipment rental	\$10 or \$25/item
Statistical Research	\$100/hour
Accreditation/Authorization retest fee	\$75
Certification/Accreditation/Authorization replacement card (lost/stolen or name change)	\$20



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

May 3, 2017

Lisa Galindo, EMS Plans Coordinator
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

RE: ICEMA EMS PLAN FY 2012-13 UPDATE

Dear Ms. Galindo:

I would like to take this opportunity to thank you for your assistance in working with ICEMA staff to clarify areas within ICEMA's EMS Plan update FY 2012-13.

- Table 2 Expenses of \$3,919,445 versus Revenue of \$3,838,562.

ICEMA continues to remain "self-funded" and maintains a reserve fund to provide a financial safety net. ICEMA's fee structure and conservative approach to budgeting allowed ICEMA to remain financially viable. The FY 2012-13 reported imbalance was based on account transfers and deposits that were not properly recorded and accounted.

Due to this imbalance several actions occurred:

- The ICEMA staff analyst was replaced.
- An administrative financial audit occurred, providing a roadmap for improvements.
- Implemented improved audit controls.
- Reviewed and reassigned ICEMA staff responsibilities to improve efficiencies and distribute the workload over current staff.
- Reevaluated personnel needs that reduced total personnel count and provided additional reserve funding.

If you have any questions, please contact George Stone, Program Coordinator, at (909) 388-5807 or via e-mail at george.stone@cao.sbcounty.gov.

Sincerely,



Tom Lynch
EMS Administrator

TL/GS/jlm

Enclosures

c: File Copy

Table 2 - System Organization & Management (cont.)

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

Reporting Year: **2013-14**

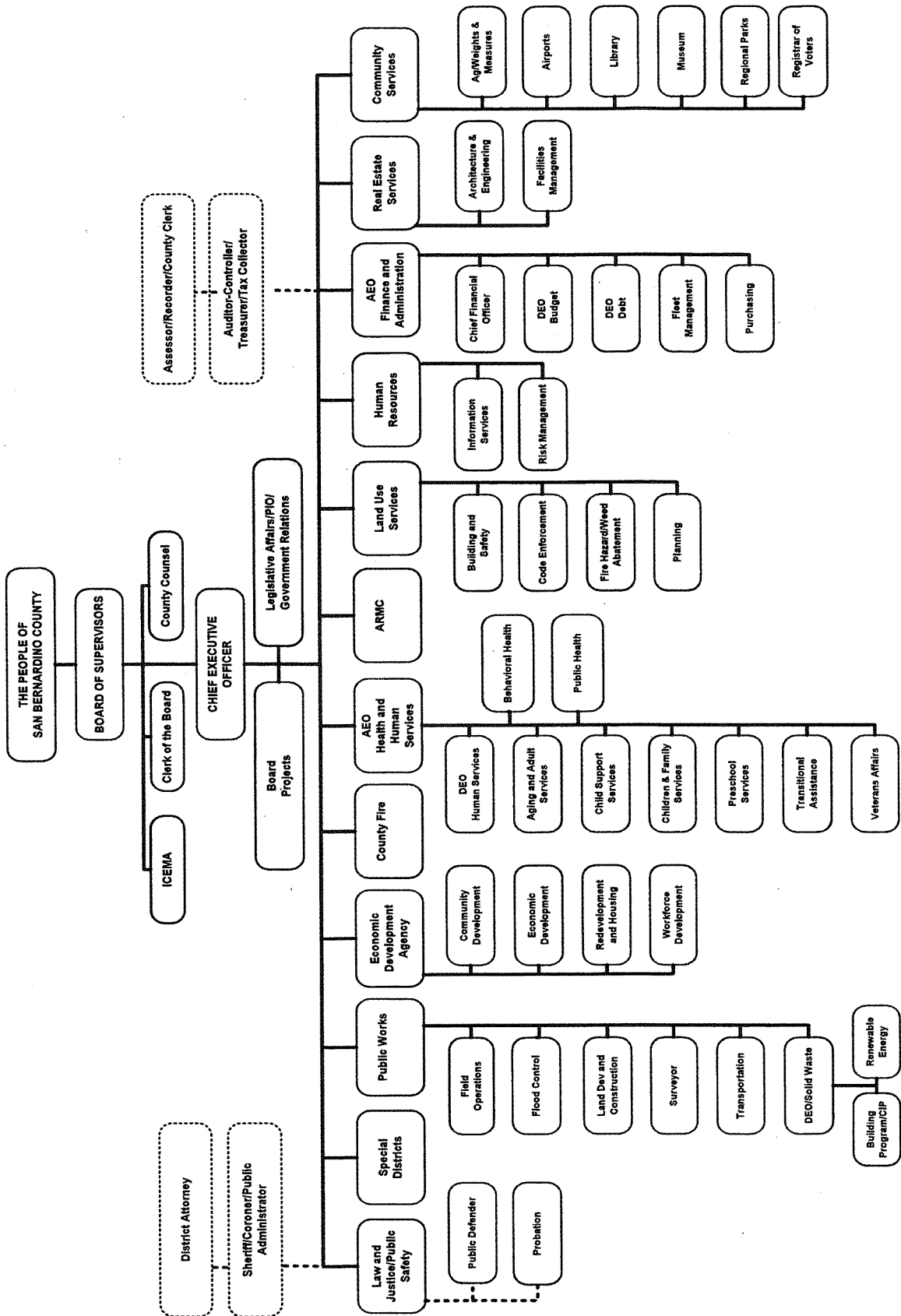
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Contract EMS Administrator	1	\$95.70	32.1%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Asst. Admin	1	\$67.67	30.8%	
ALS Coord./Field Coord./ Training Coordinator	Contract EMS Nurse	1	\$64.77	22.5%	
Program Coordinator/ Field Liaison (Non-clinical)	Program Coordinator	1	\$58.21	33.1%	
Trauma Coordinator	Contract EMS Nurse	.75	\$65.32	23.2%	
Medical Director	Contract Medical Director	.75	\$90.00	0	
Other	Contract EMS Technical Consultant	1	\$66.97	25.1%	
Disaster Medical Planner	Medical Emergency Planning Specialist	1	\$48.22	37.7%	

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
EMS Specialist	EMS Specialist	2	\$37.70	30.2%	
Statistical Analyst	Statistical	1	\$43.12	33.0%	
QA/QI Coordinator	EMS Nurse	1	\$53.40	30.8%	
Public Info. & Education Coordinator	Nurse Educator	1	\$61.20	28.1%	
Secretary	Secretary I	1	\$31.13	33.8%	
Data Entry Clerk	Office Assistant III	3	\$29.44	36.6%	
Other	Staff Analyst II	1	\$51.91	33.7%	
Other	Fiscal Assistant	1	\$29.20	36.0%	

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.



ICEMA ORGANIZATIONAL CHART 2011-12

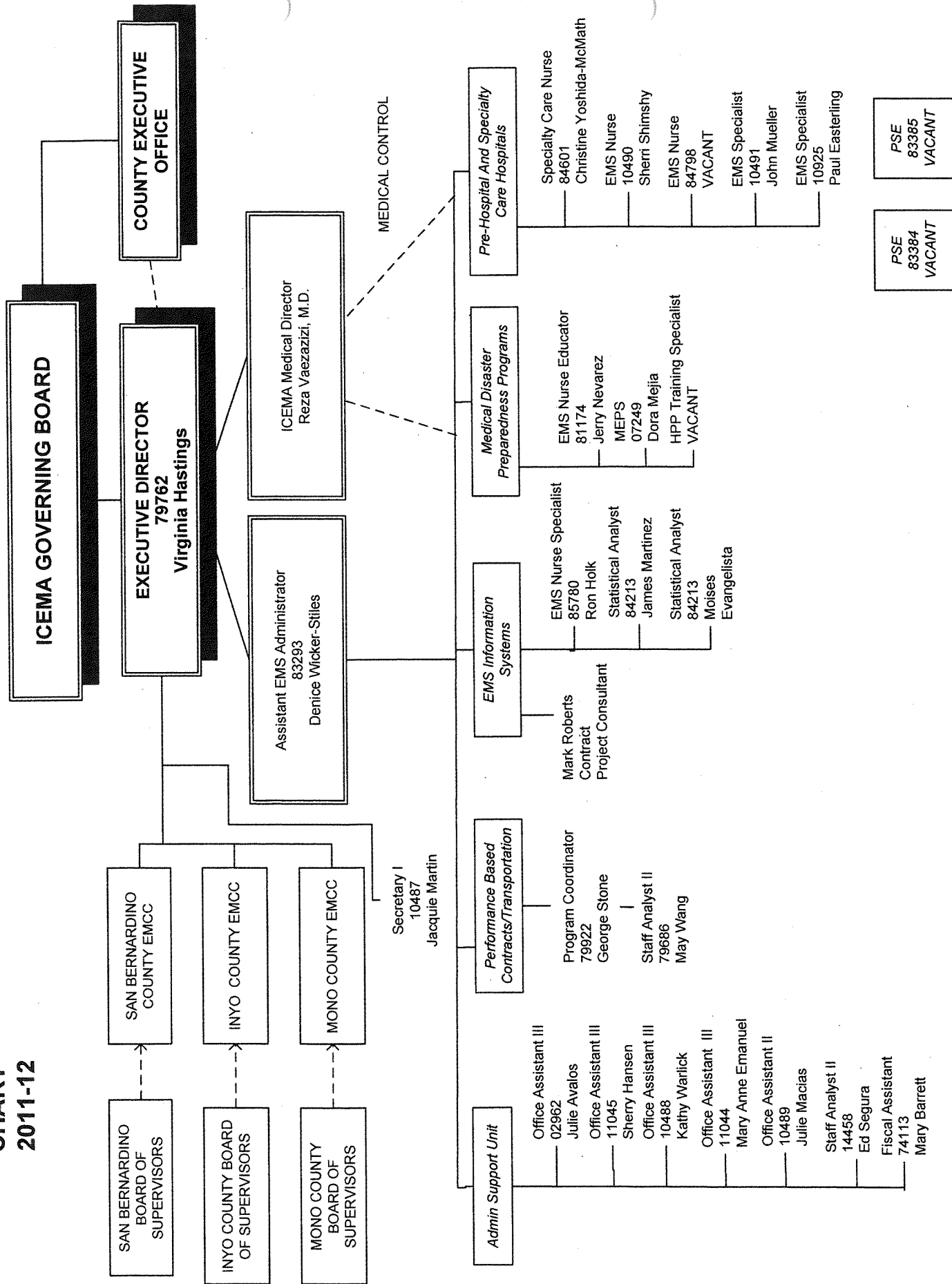


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/TrainingEMS System: **Inland Counties Emergency Medical Agency (ICEMA)**Reporting Year: **2013-14****NOTE:** Table 3 is to be reported by agency.

	EMT	AEMT	EMT-P	MIC
Total Certified	1,527	10	730	137
Number newly certified this year	395	10	154	35
Number recertified this year	1,132	0	576	102
Total number of accredited personnel on July 1 of the reporting year	2,744	22	1,346	244
Number of certification reviews resulting in:				
a) formal investigations	106	0	0	N/A
b) probation	18	0	0	N/A
c) suspensions	0	0	0	N/A
d) revocations	24	0	0	N/A
e) denials	6	0	0	N/A
f) denials of renewal	2	0	0	N/A
g) no action taken	56	0	0	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: **1**
2. Early defibrillation:
 - a) Number of EMT = (defib) certified **ALL**
 - b) Number of public safety (defib) certified (non-EMT) **UNKNOWN**
3. Do you have a first responder training program ☒ yes ☐

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: Inland Counties Emergency Medical Agency (ICEMA)
County: San Bernardino
Reporting Year: 2013-14

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

1. Number of primary Public Service Answering Points (PSAP) **21**
2. Number of secondary PSAPs **2**
3. Number of dispatch centers directly dispatching ambulances **5**
4. Number of designated dispatch centers for EMS Aircraft **1**
5. Do you have an operational area disaster communication system? **Yes**
 - a. Radio primary frequency **800MHz**
 - b. Other methods VHF
 - c. Can all medical response units communicate on the same disaster communications system?
Yes
 - d. Do you participate in OASIS? **Yes**
 - e. Do you have a plan to utilize RACES as a back-up communication system? **Yes**
 - 1) Within the operational area? **Yes**
 - 2) Between the operational area and the region and/or state? **Yes**
6. Who is your primary dispatch agency for day-to-day emergencies? **Multiple**
7. Who is your primary dispatch agency for a disaster? **San Bernardino Communications Center**

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: Inland Counties Emergency Medical Agency (ICEMA)
County: Inyo
Reporting Year: 2013-14

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

1. Number of primary Public Service Answering Points (PSAP) **3**
2. Number of secondary PSAPs **0**
3. Number of dispatch centers directly dispatching ambulances **2**
4. Number of designated dispatch centers for EMS Aircraft **1**
5. Do you have an operational area disaster communication system? **Yes**
 - a. Radio primary frequency **154.310**
 - b. Other methods **Cell phone backup**
 - c. Can all medical response units communicate on the same disaster communications system?
Yes
 - d. Do you participate in OASIS? **Yes**
 - e. Do you have a plan to utilize RACES as a back-up communication system? **Yes**
 - 1) Within the operational area? **Yes**
 - 2) Between the operational area and the region and/or state? **Yes**
6. Who is your primary dispatch agency for day-to-day emergencies?

Inyo County Sheriff and Bishop Police Department
7. Who is your primary dispatch agency for a disaster? **Inyo County Sheriff**

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: Inland Counties Emergency Medical Agency (ICEMA
County: Mono
Reporting Year: 2013-14

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

1. Number of primary Public Service Answering Points (PSAP) **1**
2. Number of secondary PSAPs **0**
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**
 - a. Radio primary frequency **153.860**
 - b. Other methods **800 MHz**
 - c. Can all medical response units communicate on the same disaster communications system?
Yes
 - d. Do you participate in OASIS? **Yes**
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes
 - 1) Within the operational area? **Yes**
 - 2) Between the operational area and the region and/or state? **Yes**
6. Who is your primary dispatch agency for day-to-day emergencies? **Mono County Sheriff**
7. Who is your primary dispatch agency for a disaster? **Mono County Sheriff**

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

Reporting Year: 2013-14

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5 * All other response units are now ALS assessment in level

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	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%
Early defibrillation responder	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%
Advanced life support responder	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%
Transport Ambulance	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%

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

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

Reporting Year: **2013-14**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	4,041
b) <i>Number of major trauma victims transported directly to a trauma center by ambulance</i>	3,523
c) Number of major trauma patients transferred to a trauma center	1,131
d) Number of patients meeting triage criteria who weren't treated at a trauma center	211

Emergency Departments

Total number of emergency departments	22
a) Number of referral emergency services	0
b) Number of standby emergency services	4
c) Number of basic emergency services	18
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	8

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

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

SYSTEM RESOURCES

- | | | |
|----|------------------------------------------------------------------------|------------------|
| 1. | Casualty Collections Points (CCP) | 18 |
| | a. Where are your CCPs located? | Hospitals |
| | b. How are they staffed? | Hospital and EMS |
| | c. Do you have a supply system for supporting them for 72 hours? | Yes |
| 2. | CISD | |
| | Do you have a CISD provider with 24 hour capability? | Yes |
| 3. | Medical Response Team | |
| | a. Do you have any team medical response capability? | Yes |
| | b. For each team, are they incorporated into your local response plan? | Yes |
| | c. Are they available for statewide response? | Yes |
| | d. Are they part of a formal out-of-state response system? | Yes |
| 4. | Hazardous Materials | |
| | a. Do you have any HazMat trained medical response teams? | Yes |
| | b. At what HazMat level are they trained? _____ | |
| | c. Do you have the ability to do decontamination in an emergency room? | Yes |
| | d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 34 |

3. Have you tested your MCI Plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement.
Inyo, Mono, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo, Ft. Irwin, and the Marine Warfare Training Center in Mono County.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**
7. Are you part of a multi-county EMS system for disaster response? **Yes**
8. Are you a separate department or agency? **Yes**
9. If not, to whom do you report? _____
10. 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**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Inyo**

Reporting Year: **2013-14**

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

SYSTEM RESOURCES

- | | | |
|----|------------------------------------------------------------------------|------------------|
| 1. | Casualty Collections Points (CCP) | 2 |
| | a. Where are your CCPs located? | Hospitals |
| | b. How are they staffed? | Hospital And EMS |
| | c. Do you have a supply system for supporting them for 72 hours? | Yes |
| 2. | CISD | |
| | Do you have a CISD provider with 24 hour capability? | Yes |
| 3. | Medical Response Team | |
| | a. Do you have any team medical response capability? | Yes |
| | b. For each team, are they incorporated into your local response plan? | Yes |
| | c. Are they available for statewide response? | Yes |
| | d. Are they part of a formal out-of-state response system? | Yes |
| 4. | Hazardous Materials | |
| | a. Do you have any HazMat trained medical response teams? | Yes |
| | b. At what HazMat level are they trained? _____ | |
| | c. Do you have the ability to do decontamination in an emergency room? | Yes |
| | d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 2 |

3. Have you tested your MCI Plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement.
Mono, San Bernardino, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**
7. Are you part of a multi-county EMS system for disaster response? **Yes**
8. Are you a separate department or agency? **Yes**
9. If not, to whom do you report? _____
10. 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**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Mono**

Reporting Year: **2013-14**

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

SYSTEM RESOURCES

- | | | |
|----|------------------------------------------------------------------------|-------------------------|
| 1. | Casualty Collections Points (CCP) | 1 |
| | a. Where are your CCPs located? | Hospital |
| | b. How are they staffed? | Hospital and EMS |
| | c. Do you have a supply system for supporting them for 72 hours? | Yes |
| 2. | CISD | |
| | Do you have a CISD provider with 24 hour capability? | Yes |
| 3. | Medical Response Team | |
| | a. Do you have any team medical response capability? | Yes |
| | b. For each team, are they incorporated into your local response plan? | Yes |
| | c. Are they available for statewide response? | Yes |
| | d. Are they part of a formal out-of-state response system? | Yes |
| 4. | Hazardous Materials | |
| | a. Do you have any HazMat trained medical response teams? | Yes |
| | b. At what HazMat level are they trained? _____ | |
| | c. Do you have the ability to do decontamination in an emergency room? | Yes |
| | d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 1 |

3. Have you tested your MCI Plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement.
Inyo, San Bernardino, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**
7. Are you part of a multi-county EMS system for disaster response? **Yes**
8. Are you a separate department or agency? **Yes**
9. If not, to whom do you report? _____
10. 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**

Response/Transportation/Providers

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

County:	Inyo	Provider:	Big Pine Fire Department	Response Zone:	2
Address:	181 North Main Street Big Pine, CA 93513			Number of Ambulance Vehicles in Fleet:	2
Phone Number:	(760) 938-2293			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground </div> <div> <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air </div> <div> <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water </div> <div> <input type="checkbox"/> IFT </div>
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

125	Total number of responses		
125	Number of emergency responses	75	Total number of transports
0	Number of non-emergency responses	0	Number of emergency transports
			Number of non-emergency transports

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Death Valley National Park USFS Response Zone: 8

Address: PO Box 579 Number of Ambulance Vehicles in Fleet: 3
 Death Valley, CA 92328

Phone Number: (760) 786-2340 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Natl Park Serv	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Death Valley National Park USFS has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Independence Fire Department Response Zone: 3

Address: 102 South Jackson Street Number of Ambulance Vehicles in Fleet: 2
Independence, CA 93526

Phone Number: (760) 878-2004 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

30	Total number of responses	26	Total number of transports
29	Number of emergency responses	25	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Lone Pine Fire Protection District Response Zone: 4

Address: 130 North Jackson Street Number of Ambulance Vehicles in Fleet: 3
 Lone Pine, CA 93545

Phone Number: (760) 876-4626 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
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"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

148	Total number of responses	104	Total number of transports
124	Number of emergency responses	86	Number of emergency transports
24	Number of non-emergency responses	18	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Olancho-Cartago Fire Department Response Zone: 5

Address: 689 Shop Street Number of Ambulance Vehicles in Fleet: 2
 Olancho, CA 93549

Phone Number: (760) 764-2370 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

31	Total number of responses	17	Total number of transports
31	Number of emergency responses	17	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Sierra Lifeflight Response Zone: Inyo: 1, 3, 4, Mono: 2

Address: 487 Grove Street Number of Ambulance Vehicles in Fleet: 3
Bishop, CA 93514

Phone Number: (760) 872-2201 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Fixed Wing <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

378	Total number of responses	378	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
378	Number of non-emergency responses	378	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Southern Inyo Fire Protection District Response Zone: 9

Address: 410 Tecopa Hot Springs Road Number of Ambulance Vehicles in Fleet: 1
 Tecopa, CA 92389

Phone Number: (760) 852-4130 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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	Air Classification: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

21	Total number of responses	7	Total number of transports
21	Number of emergency responses	7	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Southern Inyo Fire Protection District provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Inyo Provider: Symons Emergency Specialties Response Zone: 1

Address: 214 West Line Street Number of Ambulance Vehicles in Fleet: 3
Bishop, CA 93514

Phone (760) 873-8904 Average Number of Ambulances on Duty
 Number: 1 At 12:00 p.m. (noon) on Any Given Day:

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,242	Total number of responses	979	Total number of transports
904	Number of emergency responses	747	Number of emergency transports
338	Number of non-emergency responses	232	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: Antelope Valley Fire District Response Zone: 1

Address: 302 Western Drive Number of Ambulance Vehicles in Fleet: 0
Coleville, CA 96107

Phone Number: (530) 495-2900 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Antelope Valley Fire District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: Bridgeport Fire Protection District Response Zone: 1

Address: 425 Main Street Number of Ambulance Vehicles in Fleet: 0
Bridgeport, CA 93517

Phone Number: (760) 932-7549 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Bridgeport Fire Protection District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: Chalfant Valley Fire District Response Zone: 4

Address: 215 Valley Road Number of Ambulance Vehicles in Fleet: 1
Chalfant, CA 93514

Phone Number: (760) 873-5402 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Chalfant Valley Fire District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: June Lake Fire District Response Zone: 1

Address: 2380 Highway 158 Number of Ambulance Vehicles in Fleet: 0
June Lake, CA 93529

Phone Number: (760) 648-7390 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: June Lake Fire District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: Lee Vining Fire District Response Zone: 1

Address: 55 Main Street Number of Ambulance Vehicles in Fleet: 0
 Lee Vining, CA 93541

Phone Number: (760) 647-6400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Lee Vining Fire District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: Long Valley Fire District Response Zone: 1

Address: 3605 Crowley Lake Drive Route 1 Box 1145 Number of Ambulance Vehicles in Fleet: 0

Crowley, CA 93546

Phone Number: (760) 935-4545 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Long Valley Fire District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono **Provider:** Mammoth Lakes Fire Protection District **Response Zone:** 2

Address: 3150 Main Street **Number of Ambulance Vehicles in Fleet:** 1

Mammoth Lakes, CA 93546

Phone Number: (760) 934-2300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Mammoth Lakes Fire Protection District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono **Provider:** Mono County EMS (Mono County Health Department) **Response Zone:** 1, 2, 3, 4

Address: 437 Old Mammoth Road Suite Q
 Mammoth Lakes, CA 93546

Phone Number: (760) 924-1842

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Mono Co EMS	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,564	Total number of responses	915	Total number of transports
1,364	Number of emergency responses	799	Number of emergency transports
200	Number of non-emergency responses	116	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: Paradise Fire Protection District Response Zone: _____

Address: 5300 Lower Rock Creek Road Number of Ambulance Vehicles in Fleet: _____
 Bishop, CA 93514

Phone Number: (760) 387-2255 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Paradise Fire Protection District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono **Provider:** USMC Mt. Warfare Training Clinic HNBC Bridgeport EMS **Response Zone:** 1

Address: Highway 108 **Number of Ambulance Vehicles in Fleet:** 0
 Bridgeport, CA 93517

Phone Number: (760) 932-1615/1616/1617 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: USMC Mt. Warfare Training Clinic HNBC Bridgeport EMS has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono **Provider:** Wheeler Crest Fire Protection District **Response Zone:** _____
Address: 129 Willow Road **Number of Ambulance Vehicles in Fleet:** 0
 Swall Meadows, CA 93515
Phone **Average Number of Ambulances on Duty**
Number: (760) 920-9523 **At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Wheeler Crest Fire Protection District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Mono Provider: White Mountain Fire Protection District Response Zone: 1

Address: 58429 Highway 120 Number of Ambulance Vehicles in Fleet: 1
Benton, CA 93512

Phone Number: (760) 933-2505 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: White Mountain Fire Protection District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: American Medical Response - Rancho Division Response Zone: 1, 2, 3, 4, 5

Address: 7925 Center Avenue Number of Ambulance Vehicles in Fleet: 109
 Rancho Cucamonga, CA 91729

Phone Number: (909) 477-5000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 26

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

74,690	Total number of responses	51,669	Total number of transports
61,404	Number of emergency responses	41,260	Number of emergency transports
13,286	Number of non-emergency responses	10,409	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** American Medical Response - Redlands Division **Response Zone:** 6, 7, 8, 9
Address: 600 Iowa Street **Number of Ambulance Vehicles in Fleet:** 58
 Redlands, CA 92373
Phone **Average Number of Ambulances on Duty**
Number: (909) 793-7676 **At 12:00 p.m. (noon) on Any Given Day:** 27

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification:

Transporting Agencies

82,225	Total number of responses	60,772	Total number of transports
62,982	Number of emergency responses	45,585	Number of emergency transports
19,243	Number of non-emergency responses	15,187	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** American Medical Response - Victorville **Response Zone:** 12

Address: 14828 Seventh Street **Number of Ambulance Vehicles in Fleet:** 25
 Victorville, CA 92329

Phone Number: (760) 952-7400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification:

Transporting Agencies

38,089	Total number of responses	26,383	Total number of transports
32,297	Number of emergency responses	21,501	Number of emergency transports
5,792	Number of non-emergency responses	4,882	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Apple Valley Fire Protection District Response Zone: 12

Address: 22400 Headquarters Drive Number of Ambulance Vehicles in Fleet: 0
 Apple Valley, CA 92307

Phone Number: (760) 247-7618 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Apple Valley Fire Protection District has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Arrowbear Lake Fire Department Response Zone: 19

Address: 33045 Hilltop Blvd. Number of Ambulance Vehicles in Fleet: 0
 Arrowbear Lake, CA 92382

Phone Number: (909) 861-3479 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Arrowbear Lake Fire Department has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Auto Club Speedway (Special Events) Response Zone: 4

Address: 9300 Cherry Avenue Number of Ambulance Vehicles in Fleet: 0
 Fontana, CA 92335

Phone Number: (909) 429-5950 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification:

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Auto Club Speedway (Special Events) has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Baker EMS Response Zone: 23

Address: 904 East Broadway Street Number of Ambulance Vehicles in Fleet: 3
Needles, CA 92363

Phone Number: (760) 326-5299 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

187	Total number of responses	77	Total number of transports
187	Number of emergency responses	77	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Baker EMS provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Baker-Needles Amb Division Response Zone: 22

Address: 904 East Broadway Street Number of Ambulance Vehicles in Fleet: 4
Needles, CA 92363

Phone Number: (760) 326-52999 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

1,488	Total number of responses	1,014	Total number of transports
1,271	Number of emergency responses	819	Number of emergency transports
217	Number of non-emergency responses	195	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Baker-Needles Amb Division combined with Baker EMS as part of the transition to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Barstow Fire Protection District Response Zone: 13

Address: 861 Barstow Road Number of Ambulance Vehicles in Fleet: 0
 Barstow, CA 92311

Phone Number: (760) 256-2254 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,825	Total number of responses	0	Total number of transports
2,825	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Big Bear City Fire Department Response Zone: 20

Address: 301 West Big Bear Boulevard Number of Ambulance Vehicles in Fleet: *

Big Bear City, CA 92314

Phone Number: (909) 585-2362 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: *

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water
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"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,870	Total number of responses	2,076	Total number of transports
2,386	Number of emergency responses	1,665	Number of emergency transports
484	Number of non-emergency responses	411	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Big Bear Lake Fire Department combined with Big Bear City Fire Department as part of the transition to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Big Bear Lake Fire Department Response Zone: 20

Address: 467 Knickerbocker Road Number of Ambulance Vehicles in Fleet: *8
 Big Bear Lake, CA 92315

Phone Average Number of Ambulances on Duty
 Number: (909) 866-7566 At 12:00 p.m. (noon) on Any Given Day: *2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Big Bear Lake Fire Department combined with Big Bear City Fire Department as part of the transition to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Cal Fire Highland Response Zone: 8

Address: 27215 East Baseline Number of Ambulance Vehicles in Fleet: 0
 Highland, CA 92346

Phone Number: (909) 884-4100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Cal Fire Highland combined with Cal Fire Yucaipa City as part of the transition to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Cal Fire San Bernardino **Response Zone:** 6

Address: 3800 North Sierra Way **Number of Ambulance Vehicles in Fleet:** 0
San Bernardino, CA 92405

Phone Number: (909) 881-6900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Cal Fire San Bernardino has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Cal Fire Yucaipa City Response Zone: 8

Address: 34259 Wildwood Canyon Road Number of Ambulance Vehicles in Fleet: 0
Yucaipa, CA 92399

Phone Number: (909) 797-2313 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

9,487	Total number of responses	0	Total number of transports
9,487	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** California Highway Patrol (CHP) Air - Inland Division **Response Zone:** 1-27

Address: 21605 Corwin Road **Number of Ambulance Vehicles in Fleet:** 2
Apple Valley, CA 92307

Phone Number: (760) 240-8004 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: California Highway Patrol (CHP) Air - Inland Division has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Chino Valley Independent Fire District **Response Zone:** 2

Address: 14011 City Center Drive **Number of Ambulance Vehicles in Fleet:** 0
 Chino Hills, CA 91709

Phone Number: (909) 902-5280 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification:

Transporting Agencies

2,050	Total number of responses	0	Total number of transports
2,050	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Chino Valley Independent Fire District provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Cole Schaefer Ambulance Service, Inc. **Response Zone:** 1, 2

Address: 324 N Towne Avenue **Number of Ambulance Vehicles in Fleet:** 5
Pomona, CA 91767

Phone Number: (909) 622-1273 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Cole Schaefer Ambulance Service, Inc. has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Colton Fire Department Response Zone: 7

Address: 303 East E Street Number of Ambulance Vehicles in Fleet: 0
Colton, CA 92324

Phone Number: (909) 370-5100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	<u>Air Classification:</u>

Transporting Agencies

3,361	Total number of responses	0	Total number of transports
3,361	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Colton Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Combat Center Fire Department Response Zone: 14

Address: Marine Corp Logistics Base 29 Palms Number of Ambulance Vehicles in Fleet: 2
29 Palms, CA 92278

Phone Number: (760) 830-6871 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

59	Total number of responses	44	Total number of transports
59	Number of emergency responses	44	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Combat Center Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Crest Forest Fire Protection District Response Zone: 10

Address: 23407 Crest Forest Number of Ambulance Vehicles in Fleet: 3
Crestline, CA 92325

Phone Number: (909) 338-3311 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

40	Total number of responses	21	Total number of transports
39	Number of emergency responses	20	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Crest Forest Fire Protection District provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Desert Ambulance Service Response Zone: 13

Address: 831 West Main Street Number of Ambulance Vehicles in Fleet: 6
Barstow, CA 92311

Phone Number: (760) 256-6854 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

6,283	Total number of responses	4,843	Total number of transports
5,444	Number of emergency responses	4,120	Number of emergency transports
839	Number of non-emergency responses	723	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County:	San Bernardino	Provider:	Fort Irwin Fire Department	Response Zone:	1-27
Address:	Building 6101 Langford Lake Road Fort Irwin, CA 92310		Number of Ambulance Vehicles in Fleet:	3	
Phone Number:	(760) 380-5253		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2	

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>Air Classification:</u> <input checked="" type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue

Transporting Agencies

395	Total number of responses	300	Total number of transports
384	Number of emergency responses	293	Number of emergency transports
11	Number of non-emergency responses	7	Number of non-emergency transports

Air Ambulance Services

43	Total number of responses	42	Total number of transports
42	Number of emergency responses	41	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Loma Linda Fire Department **Response Zone:** 9

Address: 11325 Loma Linda Drive **Number of Ambulance Vehicles in Fleet:** 0
Loma Linda, CA 92354

Phone Number: (909) 799-2877 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	<u>Air Classification:</u>

Transporting Agencies

1,677 Total number of responses 0 Total number of transports
1,675 Number of emergency responses 0 Number of emergency transports
2 Number of non-emergency responses 0 Number of non-emergency transports

Air Ambulance Services

0 Total number of responses 0 Total number of transports
0 Number of emergency responses 0 Number of emergency transports
0 Number of non-emergency responses 0 Number of non-emergency transports

*Note: Loma Linda Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Marine Corps Logistics Base - Barstow **Response Zone:** 13

Address: Commanding Officer (B720) Box 110700 **Number of Ambulance Vehicles in Fleet:** 3
 Barstow, CA 92311

Phone Number: (760) 577-6866 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Water
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

401	Total number of responses	77	Total number of transports
393	Number of emergency responses	74	Number of emergency transports
8	Number of non-emergency responses	3	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Mercy Air Service (Airmethods) Response Zone: 1-27

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: 3
Rialto, CA 92376

Phone Number: (909) 829-7030 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

1,253	Total number of responses	1,232	Total number of transports
590	Number of emergency responses	581	Number of emergency transports
663	Number of non-emergency responses	651	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Mission Ambulance (Special Events) **Response Zone:** #N/A

Address: 1055 E. Third Street **Number of Ambulance Vehicles in Fleet:** 1
Corona, CA 92878

Phone Number: (800) 899-9111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Mission Ambulance (Special Events) has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Montclair Fire Department Response Zone: 2

Address: 8901 Monte Vista Drive Number of Ambulance Vehicles in Fleet: 0
Montclair, CA 91763

Phone Number: (909) 626-1217 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,383	Total number of responses	0	Total number of transports
2,353	Number of emergency responses	0	Number of emergency transports
30	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Montclair Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County:	San Bernardino	Provider:	Morongo Basin Ambulance	Response Zone:	14, 15
Address:	6335 Park Boulevard Joshua Tree, CA 92252			Number of Ambulance Vehicles in Fleet:	10
Phone Number:	(760) 366-8474			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: CSD	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	

5,516	Total number of responses		
4,218	Number of emergency responses		
1,298	Number of non-emergency responses		
<u>Transporting Agencies</u>			
		3,917	Total number of transports
		2,774	Number of emergency transports
		1,143	Number of non-emergency transports

0	Total number of responses	0	<u>Air Ambulance Services</u>	Total number of transports
0	Number of emergency responses	0		Number of emergency transports
0	Number of non-emergency responses	0		Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Morongo Valley Fire Department Response Zone: 14

Address: 11207 Ocotillo St. Number of Ambulance Vehicles in Fleet: 0
 Morongo Valley, CA 92256

Phone Number: (760) 363-6211 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: CSD	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

347	Total number of responses	0	Total number of transports
345	Number of emergency responses	0	Number of emergency transports
2	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Mount Baldy Fire Department Response Zone: 1

Address: 6736 Mount. Baldy Road Number of Ambulance Vehicles in Fleet: 0
Mount Baldy, CA 91759

Phone Number: (909) 982-1213 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Mount Baldy Fire Department has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Ontario Airport Fire Department **Response Zone:** 3

Address: 1230 Tower Drive **Number of Ambulance Vehicles in Fleet:** 0
Ontario, CA 91761

Phone Number: (909) 937-2815 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Ontario Airport Fire Department has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Ontario Fire Department Response Zone: 3

Address: 425 East B Street Number of Ambulance Vehicles in Fleet: 0
Ontario, CA 91764

Phone Number: (909) 395-2002 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

12,742	Total number of responses	Total number of transports
12,742	Number of emergency responses	Number of emergency transports
0	Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Priority One Medical Transport (Special Events) Response Zone: #N/A

Address: 740 S Rochester Avenue, Suite E Number of Ambulance Vehicles in Fleet: 1
Ontario, CA 91761

Phone Number: (800) 600-2501 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Priority One Medical Transport (Special Events) has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Rancho Cucamonga Fire Protection District **Response Zone:** 1

Address: 10500 Civic Center Drive **Number of Ambulance Vehicles in Fleet:** 0
 Rancho Cucamonga, CA 91730

Phone Number: (909) 477-2770 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
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"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

9,012	Total number of responses	Total number of transports
9,006	Number of emergency responses	Number of emergency transports
6	Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

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

*Note: Rancho Cucamonga Fire Protection District provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Redlands Fire Department Response Zone: 8

Address: 35 Cajon, Suite 12 Number of Ambulance Vehicles in Fleet: 0
 Redlands, CA 92373

Phone Number: (909) 798-7600 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,880	Total number of responses	0	Total number of transports
2,880	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Redlands Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Rialto Fire Department **Response Zone:** 5

Address: 131 South Willow
 Rialto, CA 92376

Phone Number: (909) 820-2657

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

5,867	Total number of responses	3,089	Total number of transports
5,865	Number of emergency responses	3,087	Number of emergency transports
2	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Rialto Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Running Springs Fire Department Response Zone: 19

Address: 31250 Hilltop Boulevard Number of Ambulance Vehicles in Fleet: 3

Running Springs, CA 92382

Phone Number: (909) 867-2630 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

<u>Transporting Agencies</u>	
507 Total number of responses	<u>404</u> Total number of transports
501 Number of emergency responses	<u>401</u> Number of emergency transports
6 Number of non-emergency responses	<u>3</u> Number of non-emergency transports

<u>Air Ambulance Services</u>	
0 Total number of responses	<u>0</u> Total number of transports
0 Number of emergency responses	<u>0</u> Number of emergency transports
0 Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** San Bernardino City Fire Department **Response Zone:** 6
Address: 200 East Third Street **Number of Ambulance Vehicles in Fleet:** 0
San Bernardino, CA 92410
Phone
Number: (909) 384-5286 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

28,311	Total number of responses	0	Total number of transports
28,309	Number of emergency responses	0	Number of emergency transports
2	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: San Bernardino County Fire Department Response Zone: #N/A

Address: 157 West 5th Street, 2nd Floor Number of Ambulance Vehicles in Fleet: 20
San Bernardino, CA 92415

Phone Number: (909) 387-5974 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input checked="" type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

512	Total number of responses	271	Total number of transports
507	Number of emergency responses	267	Number of emergency transports
5	Number of non-emergency responses	4	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: San Bernardino County Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** San Bernardino National Forest (USFS) **Response Zone:** #N/A

Address: 1209 Lytle Creek Road **Number of Ambulance Vehicles in Fleet:** 0
Lytle Creek, CA 92358

Phone Number: (909) 887-2576 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Forestry	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: San Bernardino National Forest (USFS) has not transitioned to ImageTrend and is not providing data at this time.

Response/Transportation/Providers

County: San Bernardino **Provider:** San Manuel Fire Department (Tribal) **Response Zone:** 6

Address:	26540 Indian Service Road	0
		Number of Ambulance Vehicles in Fleet:

Phone _____
 Number: (909) 864-6928

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Indian Nation	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,416	Total number of responses	0	Total number of transports
1,416	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Searles Valley Minerals (Industrial) **Response Zone:** 24

Address: 13200 Main Street **Number of Ambulance Vehicles in Fleet:** 1
Trona, CA 93562

Phone Number: (760) 372-2339 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

Air Ambulance Services

#N/A	Total number of responses	#N/A	Total number of transports
#N/A	Number of emergency responses	#N/A	Number of emergency transports
#N/A	Number of non-emergency responses	#N/A	Number of non-emergency transports

*Note: Searles Valley Minerals (Industrial) has not transitioned to ImageTrend and is not providing data at this time.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Symons Ambulance (Special Events) Response Zone: #N/A

Address: 18592 Cajon Boulevard Number of Ambulance Vehicles in Fleet: 10
San Bernardino, CA 92407

Phone Number: (909) 880-2979 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	<u>Air Classification:</u>

Transporting Agencies

2,088	Total number of responses	1,353	Total number of transports
19	Number of emergency responses	7	Number of emergency transports
2,069	Number of non-emergency responses	1,346	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

*Note: Symons Ambulance (Special Events) provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Twenty Nine Palms Fire Department Response Zone: 14

Address: 6560 Adobe Road Number of Ambulance Vehicles in Fleet: 0
29 Palms, CA 92277

Phone Number: (760) 367-7524 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

586	Total number of responses	<u>0</u>	Total number of transports
586	Number of emergency responses	<u>0</u>	Number of emergency transports
0	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	<u>0</u>	Total number of transports
0	Number of emergency responses	<u>0</u>	Number of emergency transports
0	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

*Note: Twenty Nine Palms Fire Department provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

Table 8: Resource Directory

Response/Transportation/Providers

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

County: San Bernardino Provider: Upland Fire Department Response Zone: 1-27

Address: 475 North 2nd Avenue Number of Ambulance Vehicles in Fleet: 1
Upland, CA 91785

Phone Number: (909) 931-4180 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

5,443	Total number of responses	0	Total number of transports
5,442	Number of emergency responses	0	Number of emergency transports
1	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

194	Total number of responses	126	Total number of transports
110	Number of emergency responses	69	Number of emergency transports
84	Number of non-emergency responses	57	Number of non-emergency transports

Response/Transportation/Providers

County: San Bernardino **Provider:** Upland Fire Department **Response Zone:** 1-27

Phone Number:	(909) 931-4180	
Average Number of Ambulances on Duty		1
At 12:00 p.m. (noon) on Any Given Day:		1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

5,443	Total number of responses		
5,442	Number of emergency responses		
1	Number of non-emergency responses		

	<u>Transporting Agencies</u>	
		Total number of transports
		Number of emergency transports
		Number of non-emergency transports

194	Total number of responses		
110	Number of emergency responses		
84	Number of non-emergency responses		

	<u>Air Ambulance Services</u>	
		Total number of transports
		Number of emergency transports
		Number of non-emergency transports

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Symons Emergency Specialties, Inc.
Area or sub area (Zone) Geographic Description: Bishop North- County Line, Hwy 395 South- Keough's Rd. Hwy 395 East- Mono County Line, Hwy 6 West- Roads End
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency Response, IFT, Standby Services
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. This provider has operated in the area pursuant to the EMS Transportation Plan adopted March 11, 1986. RFP initiated in February 12, 2016. Awarded June 2016. Contract approved for 10 years (November 15, 2026).

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Big Pine Rescue
Area or sub area (Zone) Geographic Description: Big Pine North- Keough's Rd., Hwy 395 South- Aberdeen Rd., Hwy 395 East- Roads end West- Roads end
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Big Pine Rescue meets grandfathering requirement of 1797.224 <input type="checkbox"/> 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.). Emergency ambulance; 9-1-1 emergency response
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Big Pine Rescue has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Independence Volunteer Fire Department
Area or sub area (Zone) Geographic Description: Independence North- Aberdeen Rd., Hwy 395 South- Aqueduct crossing at George's creek, Hwy 395 East- Roads end West- Roads end
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Independence Volunteer Fire Department meets grandfathering requirement of 1797.224 <input type="checkbox"/> 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.). Emergency ambulance; 9-1-1 response
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Independence Volunteer Fire Department has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Operating Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Lone Pine Volunteer Fire Department
Area or sub area (Zone) Geographic Description: Lone Pine North- Aqueduct crossing at George's creek, Hwy 395 South- Cottonwood Creek, Hwy 395 East- Death Valley National Park Boundary West- Roads End
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated February 12, 2016. No provider awarded operating area.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Operating Area #5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Olancha-Cartago Fire Department
Area or sub area (Zone) Geographic Description: Olancha North- Cottonwood Creek, Hwy 395 South- South entrance of Little Lake, Hwy 395 (inclusive of Little Lake) East- Hwy 136/190 crossing, to China Lake NWC boundaries West- Roads End
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in February 15, 2016. No provider awarded operating area.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Operating Area #6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Liberty Ambulance has provided (mutual aid) for 9-1-1 calls only ALS in the area.
Area or sub area (Zone) Geographic Description: Little Lake North- South entrance of Little Lake, Hwy 395 (excluding Little Lake) South- Kern County Line, Hwy 395 East- China Lake NWC boundaries West- Roads End
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in February 15, 2016. No provider awarded operating area.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. San Bernardino County Fire has provided mutual aid response to this area of Inyo County without an agreement or remuneration for fire service and BLS ambulance services and when possible meeting with Death Valley Park Service for transition of care to ALS (mutual aid)
Area or sub area (Zone) Geographic Description: Panamint Valley North- Death Valley National Park South- Kern County Line East- Death Valley National Park Boundary West- China Lake Boundary
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in February 15, 2016. No provider awarded operating area.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Death Valley National Monument Ambulance
Area or sub area (Zone) Geographic Description: Death Valley National Park North- Death Valley National Park Boundary South- Death Valley National Park Boundary East- Nevada State Line West- Death Valley National Park Boundary, Saline Valley Road
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. National Park (Federal Land with NPS-51 exemption)

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Southern Inyo Fire Protection District
Area or sub area (Zone) Geographic Description: Tecopa/Shoshone North- Park Service Boundary South- San Bernardino County Line East- Nevada State Line West- Park Service Boundary
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Southern Inyo Fire Protection District meets grandfathering requirement of 1797.224 <input type="checkbox"/> 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.). Emergency ambulance; 9-1-1 emergency response
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Southern Inyo Fire Protection District has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Exclusive Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program
Area or sub area (Zone) Geographic Description: All areas of Mono County (including both incorporated and the unincorporated Town of Mammoth Lakes), except that southeastern portion of the County including and surrounding the Benton, Chalfant and Hammil Valleys (the Tri-Valley area).
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. The Mono County Paramedic program or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area prior to January, 1, 1981. This provider began providing paramedic service in 1975. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program
Area or sub area (Zone) Geographic Description: The incorporated area of the Town of Mammoth Lakes and the observed Fire District boundaries.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Mono County Paramedic program and the Mammoth Lakes Fire Protection District have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January, 1, 1981. Mono County Paramedic program provider began providing paramedic service in 1975. The Mammoth Lakes Fire Protection District began providing BLS ambulance service in 1978. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program
Area or sub area (Zone) Geographic Description: This area comprised of including and surrounding the community Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Mono County Paramedic program and the White Mountain Fire Protection District have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January, 1, 1981. Mono County Paramedic program provider began providing paramedic service in 1975. The White Mountain Fire Protection District began providing BLS ambulance service in 1967. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Operating Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program
Area or sub area (Zone) Geographic Description: This area comprised of areas including and surrounding the community Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Mono County Paramedic program and the Chalfant Protection District have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January, 1, 1981. Mono County Paramedic program provider began providing paramedic service in 1975. Chalfant Fire Protection District initially part of The White Mountain Fire Protection District began providing BLS ambulance service in 1967 separated from White Mountain FPD in 1988 and continued providing BLS backup ambulance service without interruption in manner/scope/service. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Multiple providers American Medical Response (AMR) Cole Schaefer
Area or sub area (Zone) Geographic Description: This area comprised of Mt. Baldy Village, San Antonio Heights, Rancho Cucamonga and Upland.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - AMR and Cole Schaefer meet grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). AMR: Emergency Ambulance, 9-1-1 emergency response, ALS, IFT, SCT Cole Schaefer: IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors and Cole Schaefer have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</small> Multiple providers American Medical Response (AMR) Cole Schaefer
Area or sub area (Zone) Geographic Description: This area comprised of Montclair and Chino and a portion of Chino Hills area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <input checked="checked" type="checkbox"/> Exclusive - AMR and Cole Schaefer meet grandfathering requirement of 1797.224 and 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <small>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.).</small> AMR: Emergency Ambulance, 9-1-1 emergency response, ALS, IFT, SCT Cole Schaefer: IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grand fathered</u>, 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.</small> AMR or its predecessors and Cole Schaefer have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of West San Bernardino County including the areas of Ontario and Chino Hills.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - AMR meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance: 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Lytle Creek, City of Fontana and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - AMR meets grand fathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS; IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Multiple providers City of Rialto Fire Department American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Rialto City limits and unincorporated areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Both providers meet grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). City of Rialto Fire Department - Emergency ambulance; 9-1-1 emergency response, ALS AMR - Emergency ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. A. City of Rialto Fire Department has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. B. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: West of the City of Rialto, portion of the Cajon Pass and portions of the City of San Bernardino.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - AMR meets grand fathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of a portion of the cities of Grand Terrace, San Bernardino and Highland.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Redlands, Mentone, Yucaipa, Forest Falls, Oak Glen and Angelus Oaks and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Loma Linda and surrounding area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #10
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: This area comprised of Crest Forest, Crestline, Lake Gregory and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. San Bernardino County Fire or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #11
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Multiple providers American Medical Response (AMR) San Bernardino County Fire Department (backup ambulance service)
Area or sub area (Zone) Geographic Description: Areas south of Crest Forest, including Hwy. 18 and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). AMR Emergency ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Providers or their predecessors has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #12: Subarea A and Subarea B Adelanto, Victorville, Apple Valley, Lucerne Valley and surrounding unincorporated areas
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Multiple providers American Medical Response (AMR) San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: (12a) This area comprised of Victorville, Adelanto, Apple Valley and surrounding unincorporated areas, unincorporated area east of 12b services provided by the EOA provider AMR. (12b) This area comprised of Lucerne Valley and surrounding unincorporated area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). (12a) Emergency ambulance; 9-1-1 emergency response, ALS; IFT, SCT (12b) Emergency ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. EMSA's opinion letter regarding 1797.224 and/or 1797.226 status. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or subarea Name or Title: Exclusive Operating Area #13
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Desert Ambulance Service
Area or subarea (Zone) Geographic Description: This area comprised of Barstow and large rural/wilderness area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <small>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.).</small> Emergency ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, 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.</small> This provider has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #14
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association
Area or sub area (Zone) Geographic Description: This area comprised of Twenty-nine Palms, Joshua Tree and surrounding areas in Morongo Basin.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> 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.). Emergency ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #15
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association
Area or sub area (Zone) Geographic Description: This area comprised of Johnson Valley, Flamingo Heights and Landers areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. This provider or its predecessors has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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AMBULANCE OPERATING AREA SUMMARY FORM**

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #16
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: This area is comprised of Wrightwood, Phelan and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <small>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.).</small> Emergency Ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, 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.</small> San Bernardino County Fire Department or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #17
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: This area is comprised of boundaries similar to the Hesperia Fire Protection District.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <small>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.).</small> Emergency Ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, 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.</small> San Bernardino County Fire Department or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <small><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></small>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #18
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: This area is comprised of Lake Arrowhead, Rimforest, Skyforest, Blue Jay and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <small>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.).</small> Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, 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.</small> San Bernardino County Fire Department or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <small><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></small>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #19
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Running Springs Fire Department
Area or sub area (Zone) Geographic Description: This area is comprised of Running Springs, Green Valley Lake, and Arrowbear.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <small>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.).</small> Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, 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.</small> This provider or its predecessors has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #20
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Big Bear City Fire Department (Bear Valley Paramedic Service)
Area or sub area (Zone) Geographic Description: This area is comprised of Big Bear and surrounding communities.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #21
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: This area is comprised of Yucca Valley and Aberdeen.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. San Bernardino County Fire Department or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #22
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Needles Ambulance Service
Area or sub area (Zone) Geographic Description: This area is comprised of east of the Colorado River and includes Needles and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="checked" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input type="checkbox"/> 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.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. Needles Ambulance Service or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #23
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire (assigned by ICEMA) *Assigned by ICEMA due to previous provider ceasing operations. This assignment provides continuing ambulance services until such time in the future when a viable alternative exists.
Area or sub area (Zone) Geographic Description: This area is comprised of Baker and surrounding communities.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #24
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Multiple non-exclusive providers San Bernardino County Fire Department - Searles Valley provides volunteer BLS ambulance services. Liberty Ambulance provides ALS mutual aid ambulance services from neighboring Kern County.
Area or sub area (Zone) Geographic Description: This area is comprised of Trona and the surrounding Searles Valley.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> 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.).
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. This area underwent an RFP process in January 2007 for ALS transport. No responses received. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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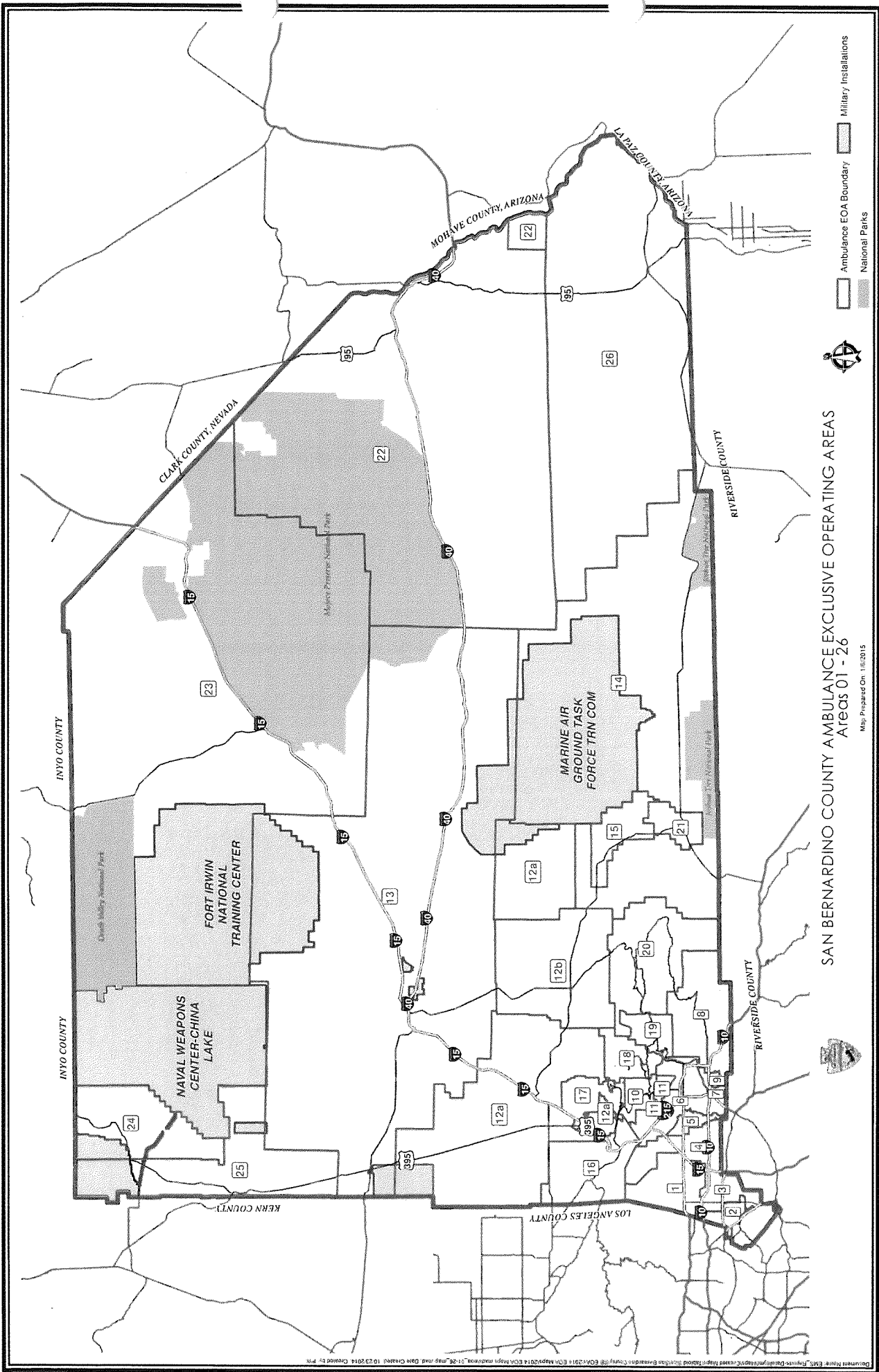
In order to evaluate the nature of each area or sub area, the following information should be compiled for each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

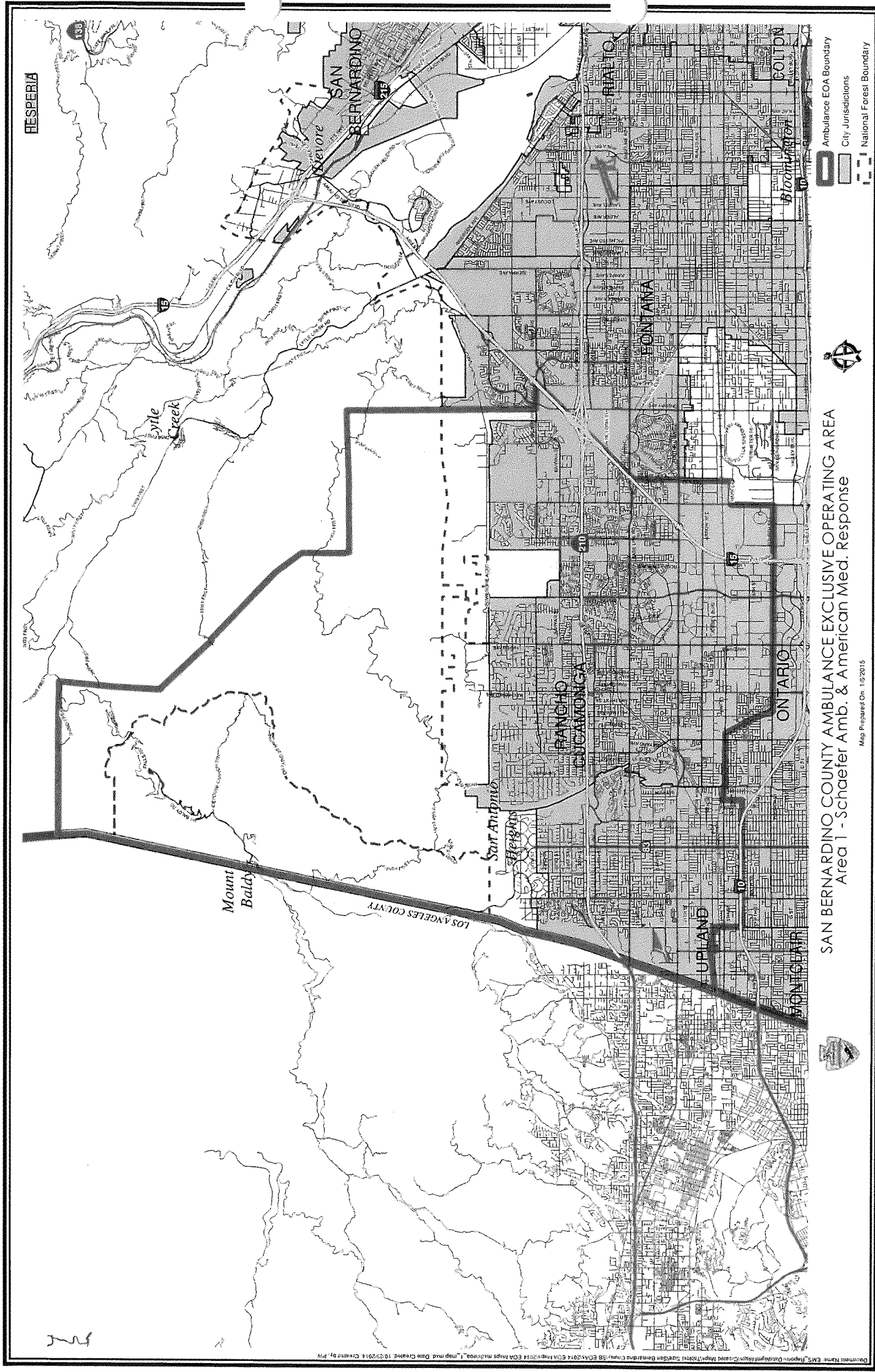
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #25
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Liberty Ambulance Service has provided 9-1-1 calls only - ALS (mutual aid) in the area pursuant to the EMS Transportation Plan adopted June 18, 1985.
Area or sub area (Zone) Geographic Description: This area is comprised of Highway 395 from the Kern County line to north of Hwy 58.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. RFP process conducted in January 2007. No responses received and area remains non-exclusive. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

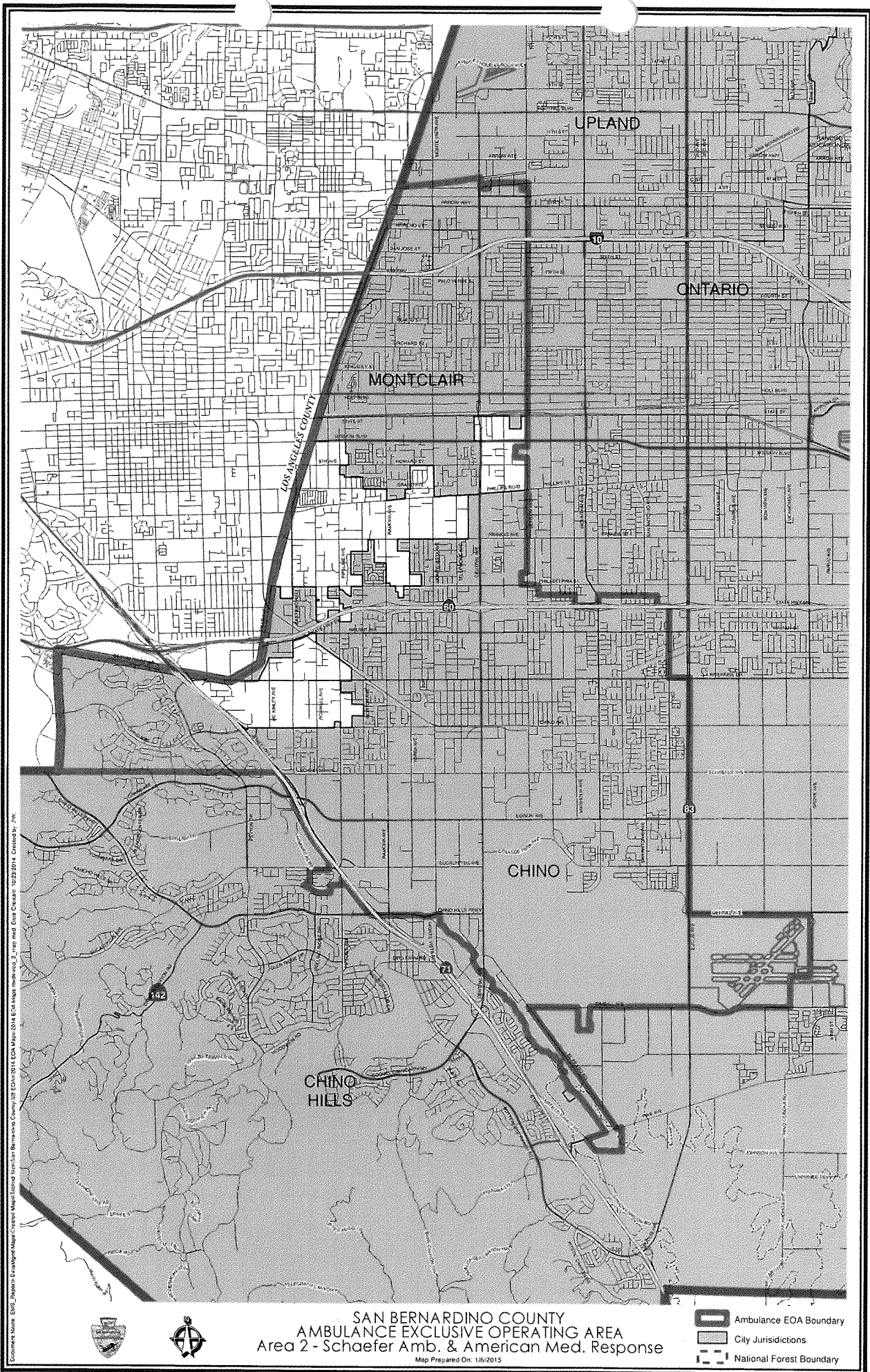
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #26
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. No approved provider. ALS and BLS (mutual aid) from Arizona, Riverside County and EOAs 14 and 22.
Area or sub area (Zone) Geographic Description: This area is comprised of Havasu Lake and surrounding areas. Borders Arizona, EOA 14 and EOA 22 and Riverside County.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. <input checked="" type="checkbox"/> 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.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. This area underwent the RFP process in January 2007. No responses were received and area remains non-exclusive. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>



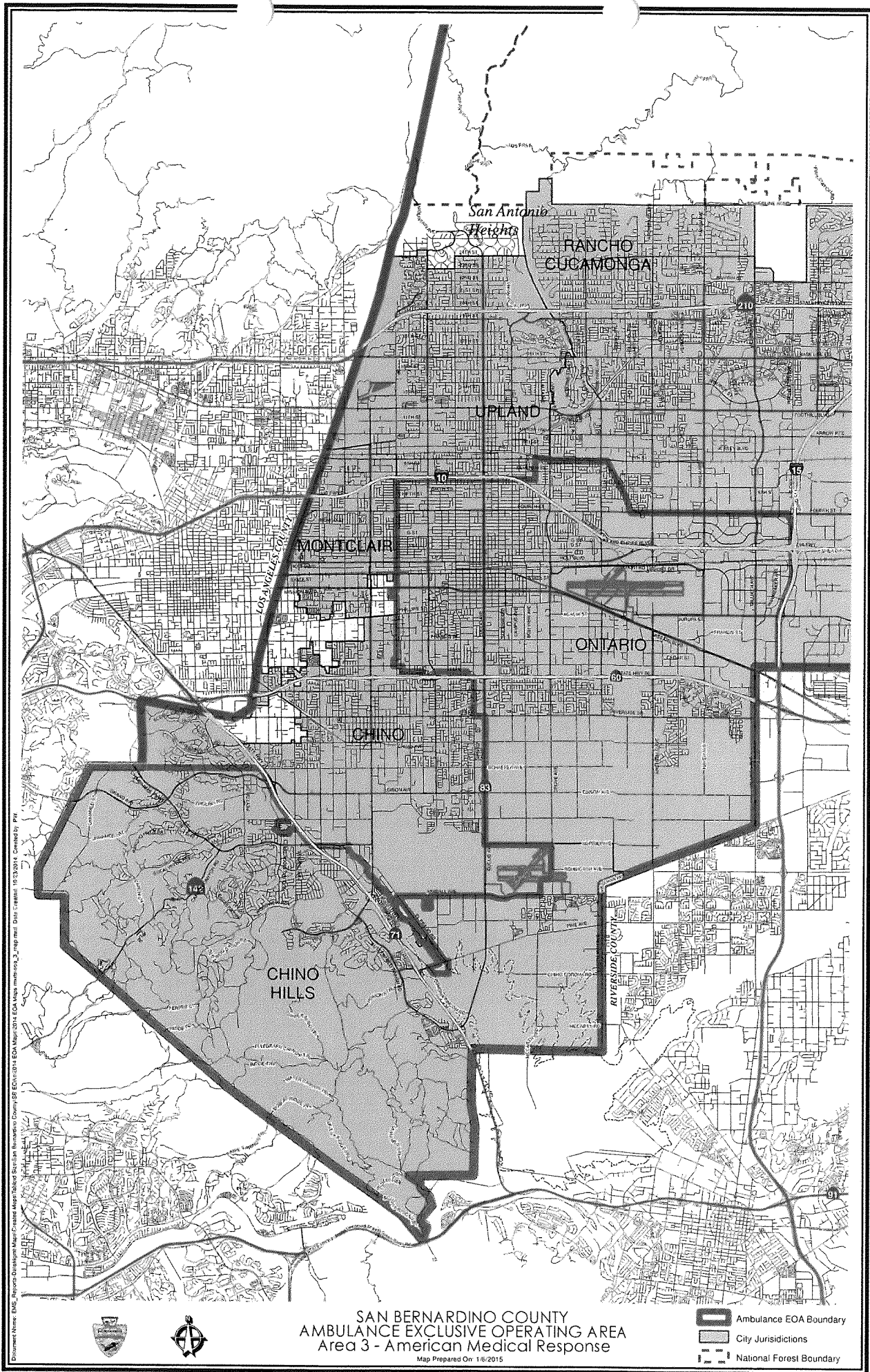


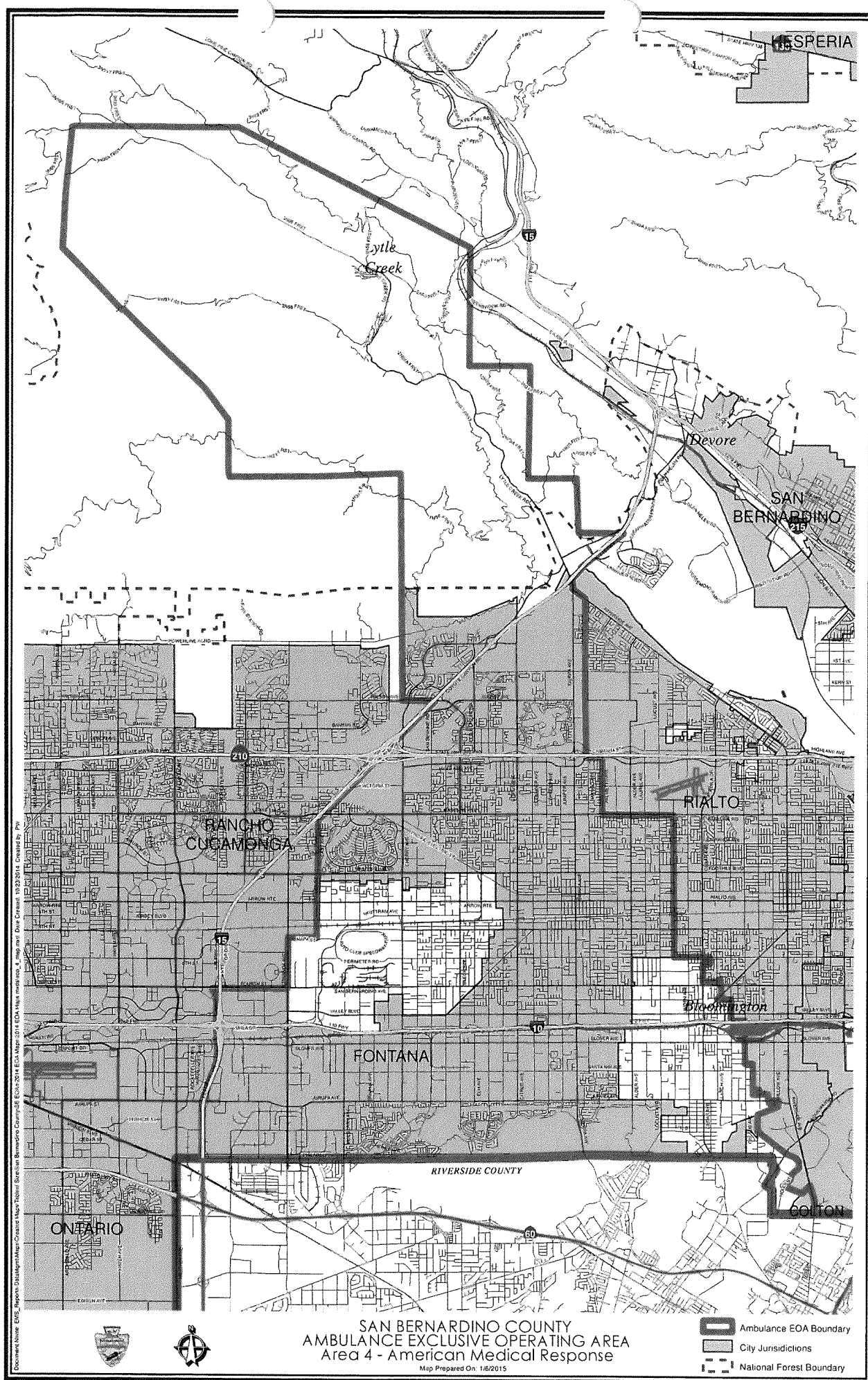
SAN BERNARDINO COUNTY AMBULANCE EXCLUSIVE OPERATING AREA
Area 1 - Schaefer Amb. & American Med. Response

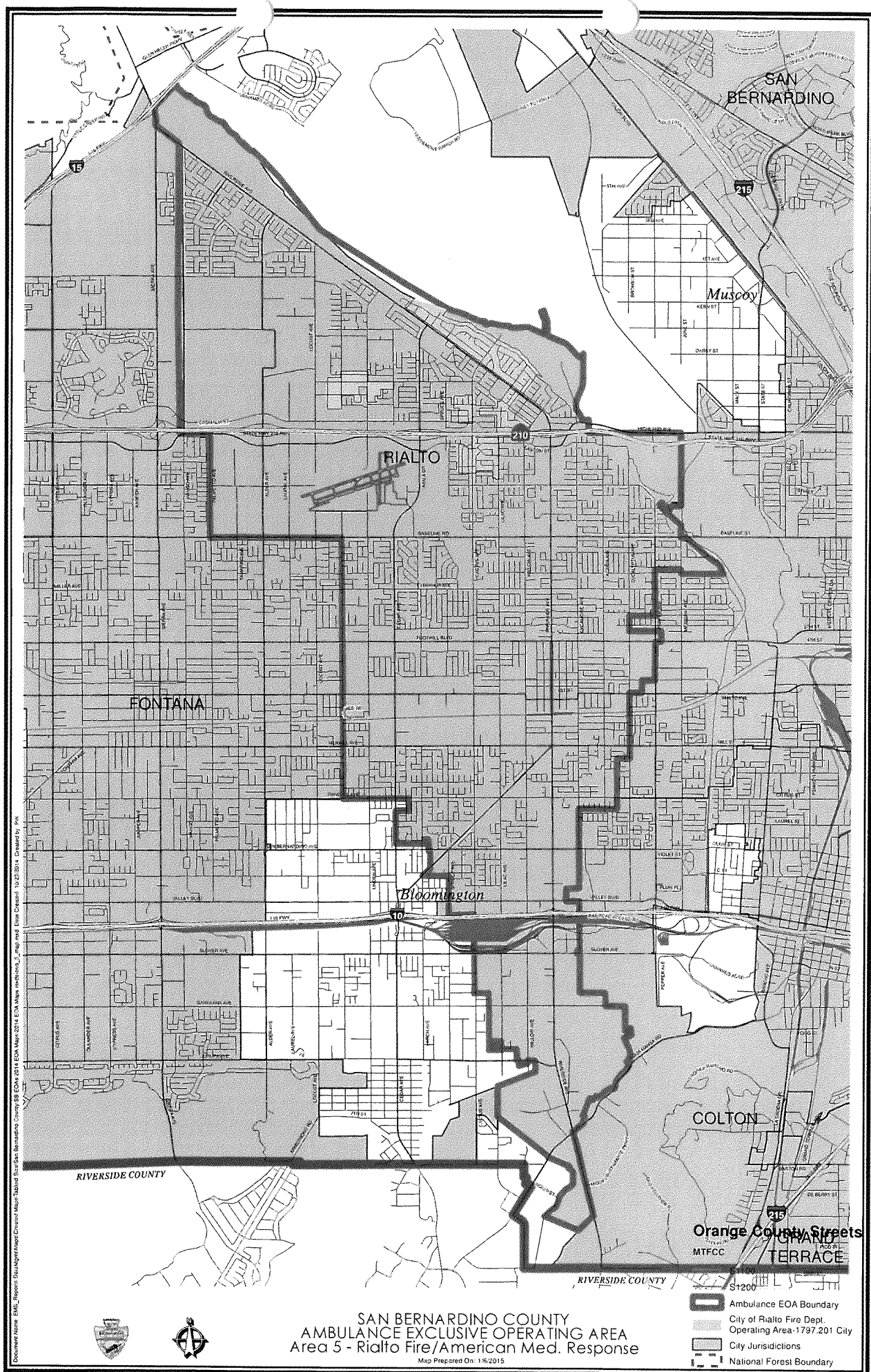
Map Prepared On: 1/12/2015

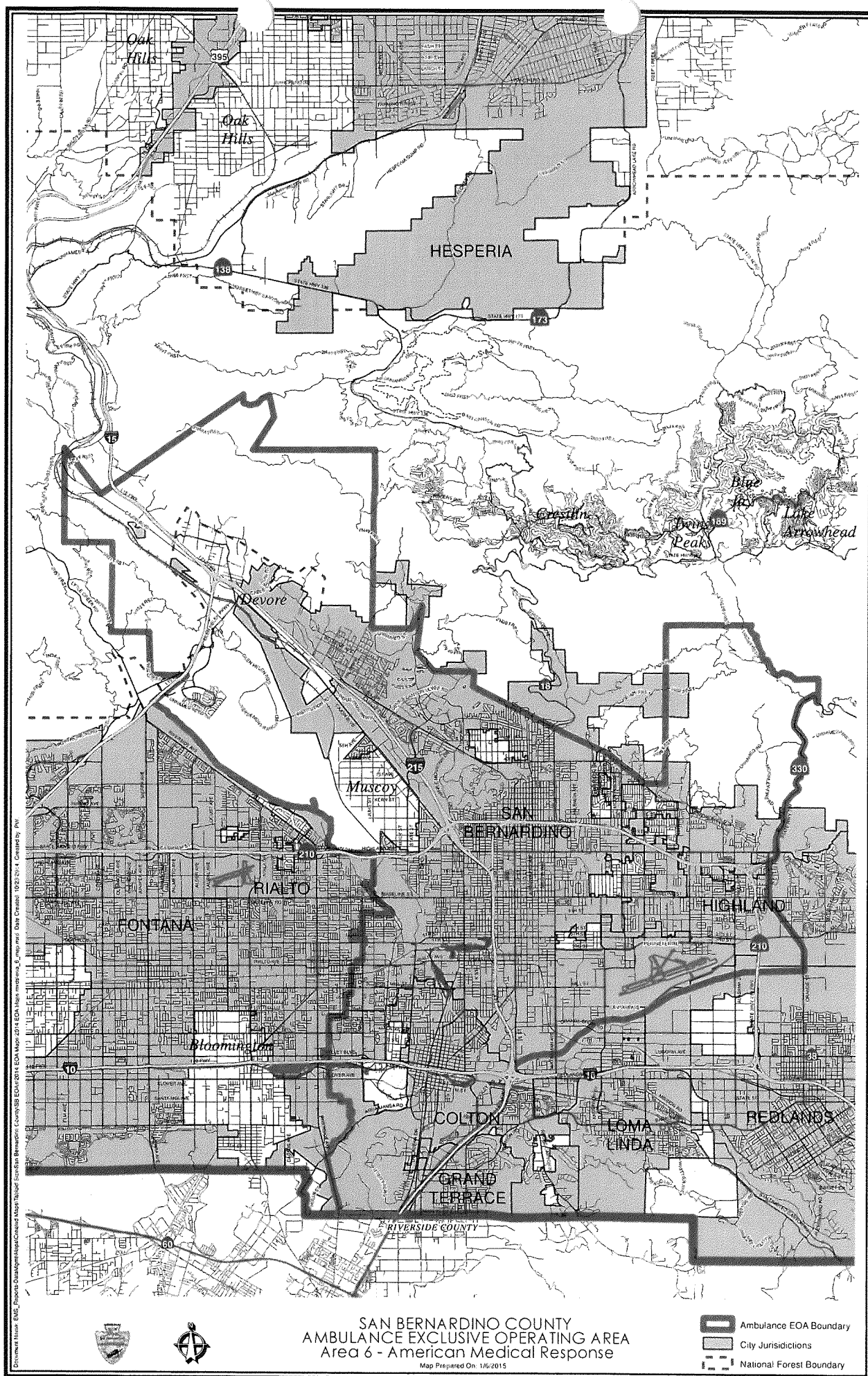


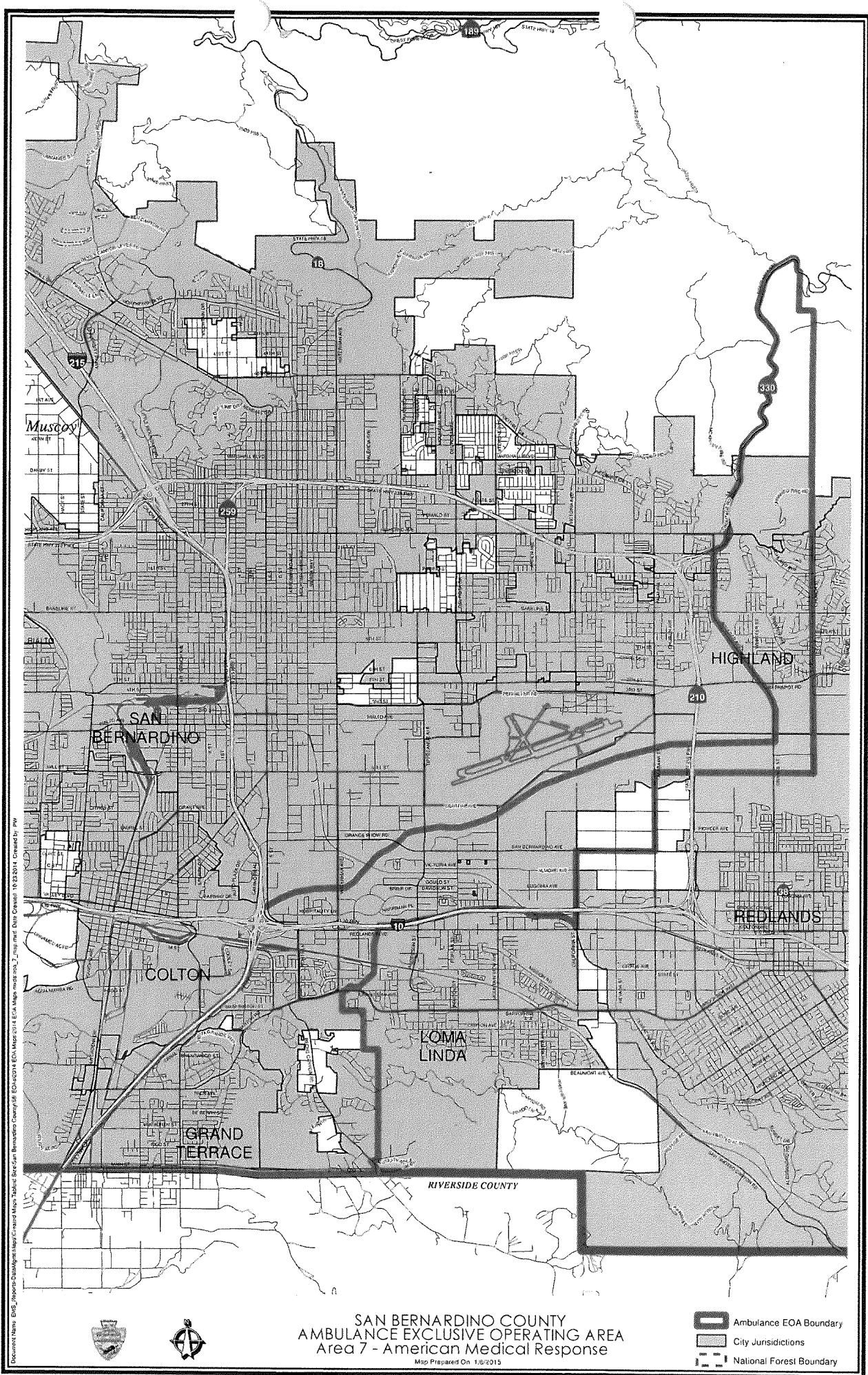
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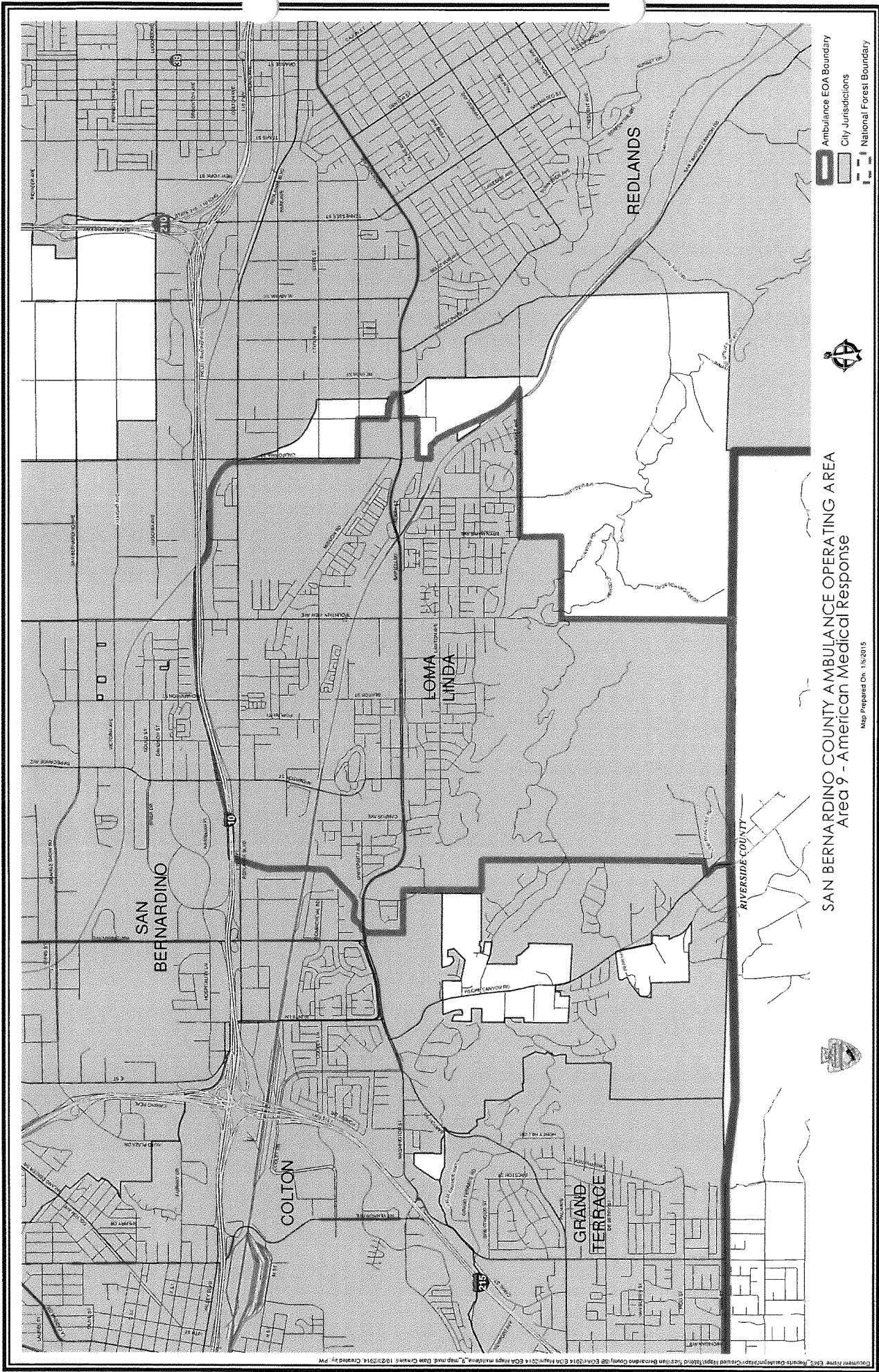


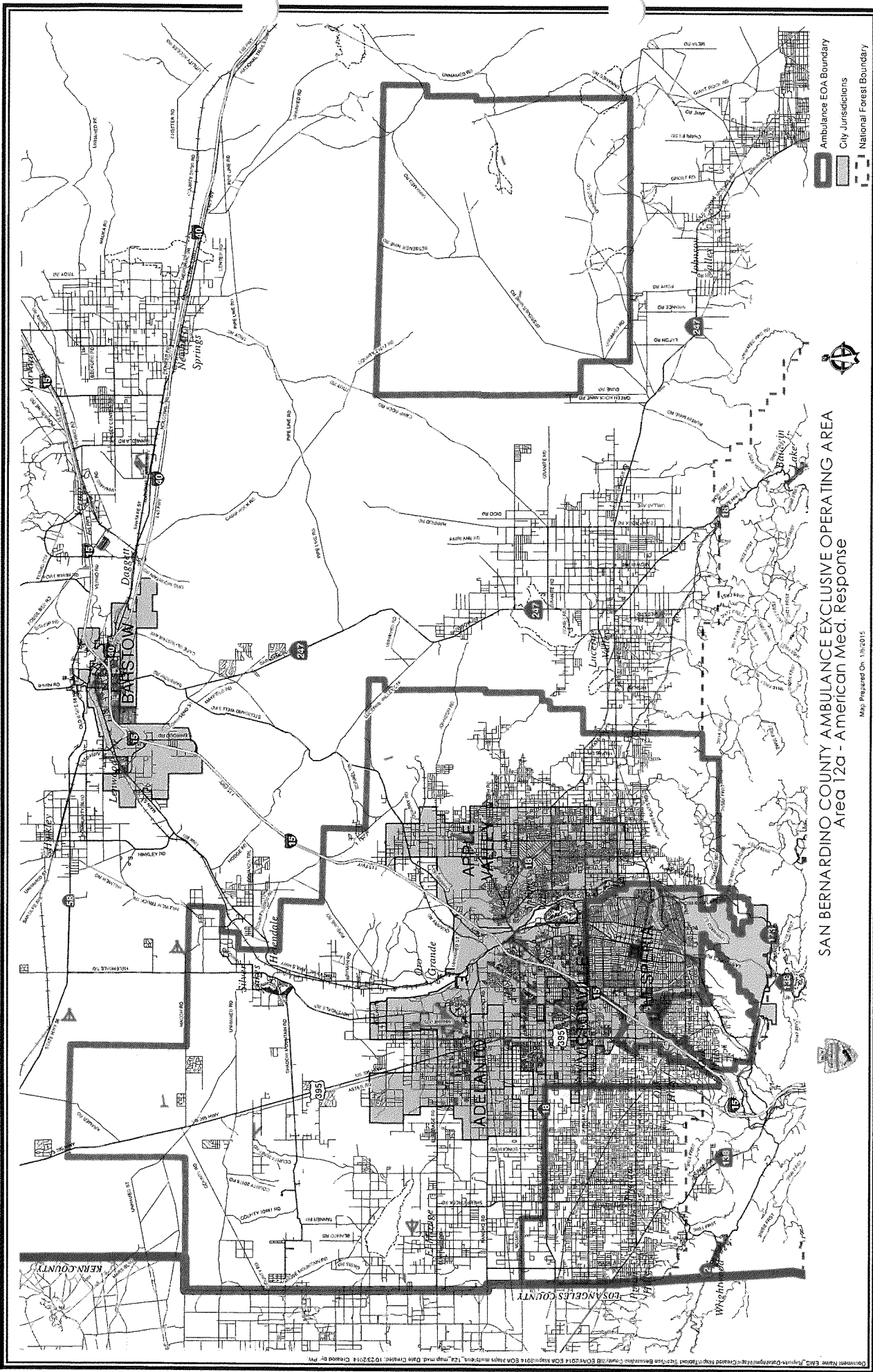










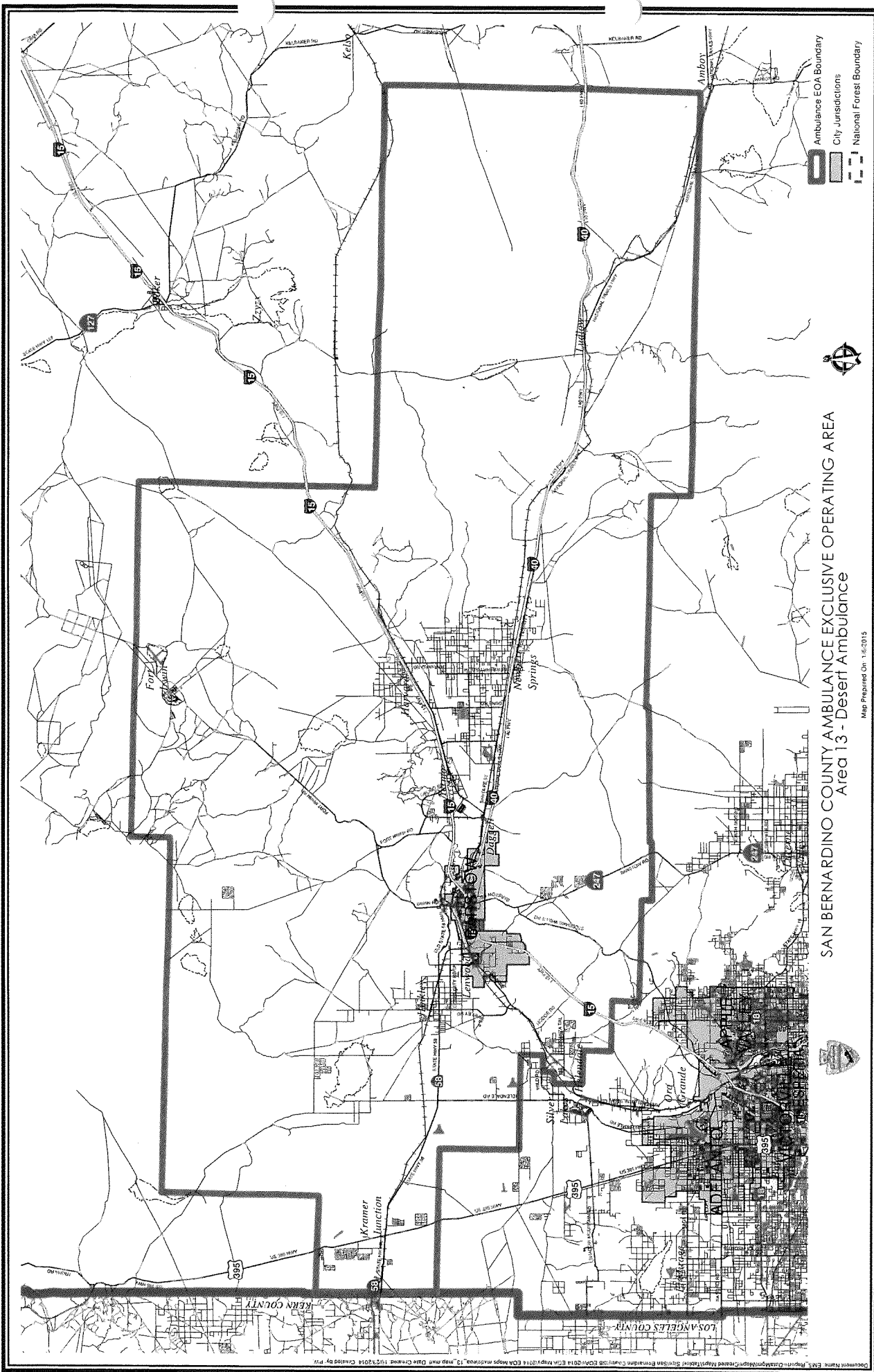


SAN BERNARDINO COUNTY AMBULANCE EXCLUSIVE OPERATING AREA
Area 12a - American Med. Response

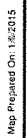
Ambulance EOA Boundary
City Jurisdictions
National Forest Boundary

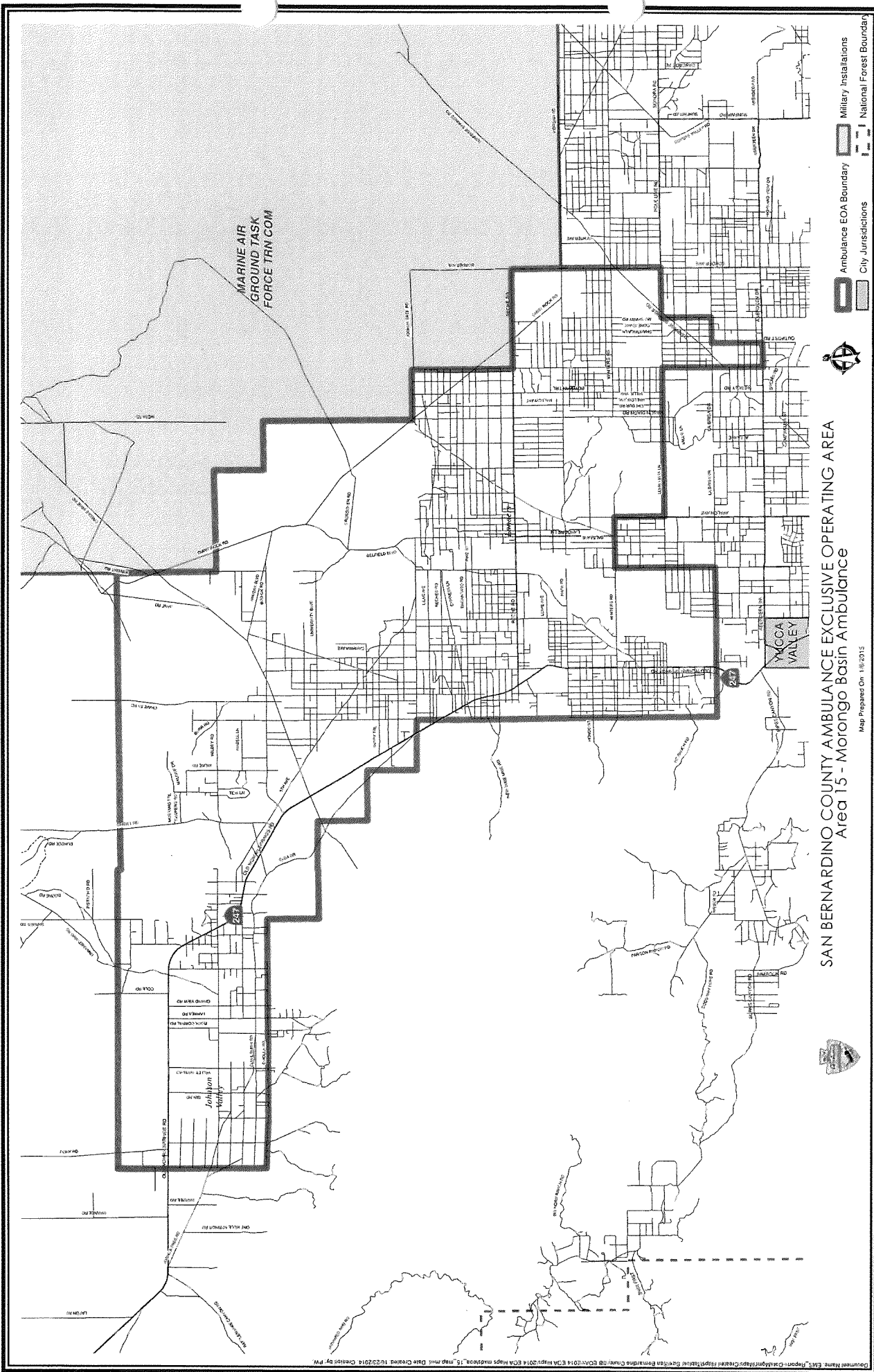


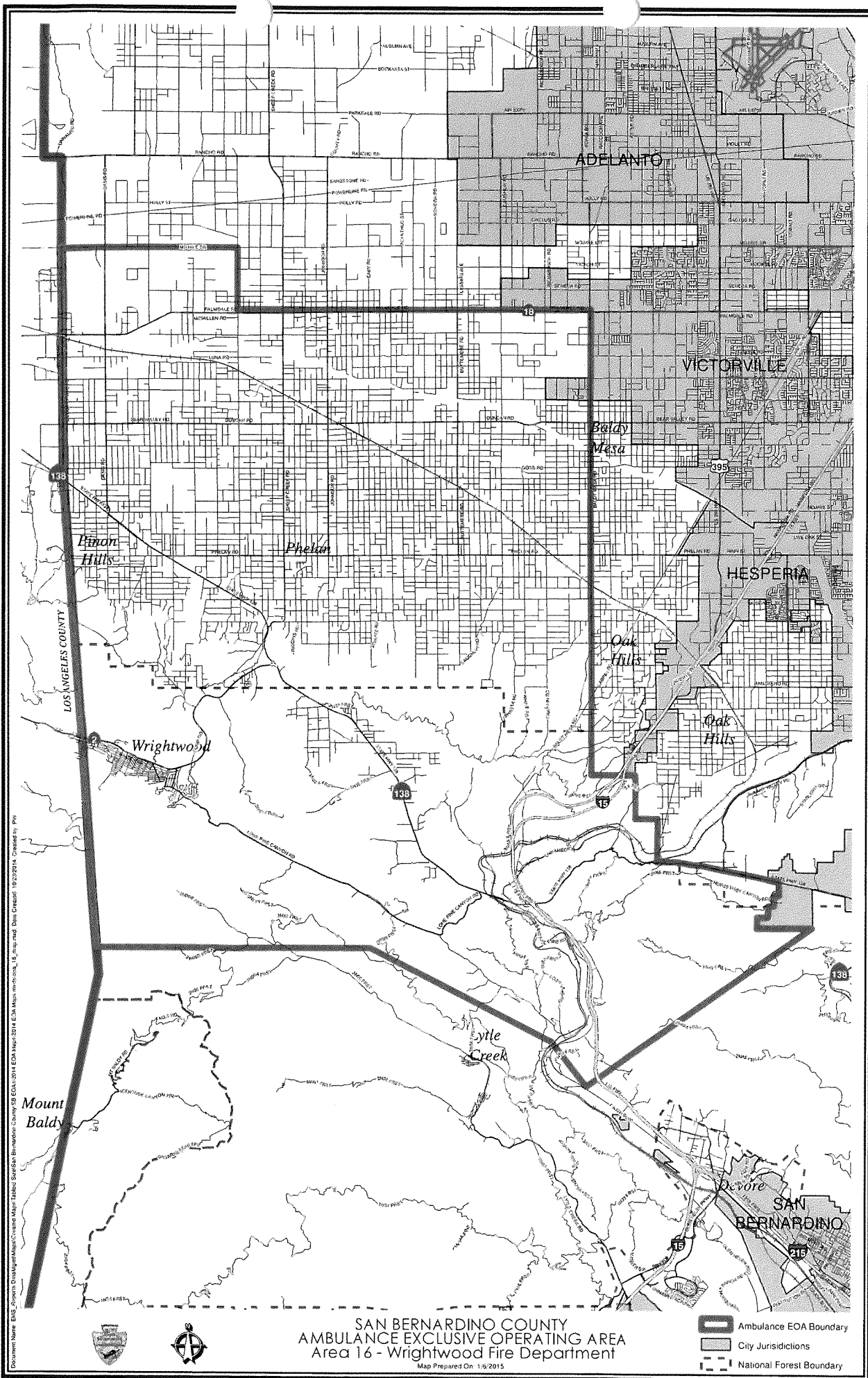
Map Prepared On: 1/15/2015

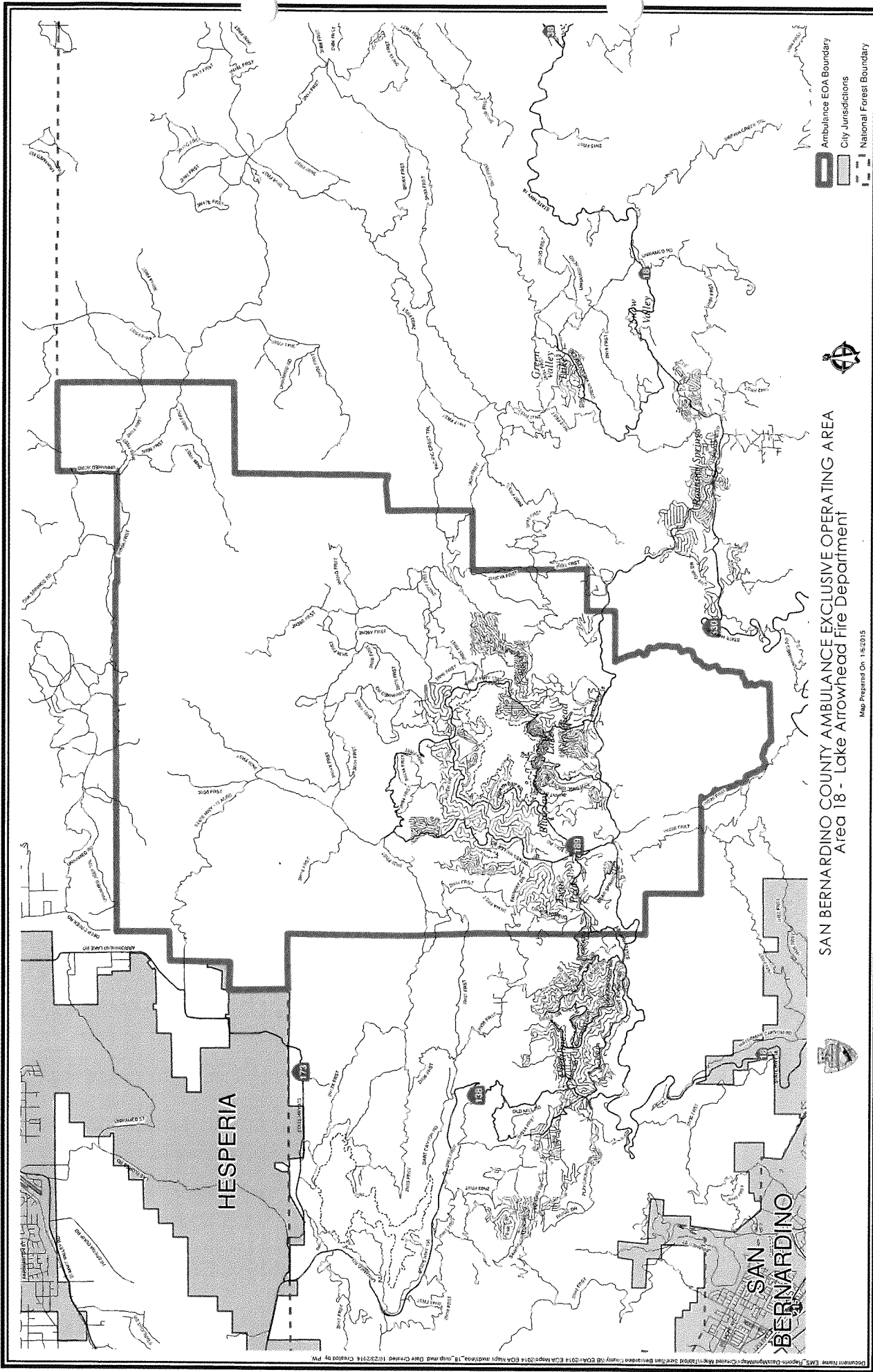


SAN BERNARDINO COUNTY AMBULANCE EXCLUSIVE OPERATING AREA
Area 13 - Desert Ambulance

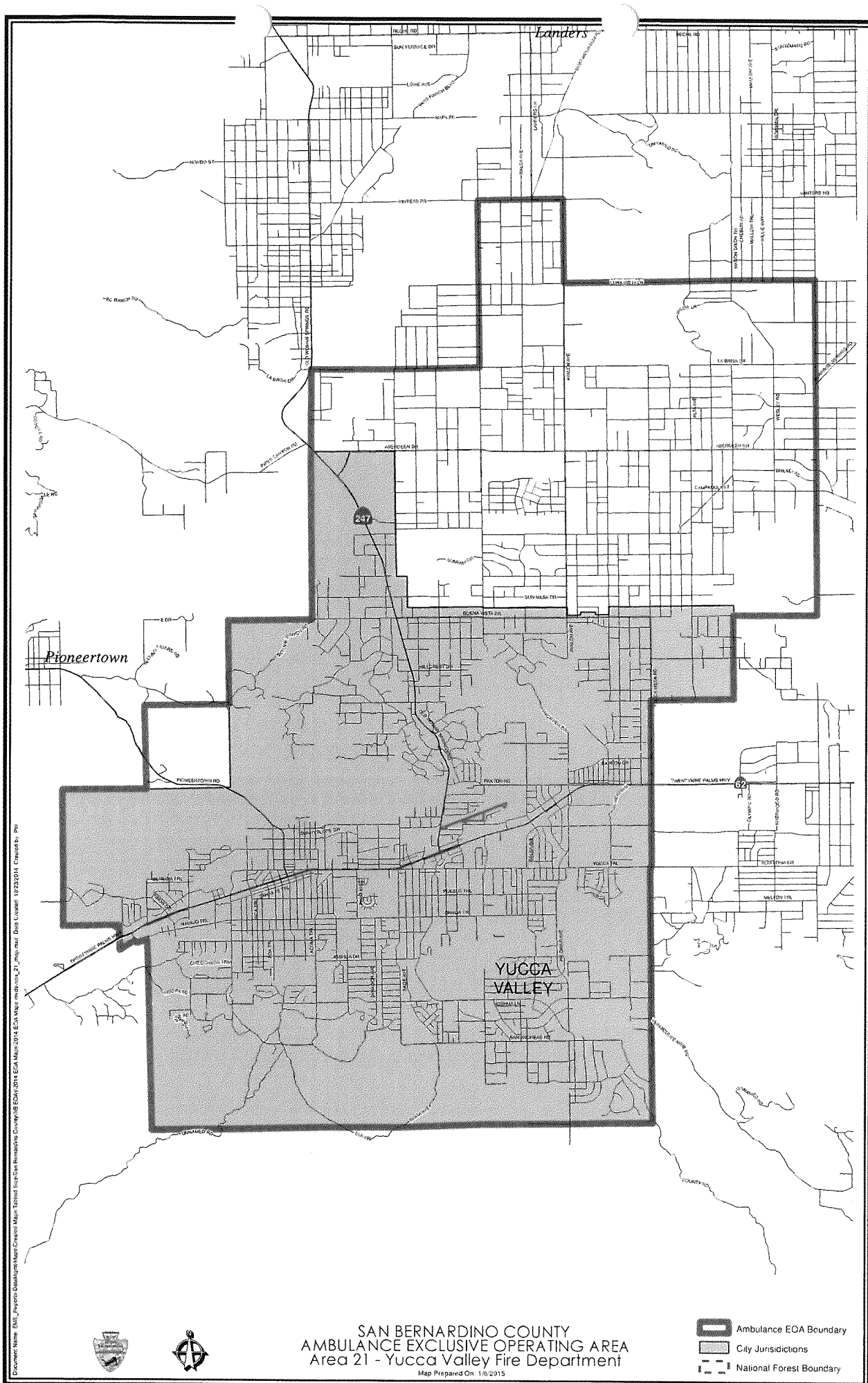






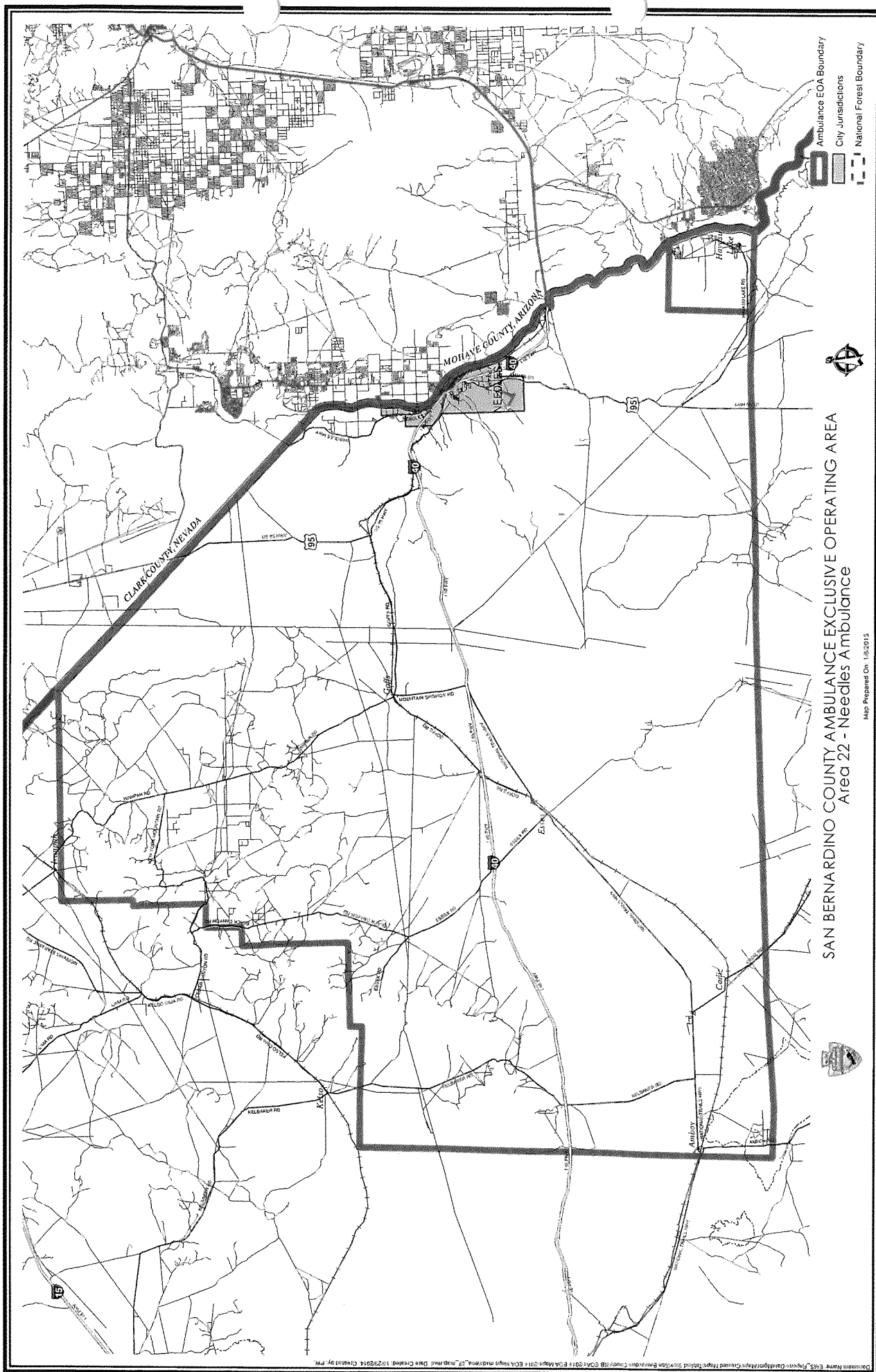


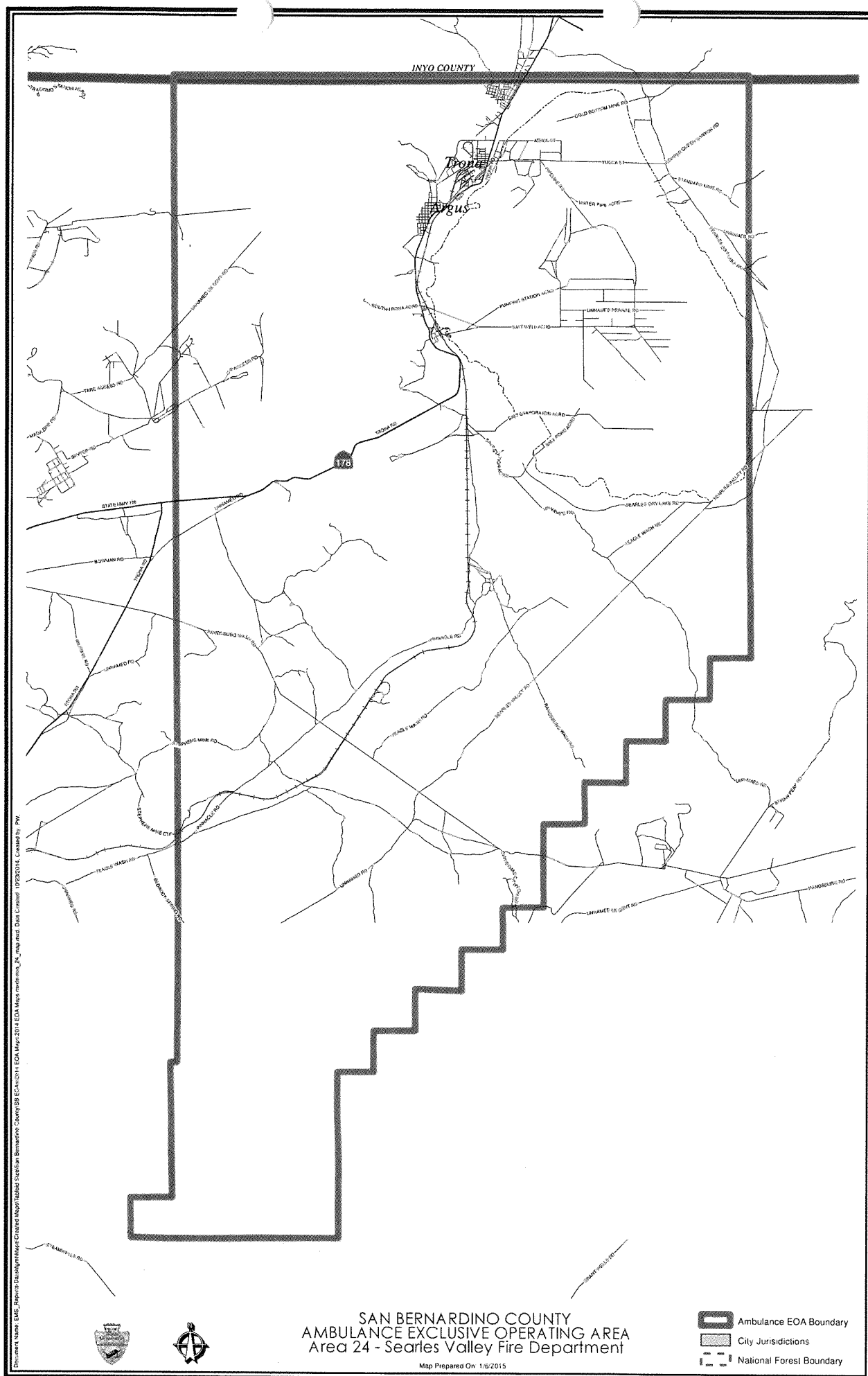
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SAN BERNARDINO COUNTY
 AMBULANCE EXCLUSIVE OPERATING AREA
 Area 21 - Yucca Valley Fire Department
 Map Prepared On: 1/8/2015

- Ambulance EOA Boundary
- City Jurisdictions
- National Forest Boundary





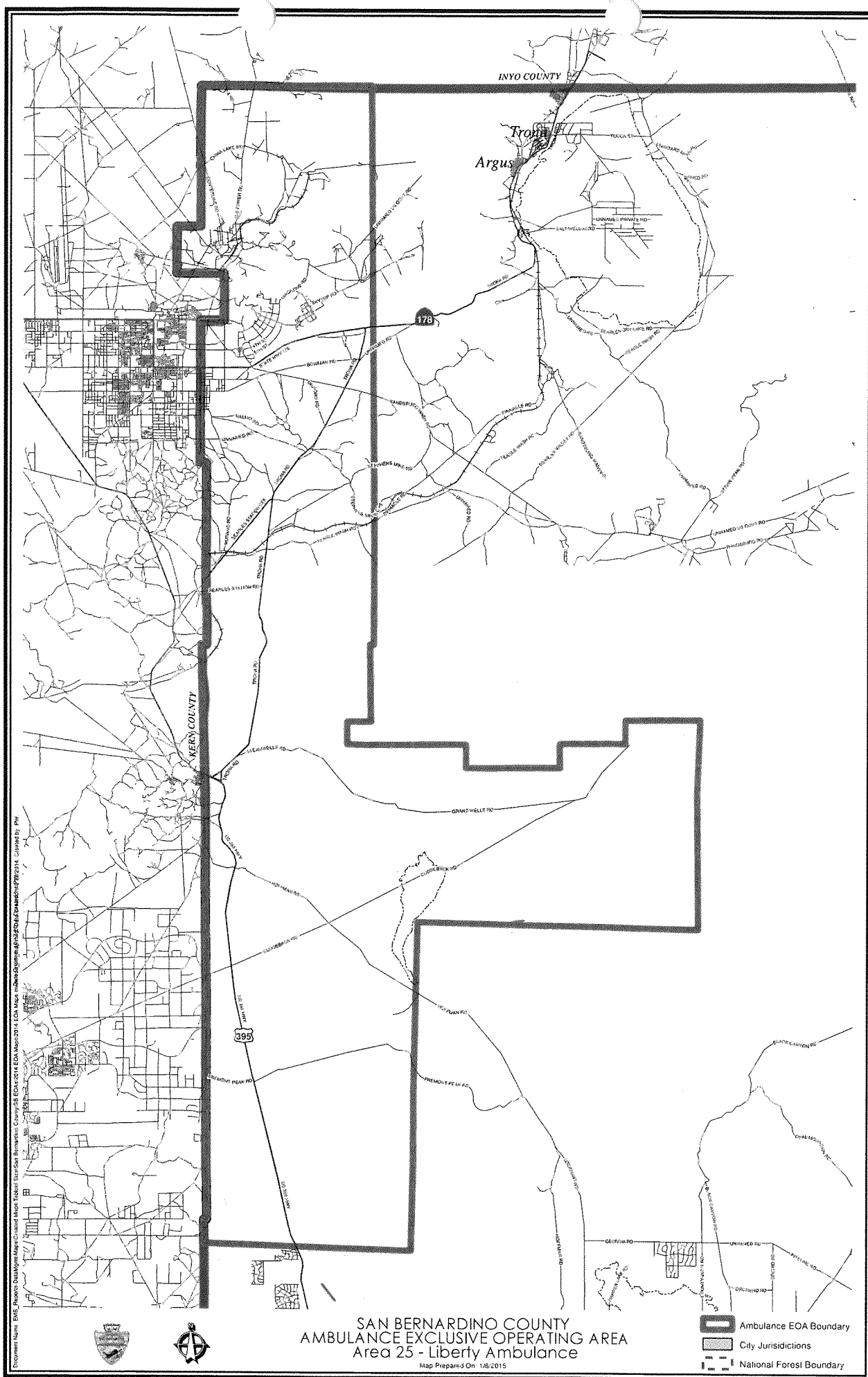


TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2013-14**

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

Name, address & telephone: Northern Inyo Hospital		Primary Contact: Lisa Erwin, RN, PLN	
150 Pioneer Lane, Bishop, CA. 93514		760-873-5811	
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	If Trauma Center what Level: **** _____

Name, address & telephone: Southern Inyo Hospital		Primary Contact: Colleen Wilson, RN, Nurse Manager	
501 E. Locust, Lone Pine, CA. 93546			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input 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	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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2013-14**

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

Name, address & telephone: Mammoth Hospital 85 Sierra Park, PO Box 660, Mammoth Lakes, CA. 93546		Primary Contact: Lori Baitx RN 760-934-3311	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input 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:**** _____	

*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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Arrowhead Regional Medical Center				Primary Contact: Joy Peters, RN, PLN	
400 North Pepper Avenue, Colton, CA 92324				909-580-1845	
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:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" 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>Level II</u>

Name, address & telephone: Chino Valley Medical Center				Primary Contact: James Johnson, RN, PLN	
5451 Walnut Avenue, Chino, CA. 91710				909-464-8966	
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:*	
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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Hi-Desert Medical Center 6601 White Feather Rd, Joshua Tree, CA. 92252				Primary Contact: Gina Campbell, RN, PLN 760-366-6712	
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: Loma Linda University Medical Center 11234 Anderson Street, Loma Linda, CA. 92354				Primary Contact: Shawn Reynolds, RN, PLN 909-558-8502	
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 checked="" type="checkbox"/> yes <input 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: **** Level I Adult Level I Pediatric	

*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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Redlands Community Hospital				Primary Contact: Sara Morning RN, PLN	
350 Terracina, Redlands, CA. 92373				909-335-5660	
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"/>	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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				Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: San Antonio Community Hospital				Primary Contact: Patty Eickholt, RN, PLN	
999 San Bernardino Road, Upland, CA. 91786				909-920-6260	
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"/>	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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				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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Barstow Community Hospital 820 E. Mountain View Street, Barstow, CA. 92311 Primary Contact: Joe Boone, ED Director 760-957-3012				
Written Contract <input type="checkbox"/> yes <input checked="" 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: Bear Valley Community Hospital 41870 Garstin Drive, Big Bear Lake, CA. 92315 Primary Contact: Kerri Jex, RN, Nurse Manager 909-878-8241				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Colorado River Medical Center				Primary Contact: Knaya Tabora, ED Manager	
1401 Bailey Avenue, Needles, CA. 92363				760-326-7241	
Written Contract <input type="checkbox"/> yes <input checked="" 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: Community Hospital of San Bernardino				Primary Contact: Carol Stiltner, RN, Nurse Manager	
1805 Medical Center Drive, San Bernardino, CA. 92411				909-806-6333 x2311	
Written Contract <input type="checkbox"/> yes <input checked="" 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 (PCCCC) 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Desert Valley Hospital				Primary Contact: Amy Pullen, ED Director	
16850 Bear Valley Road, Victorville, CA. 92392				760-241-8000 x8425	
Written Contract <input type="checkbox"/> yes <input checked="" 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:*	
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: Kaiser Permanente - Fontana Medical Center				Primary Contact: Michelle M. Ocon, ED Director	
9961 Sierra Avenue, Fontana, CA.92335				909-302-9182	
Written Contract <input type="checkbox"/> yes <input checked="" 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:*	
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 (PCCCC) 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Kaiser Permanente - Ontario Medical Center					Primary Contact: Marlene Lamberton, ED Director	
2295 South Vineyard Ave., Ontario, CA 91761					909-724-5821	
Written Contract <input type="checkbox"/> yes <input checked="" 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: Montclair Hospital Medical Center					Primary Contact: Christopher DeLaCruz, ED Director	
5000 San Bernardino Road, Montclair, CA. 91763					909-625-8250	
Written Contract <input type="checkbox"/> yes <input checked="" 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Mountains Community Hospital 29101 Hospital Road PO Box 70, Lake Arrowhead, CA. 92352				Primary Contact: Terry Montgomery, RN, Nurse Manager 909-336-3651 x3513	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input 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 (PCCCC) 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: St. Bernardine Medical Center					Primary Contact: Kari Gaston, ED Manager	
2101 N. Waterman Ave, San Bernardino, CA. 92406					909-881-7668	
Written Contract <input type="checkbox"/> yes <input checked="" 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:*		
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: St. Mary Medical Center					Primary Contact: Rick Smith, RN, Nurse Manager	
18300 Hwy 18, Apple Valley, CA. 92307					760-843-6269	
Written Contract <input type="checkbox"/> yes <input checked="" 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:*		
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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: VA Medical Center – Loma Linda				Primary Contact: Tawnia Lola, RN, Nurse Manager	
11201 Benton Street, Loma Linda, CA. 92357				909-825-7084 x2115	
Written Contract <input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/> no		Pediatric Critical Care Center:*	
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: Victor Valley Global Medical Center				Primary Contact: Rick Smith, ED Director	
15248 Eleventh Street, Victorville, CA. 92392				760-843-6269	
Written Contract <input type="checkbox"/> yes <input checked="" 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:*	
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 (PCCCC) 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 -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Barstow Community College	Contact Person	Telephone no.
Address	2700 Barstow Rd. Barstow 92311	Art Rodriguez	760-447-1876 (Desert Ambulance) 760-252-2411 x7223 (College)
Student Eligibility: *	Cost of Program Basic \$368 plus Books Refresher \$92 plus Book	**Program Level: EMT Number of students completing training per year: 45 Initial training: 44 Refresher: 1 Cont. Education N/A Expiration Date: 01/31/2017 Number of courses: Initial training: 2 per year Refresher: 2 per year Cont. Education: as needed	

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

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

Training Institution Name	Big Bear Fire Department	Contact Person	Telephone no.
Address	41090 Big Bear Blvd PO 100000 Big Bear Lake, CA 92315	Ryan Harold	909-866-7566
Student Eligibility: *	Cost of Program Basic \$ Refresher \$	**Program Level: EMT Number of students completing training per year: 0 Initial training: 0 Refresher: 0 Cont. Education 0 Expiration Date: 01/31/2018 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 0	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Chaffey Community College	Contact Person	Telephone no.
Address	5885 Haven Avenue Rancho Cucamonga, CA 91737	Timi Hayward	909-652-6844 or 909-652-6830
Student Eligibility: *	Cost of Program Basic \$46 per unit, x 7 units Refresher \$199	**Program Level: EMT Number of students completing training per year: 78 Initial training: 54 Refresher: 24 Cont. Education 0 Expiration Date: 08/31/2017	
Students must complete the prerequisite "First Responder" course (EMT 405) to be eligible for the EMT basic (EMT 410) course, and possess a current American Heart "Basic Life Support Heath Care Provider CPR" card. The prerequisite may be challenged with proof of knowledge and qualifications. For EMT refresher please check the Chaffey College Community Education Link for times and dates at Chaffey.edu Open to general public	Number of courses: 4 Initial training: 2 Refresher: 2 Cont. Education: 0		

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

** Indicate whether EMT, 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 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino Reporting Year: 2013-14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Copper Mountain College	Contact Person	Telephone no.
Address	P O Box 2062, 6162 Rotary Way Joshua Tree, CA 92252	Kathleen Wahl RN BS	760-366-3791 x0287
Student Eligibility: *	<p>Cost of Program</p> <p>Basic \$276 (6 units @\$46/ea)</p> <p>Refresher \$92 (2 units @\$46/ea)</p>	<p>**Program Level: EMT</p> <p>Number of students completing training per year: 67</p> <p>Initial training: 67</p> <p>Refresher: 0</p> <p>Cont. Education: 0</p> <p>Expiration Date: 01/31/2018</p> <p>Number of courses: 4</p> <p>Initial training: 4</p> <p>Refresher:</p> <p>Cont. Education: 0</p>	

Training Institution Name	Crafton Hills College	Contact Person	Telephone no.
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Gary Reese	909-389-3255
Student Eligibility: *	<p>Cost of Program</p> <p>Basic \$1,000 (approx) inc. state & county fees, background check, uniform, immunizations, Natl Reg process, books & tuition</p> <p>Refresher \$100</p>	<p>**Program Level: EMT</p> <p>Number of students completing training per year: 156</p> <p>Initial training: 136</p> <p>Refresher: 20</p> <p>Cont. Education: 0</p> <p>Expiration Date: 01/31/2017</p> <p>Number of courses: 9</p> <p>Initial training: 8</p> <p>Refresher: 1</p> <p>Cont. Education: 0</p>	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino Reporting Year: 2013-14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Crafton Hills College	Contact Person	Telephone no.
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Dan Word	909-389-3252
Student Eligibility: *	Cost of Program Basic \$36.00/unit @ 32 units Refresher N/A	**Program Level: MICN Number of students completing training per year: 53 Initial training: 53 Refresher: N/A Cont. Education N/A Expiration Date: 11/30/2016 Number of courses: 11 Initial training: 11 Refresher: N/A Cont. Education: N/A	

Training Institution Name	Crafton Hills College	Contact Person	Telephone no.
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Dan Word	909-389-3252
Student Eligibility: *	Cost of Program Basic \$36.00/unit @ 32 units Refresher N/A	**Program Level: EMT-P Number of students completing training per year: 51 Initial training: 35 Refresher: N/A Cont. Education 16 Expiration Date: 02/28/2016 Number of courses: 7 Initial training: 6 Refresher: N/A Cont. Education: 1	

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

**Indicate whether EMT, 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 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Montclair Fire Department DBA Fire Future	Contact Person	Telephone no.
Address	5436 Arrow Hwy, Suite A P O Box 68 Montclair, CA 91763	Ed Cook	909-203-2715
Student Eligibility: *	Cost of Program Basic \$850 Refresher \$ N/A	**Program Level: EMT Number of students completing training per year: 104 Initial training: 104 Refresher: 0 Cont. Education 0 Expiration Date: 05/31/2018 Number of courses: 4 Initial training: 4 Refresher: 0 Cont. Education: 0	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's			

Training Institution Name	Ontario Fire Department	Contact Person	Telephone no.
Address	425 East B Street Ontario, CA 91764	Pamela Martinez	909-395-2529
Student Eligibility: *	Cost of Program Basic \$0 Refresher \$0	**Program Level: EMT Number of students completing training per year: 2,112 Initial training: 0 Refresher: 0 Cont. Education 2,112 Expiration Date: 08/31/2017 Number of courses: 58 Initial training: 0 Refresher: 0 Cont. Education: 58	
Open to fire department district personnel only.			

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Rancho Cucamonga Fire District	Contact Person	Telephone no.
Address	10500 Civic Center Drive Rancho Cucamonga, CA 91730	Sandy Carnes	909-477-2700 ext 3017
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: 109 Initial training: 0 Refresher: 12 Cont. Education 97 Expiration Date: 08/31/2015 Number of courses: 1 Initial training: 0 Refresher: 0 Cont. Education: 1	
Open to fire district personnel only.	Basic \$0		
	Refresher \$0		

Training Institution Name	Redlands Fire Dept	Contact Person	Telephone no.
Address	35 Cajon Blvd. Redlands, 92373	Terry Welsh	909-798-7690
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 02/28/2014 (approval in process) Number of courses: Initial training: Refresher: Cont. Education:	
Open to fire department personnel only.	Basic \$0		
	Refresher \$0		

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

**Indicate whether EMT, 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 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Rialto Fire Department	Contact Person	Telephone no.
Address	131 S. Willow Rialto, CA 92376	Joe Powell	909-820-2657 (office) 909-800-0775 (cell)
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: 115 Initial training: 0 Refresher: 25 every two years Cont. Education approx. 90 Expiration Date: 4/30/2015 Number of courses: 31 Initial training: 0 Refresher: 1 every two years Cont. Education: 25-30	
Open to fire department personnel only, except for CE's	Basic \$0 Refresher \$0		
Training Institution Name	Running Springs Fire Department	Contact Person	Telephone no.
Address	31250 Hilltop Blvd. PO Box 2206 Running Springs CA. 92382	Cindy Strebel	909- 867-2630
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: 30 Initial training: 0 Refresher: 0 Cont. Education: 30 Expiration Date: 01/31/2016 Number of courses: 10 Initial training: 0 Refresher: 0 Cont. Education: 10	
Open to general public. 18 y/o for EMT, refresher and CE students must be 18 y/o	Basic \$ Class Materials Refresher \$ Class Materials		

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	San Bernardino County Fire Protection District	Contact Person	Telephone no.
Address	EMS Training & Safety Div. 2824 W Street, Bldg. 302 San Bernardino, CA 92408	John Commander EMS Training Officer	909-382-5405
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: 2,433 Initial training: 15 Refresher: 3 Cont. Education: 2,415 Expiration Date: 07/31/2016 Number of courses: 316 Initial training: 1 Refresher: 1 Cont. Education: 314	
Open to fire department personnel only.	Basic \$150 Refresher \$ 25		

Training Institution Name	San Bernardino County Sheriff	Contact Person	Telephone no.
Address	Emergency Operations 655 E. Third Street San Bernardino, CA 92415	BJ Whiteside	909-387-0461
Student Eligibility: *	Cost of Program	**Program Level: AEMT Number of students completing training per year: 64 Initial training: 5 Refresher: 6 Cont. Education: 58 (all levels) Expiration Date: 01/31/2015 Number of courses: 15 Initial training: 1 Refresher: 0 Cont. Education: 14 (all levels)	
Restricted to employees and volunteers of the SB Co. Sheriff's Department	Basic: \$75.00 Refresher: <u>Has not been determined yet.</u>		

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

**Indicate whether EMT, 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 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Upland Fire Department	Contact Person	Telephone no.
Address	475 N. 2 nd Avenue Upland, CA 91786	Stephanie Rasmussen	909-931-4180
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: 13 Initial training: 0 Refresher: 0 Cont. Education 13 Expiration Date: 03/31/2015 Number of courses: 30 Initial training: 0 Refresher: 0 Cont. Education: 30	
Open to fire department personnel only.	Basic \$0		
	Refresher \$0		
Training Institution Name	US Forest Service SOCAL EMT Training	Contact Person	Telephone no.
Address	9966 Cordon Court Alta Loma, CA 91701	Robert Ethridge	626-261-3857
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: 46 Initial training: 29 Refresher: 17 Cont. Education 0 Expiration Date: 08/31/2014 Number of courses: 5 Initial training: 2 Refresher: 3 Cont. Education: 0	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's.	Basic \$		
	Refresher \$		

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

**Indicate whether EMT, 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 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Victor Valley College	Contact Person	Telephone no.
Address	18422 Bear Valley Road Victorville, CA 92395-5850	David Oleson, Program Director	760-245-4271 x3100
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: 411 Initial training: 211 Refresher: 200 Cont. Education varies Expiration Date: 12/31/2015 Number of courses: 12 Initial training: 9 Refresher: 3 Cont. Education: varies	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's.	Basic approx. \$414 Refresher approx. \$50-70		

Training Institution Name	Victor Valley College	Contact Person	Telephone no.
Address	18422 Bear Valley Road Victorville, CA 92395-5850	David Oleson, Program Director	760-245-4271 x3100
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-P</u> Number of students completing training per year: 50 Initial training: 50 Refresher: N/A Cont. Education varies Expiration Date: 10/31/2016 Number of courses: 13 Initial training: 2 per year Refresher: 9 Cont. Education: N/A	
Current EMT certification. Documented experience (see website for listed prerequisites www.vvc.edu/academic/paramedic	Basic approx. \$5,000-7000 Refresher N/A		

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2013-14**

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Lone Pine Unified School District	Contact Person	Telephone no.
Address	Box 1007 Lone Pine, CA 93549	LeRoy Kritz	760-876-4626
Student Eligibility: *	Cost of Program	*Program Level: EMT & AEMT Number of students completing training per year: 10 Initial training: 1 Refresher: 0 Cont. Education 10 Expiration Date: 01/31/16 & 04/30/15 Number of courses: 1 Initial training: 1 Refresher: 0 Cont. Education: continuously	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic \$110 Refresher \$110		
Training Institution Name	Southern Inyo Fire Prot District	Contact Person	Telephone no.
Address	PO Box 51 Tecopa, CA 92389	Carl Dennett	760-852-4130
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: 8 Initial training: 8 Refresher: 0 Cont. Education 0 Expiration Date: 05/31/2018 Number of courses: 2 Initial training: 2 Refresher: 0 Cont. Education: 0	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic \$ Cost of text Refresher \$		

*Note: 20 Students started the class with 10 finishing, only 1 took National Registry and passed, others have not taken the test

** Note: 20 Students started the class With 8 finishing, students have yet to Take National Registry

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2013-14**

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

Name, address & telephone: Mono County Sheriff Communications 100 Bryan St. Bridgeport		Primary Contact: Sgt. Shawn Minder 760-932-7549 x7	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership: X Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> city; X county ; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal X Law <input type="checkbox"/> Other explain: _____		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2013-14**

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

Name, address & telephone: Bishop Police Department 207 W. Line St. Bishop		Primary Contact: Jessica Scida/Pam Galvin 760-873-5866	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" 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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2013-14**

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

Name, address & telephone: Inyo County Sheriff Communications 550 Clay St. Independence		Primary Contact: Lt. Andrew Marsh 760-878-0383	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Desert Ambulance 831 West Main St., Barstow, CA 92311-2698		Primary Contact: Art Rodriguez 760-256-6854	
Written Contract: x yes <input type="checkbox"/> no	Medical Director: X yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: USFS Communications 1824 S. Commerce Center Circle San Bernardino 92408				Primary Contact: 909-383-5654	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Forestry		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2013-14**

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

Name, address & telephone: San Bernardino City Communications 200 East Third St San Bernardino Primary Contact: Nathan Cooke, Interim Dispatch Manager 909-884-7630			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: XXX EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:		
If public: X 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: San Bernardino County Communications 1743 Miro Way Rialto 92376		Primary Contact: Mike Bell, Director 909-356-3805	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: XXXX EMD Training _____ EMT-D _____ ALS _____ _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: JPA		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

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

Name, address & telephone: Ontario Comm 425 East "B" St. Ontario 91764		Primary Contact: Liz Zazueta, Supervisor 909-986-6711	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Law <input type="checkbox"/> Fire <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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino Reporting Year: 2013-14

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

Name, address & telephone: Morongo Basin Ambulance 6335 Park Blvd Joshua Tree 92252-0460		Primary Contact: Ramon Lomeli 760-366-8474 ext 5	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: CalFire 3800 Sierra Way, San Bernardino 92405		Primary Contact: Mike Sweeney 909-881-6916	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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 checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2013-14**

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

Name, address & telephone: Marine Corp. Logistics Base (MCLB) PO Box 110500 Barstow, CA 92311-5013				Primary Contact: 760-577-6666	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		X Day-to-day X Disaster	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private				Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____	
		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Military Base		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Fort Irwin Building 326, Barstow Rd, Ft. Irwin, 92310		Primary Contact: Ron Silveira	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Military Base		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: Barstow Police Department Communications 220 East Mountain View St., Barstow, CA 92311		Primary Contact: Marilyn Maestas 760-256-2211	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: XXX EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input checked="" 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	

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2013-14**

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

Name, address & telephone: American Medical Response 7925 Center St. Rancho Cucamonga 91729		Primary Contact: Chris Valentin 800-477-5042 or 909-841-2354 (cell)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: XXX EMD Training EMT-D ALS BLS LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		

TABLE 11: DISPATCH AGENCY

County: San Bernardino

Reporting Year: 2013-14

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

American Medical Response		Chris Valentin	
Name:	Primary Contact:		
Address:	7925 Center Street		
	Rancho Cucamonga 91729		
Telephone Number:	909-477-5000		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Disaster	✓ EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
			BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other <input type="checkbox"/>
Ownership:	If Public:	If Public:	If Public:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Explain: _____			

Barstow Police Department Communications		Marilyn Maestas	
Name:	Primary Contact:		
Address:	220 East Mountain View St.,		
	Barstow, CA 92311		
Telephone Number:	760-255-5111		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓ Disaster	EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
			BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other <input type="checkbox"/>
Ownership:	If Public:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Explain: _____			

TABLE 11: DISPATCH AGENCY

County: San Bernardino County _____

Reporting Year: 2013-14

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

Ft. Irwin		Ron Silveira	
Name:	Primary Contact:		
Address:	Building 326		
Telephone Number:	Ft. Irwin, 92310		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other	
Ownership:	If Public:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	
Explain: Military			

Marine Corp. Logistics Base		Primary Contact:	
Name:	PO Box 110500		
Address:	Barstow, CA 92311-5013		
Telephone Number:	760-577-6666		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other	
Ownership:	If Public:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	
Explain: Military			

TABLE 11: DISPATCH AGENCY

County: San Bernardino County _____

Reporting Year: 2013-14

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

California Department of Forestry		Chief Sweeney	
Name:	_____	Primary Contact:	_____
Address:	3800 Sierra Way		
	San Bernardino CA 92405		
Telephone Number:	909-881-6916		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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 checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Morongo Basin Ambulance		Ramon Lomeli	
Name:	_____	Primary Contact:	_____
Address:	6335 Park Blvd.		
	Joshua Tree, CA 92252-0460		
Telephone Number:	760-366-8474 ext 5		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: _____ 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 11: DISPATCH AGENCY

County: San Bernardino County _____

Reporting Year: 2013-14

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

Ontario Communications		Primary Contact:
Name:		
Address:	425 "B" Street	
	Ontario, CA 91764	
Telephone Number:	909-391-0689	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	Explain:	

San Bernardino County Communications		Primary Contact:
Name:		Mike Bell
Address:	1743 Miro Way	
	Rialto, CA 92376	
Telephone Number:	909-956-3805	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	Explain:	

TABLE 11: DISPATCH AGENCY

County: San Bernardino County _____

Reporting Year: 2013-14

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

San Bernardino City Communications		Mona Boyce	
Name:	Primary Contact:		
Address:	710 North "D" Street		
	San Bernardino City, CA		
Telephone Number:	909-884-7248		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day	
		<input checked="" type="checkbox"/> Disaster	
Ownership:	If Public:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input type="checkbox"/> Law	EMD Training _____ EMT-D _____ ALS	
	<input type="checkbox"/> Other	BLS _____ LALS _____ Other _____	
	Explain:		

USFS Communications			
Name:	Primary Contact:		
Address:	1824 South Commerce Center Circle		
	San Bernardino, CA 92408		
Telephone Number:	909-383-5654		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day	
		<input checked="" type="checkbox"/> Disaster	
Ownership:	If Public:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input type="checkbox"/> Law	EMD Training _____ EMT-D _____ ALS	
	<input checked="" type="checkbox"/> Other	BLS _____ LALS _____ Other _____	
	Explain: State Forestry		

TABLE 11: DISPATCH AGENCY

County: San Bernardino County _____

Reporting Year: 2013-14

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

Desert Ambulance		Primary Contact:	
Name:	831 West Main Street		
Address:	Barstow, CA 92311-2698		
Telephone Number:	760-256-6854		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: _____ 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	

		Primary Contact:	
Name:			
Address:			
Telephone Number:			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____	
Ownership: <input type="checkbox"/> Public <input 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 11: DISPATCH AGENCY

County: Inyo County _____ Reporting Year: 2013-14

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

Inyo County Sheriff Communications	
Name:	Primary Contact:
Address:	
Telephone Number:	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Day-to-Day <input checked="" type="checkbox"/> Disaster
	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:
	Number of Personnel Providing Services: <div> <div> <div>EMD Training</div> <div>EMT-D</div> <div>ALS</div> </div> <div> <div>BLS</div> <div>LALS</div> <div>Other</div> </div> </div>
	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Bishop Police Department	
Name:	Primary Contact:
Address:	
Telephone Number:	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Day-to-Day <input checked="" type="checkbox"/> Disaster
	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:
	Number of Personnel Providing Services: <div> <div> <div>EMD Training</div> <div>EMT-D</div> <div>ALS</div> </div> <div> <div>BLS</div> <div>LALS</div> <div>Other</div> </div> </div>
	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: DISPATCH AGENCY

County: Mono County _____ **Reporting Year:** 2013-14

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

Mono County Sheriff Communications		Lt. Dave O'Hara	
Name:	Primary Contact:		
Address:	100 Bryan Street		
	Bridgeport, CA		
Telephone Number:	760-932-7549 Ext 7		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Other	
		Explain: _____	

		Primary Contact:	
Name:			
Address:			
Telephone Number:			
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day <input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	If Public:
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Other	
		Explain: _____	