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
- 2009
- 2006
- 2010
- 2007

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

Mr. Tom Lynch, EMS Administrator May 12, 2017 Page 2 of 3

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:

Appr	oved	Not Approved	
A.			System Organization and Management
B.	\boxtimes		Staffing/Training
C.	\boxtimes		Communications
D.	\boxtimes		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.	\boxtimes		Facilities/Critical Care
F.	\boxtimes		Data Collection/System Evaluation
G.	\boxtimes		Public Information and Education
Н.	\boxtimes		Disaster Medical Response
	*		

IV. Conclusion:

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

Mr. Tom Lynch, EMS Administrator May 12, 2017 Page 3 of 3

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,

Howard Backer, MD, MPH, FACEP

Director

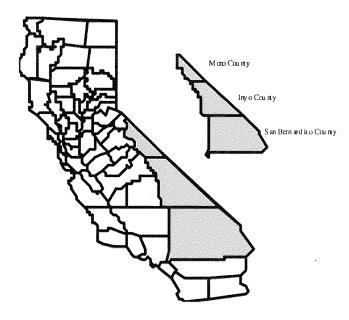
Enclosure

ZONE			EXCLUSIVITY	F	TYPE	- 5			LEVEL	百			
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	r∀rs ∀rs	All Emergency Ambulance Services	9-1-1 Emergency	7-digit Emergency Response ALS Ambulance	esnicial ATO IIA	BLS Non-Emergency	Standby Service with Transport Authorization	eonsludmA viA IIA	Emergency Air Ambulance
Inyo County													
EOA #1		×	Competitive	×			×			×	×		
EOA #2		×	Non-Competitive	×	<u> </u>		×						
EOA #3		×	Non-Competitive	×			×						
OA #4	×												
OA #5	×												
OA #6	×												
OA #7	×				<u>.</u>								
OA #8			Exempt										
EOA #9		×	Non-Competitive	×			×						
Mono County													
EOA #1		×	Non-Competitive	×			×	×		×			
EOA #2		×	Non-Competitive	×			×	×		×			
EOA #3		×	Non-Competitive	×			×	×		×			
EOA #4		×	Non-Competitive	×			×	×		×			
San Bernardino County													
EOA #1		×	Non-Competitive	×			×	×		×			
EOA #2		×	Non-Competitive	×			×	×		×			
EOA #3		×	Non-Competitive	×			×	×		×			
EOA #4		×	Non-Competitive	×			×	×		×			
EOA #5		×	Non-Competitive	×			×	×		×			
EOA #6		×	Non-Competitive	×			×	×		×			
EOA #7		×	Non-Competitive	×			×	×		×			
EOA #8		×	Non-Competitive	×			×	×		×			
EOA #9		X	Non-Competitive	×			×	×		×			
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Exclusive Non-Competitive of the propertitive of the propertiti	ZONE			EXCLUSIVITY	TYPE		1	LEVEI				
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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)

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agen	cy Administration:				l .	
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			,
1.03	Public Input		X			
1.04	Medical Director		X	X		
Planr	ning Activities:			1		
1.05	System Plan		X			
1.06	Annual Plan Update		Х			
1.07	Trauma Planning*		Х	×		
1.08	ALS Planning*		Х			
1.09	Inventory of Resources		×			
1.10	Special Populations		X			
1.11	System Participants		×	X		
Regu	latory Activities:					
1.12	Review & Monitoring		×			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		×			
Syste	em Finances:					
1.16	Funding Mechanism		X			
Medi	cal Direction:					
1.17	Medical Direction*	-	X			
1.18	QA/QI		Х	X		
1.19	Policies, Procedures, Protocols		Х	X		

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		×			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		Х			
1.23	Interfacility Transfer		X			
Enha	nced Level: Advanced I	_ife Support	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enha	nced Level: Trauma Ca	re S ystem:				
1.26	Trauma System Plan		X			
Enha	nced Level: Pediatric E	mer gency M edi	cal and Critic	al Care System:		
1.27	Pediatric System Plan		X			
Enha	nced Level: Exclusive C	perating Areas	:	•		
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local	EMS Agency:	1				L
2.01	Assessment of Needs		X			
2.02	Approval of Training	·	×			
2.03	Personnel		X			
Dispa	ntchers:					
2.04	Dispatch Training		X			
First	Responders (non-ti	ransporting):				
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		Х			
Trans	sporting Personnel	:				
2.08	EMT-I Training		X	X		
Hosp	ital:					
2.09	CPR Training		X			
2.10	Advanced Life Support		Х			
Enha	nced Level: Advan	ced Life Support:				
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X	N.		
2.13	Base Hospital Personnel		X		·	

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Comr	munications Equipme	ent:	200 200 200 200 200 200 200 200 200 200			1
3.01	Communication Plan*		×	X		
3.02	Radios		Х			
3.03	Interfacility Transfer*		×			· · · · · · · · · · · · · · · · · · ·
3.04	Dispatch Center		Х			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Publi	c Access:					
3.07	9-1-1 Planning/ Coordination		×			
3.08	9-1-1 Public Education		×		·	
Reso	urce Management:					
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:					<u> </u>
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	×		
4.06	Staffing		X			
4.07	First Responder Agencies		X		V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
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			
Enha	nced Level: Advanced	d Life Support:				
4.16	ALS Staffing		X	×		
4.17	ALS Equipment		X			
Enha	nced Level: Ambulan	ce Regulation:				
4.18	Compliance		X			
Enha	nced Level: Exclusive	Operating Perr	nits:			
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		Х			
4.22	Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	ersal Level:			escar escape escape	L	
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			
Enha	nced Level: Advan	ced Life Support	1			
5.07	Base Hospital Designation*		×			
Enha	nced Level: Traum	a Care System:			Single Control of the	
5.08	Trauma System Design		×			
5.09	Public Input		X			
Enha	nced Level: Pediati	ric Emergency M	edical and Cr	itical Care System	•	I
5.10	Pediatric System Design		×			
5.11	Emergency Departments		X			
5.12	Public Input		Х			
Enha	nced Level: Other	Specialty Care Sy	ystems:			
5.13	Specialty System Design		X		escontie	
5.14	Public Input		Χ			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	ersal Level:					•
6.01	QA/QI Program		Χ	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			×
6.04	Medical Dispatch	·	Χ			
6.05	Data Management System*		Х			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		Χ			- :
Enha	nced Level: Advance	d Life Support	:			
6.09	ALS Audit		X			
Enha	nced Level: Trauma (Care System:				70
6.10	Trauma System Evaluation		×			
6.11	Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

Syst EMS Repo	BLE 2: SYSTEM RESURCES AND OPLEM Organization and Management S System: Inland Counties Emergency Meditaring Year: 2013-14 TE: Number (1) below is to be completed for each	ical Agency (ICE)		'able 2 refers to	a angh
	agency.			able 2 folols to	Cacii
1.	Percentage of population served by each level (Identify for the maximum level of service off	of care by county: ered; the total of a	b, and c s	hould equal 10	0%.)
	A.Basic Life Support (BLS) B.Limited Advanced Life Support (LALS) C.Advanced Life Support (ALS)	San Bernardino 7% 3% 90%	Inyo 60% 10% 30%	Mono 30% 70%	
	LALS is provided at this time by a limited real There are plans to extend the program to act the future.	number of SB Cou dditional SB Cour	inty Sheri ity, Inyo,	ff's Search an and Mono pro	d Rescue. viders in
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 activitie a - Public Health Officer b- Health Services Agency Director/Administr c - Board of Directors d - Other:		cy reports	to .	

3.	The person responsible for day-to-day activities of the EMS agency report a - Public Health Officer	rts to		
	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
	X
Operation of oversight of EMS dispatch center	
	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
	\$ 00 2 ,510
Operations (e.g. copying, postage, facilities)	\$1,314,860
Travel	\$41,493
Fixed Assets	\$49,439
Indirect expenses (overhead)	\$0
Ambulance subsidy	\$0
EMC From A manufacture and the subscription of the subscription	
EMS Fund payments to physicians/hospital\$	· · · · · · · · · · · · · · · · · · ·
Dispatch center operations (non-staff)	\$0
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Training program operations	\$0
Other: Contribution to local Hospital	\$267,868
Other: Transfers to other County Departments	\$110,000
Other: Transfers to Fire Departments for System Enhancement (this FY only)	\$100,000
TOTAL EXPENSES	<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
TOTAL REVENUE	\$3,838,562
TRUST FUND BALANCES	
Performance Based Contracts Liquidated Damages	\$632,778
Pediatric Trauma	\$1,160,752
H1N	\$24,070
TOTAL TRUST FUND BALANCE	<u>\$1,817,600</u>

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 care	d (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:

- o The ICEMA staff analyst was replaced.
- O An administrative financial audit occurred, providing a roadmap for improvements.
- o Implemented improved audit controls.
- o Reviewed and reassigned ICEMA staff responsibilities to improve efficiencies and distribute the workload over current staff.
- o 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

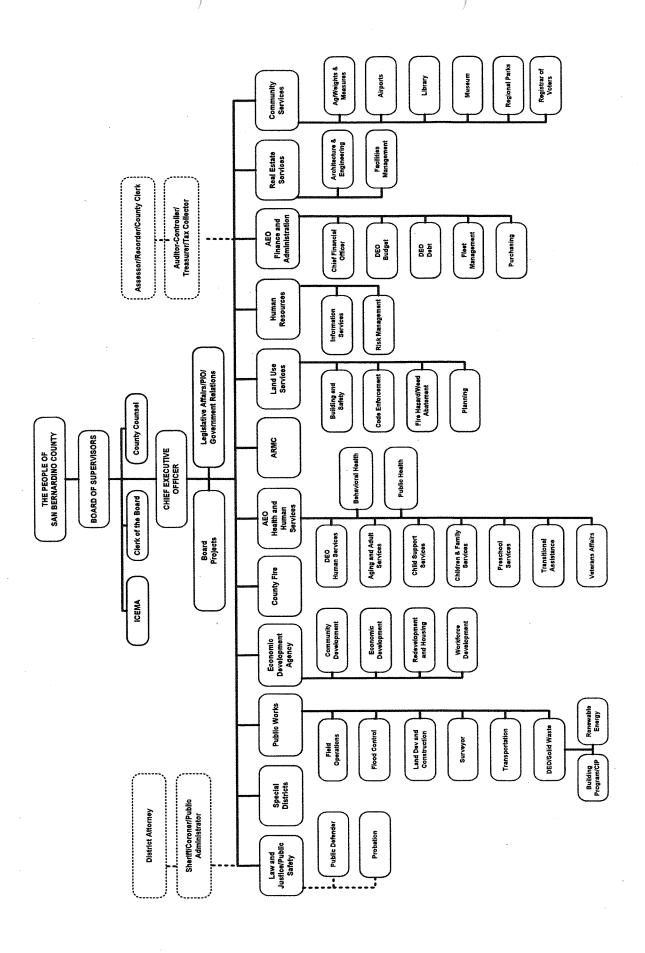
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Contract EMS Administrator		\$95.70	32.1%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Asst. Admin	—	\$67.67	30.8%	
ALS Coord./Field Coord./ Training Coordinator	Contract EMS Nurse	П	\$64.77	22.5%	
Program Coordinator/ Field Liaison (Non-clinical)	Program Coordinator	_	\$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	—	\$66.97	25.1%	
Disaster Medical Planner	Medical Emergency Planning Specialist	-	\$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		\$43.12	33.0%	
QA/QI Coordinator	EMS Nurse		\$53.40	30.8%	
Public Info. & Education Coordinator	Nurse Educator		\$61.20	28.1%	
Secretary	Secretary I	_	\$31.13	33.8%	
Data Entry Clerk	Office Assistant III	ĸ	\$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.



Specialty Care Nurse 84601 Christine Yoshida-McMath COUNTY EXECUTIVE EMS Nurse 10490 Sherri Shimshy EMS Specialist 10491 EMS Specialist 10925 Paul Easterling Pre-Hospital And Specialty Care Hospitals MEDICAL CONTROL John Mueller PSE 83385 VACANT OFFICE EMS Nurse 84798 VACANT PSE 83384 VACANT ICEMA Medical Director Reza Vaezazizi, M.D. HPP Training Specialist VACANT EMS Nurse Educator 81174 Preparedness Programs Medical Disaster ICEMA GOVERNING BOARD Jerry Nevarez Dora Mejia MEPS 07249 **EXECUTIVE DIRECTOR** Virginia Hastings EMS Nurse Specialist - 85780 Ron Holk Statistical Analyst 84213 James Martinez Statistical Analyst 84213 Evangelista Assistant EMS Administrator Moises Denice Wicker-Stiles EMS Information Systems Contract Project Consultant Mark Roberts Program Coordinator 79922 George Stone Performance Based Contracts/Transportation Secretary I 10487 Jacquie Martin Staff Analyst II 79686 May Wang MONO COUNTY EMCC - NINYO COUNTY EMCC SAN BERNARDINO COUNTY EMCC ICEMA ORGANIZATIONAL Mary Anne Emanuel Office Assistant III Office Assistant III Office Assistant III Office Assistant III 11045 Sherry Hansen Office Assistant II 10488 Kathy Warlick Fiscal Assistant 74113 Mary Barrett Staff Analyst II 14458 2011-12 Julie Avalos Julie Macias CHART Ed Segura 10489 11044 SAN BERNARDINO BOARD OF SUPERVISORS INYO COUNTY BOARD OF SUPERVISORS Admin Support Unit MONO COUNTY BOARD OF SUPERVISORS

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS 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 resultin	g 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:

2. Early defibrillation:

a) Number of EMT = (defib) certified

b) Number of public safety (defib) certified (non-EMT)

3. Do you have a first responder training program

ALL

1

UNKNOWN

⊠ yes □

EM Co	IS System unty:	SYSTEM RESOURCES AND OPERATIONS - Communication m: Inland Counties Emergency Medical Agency (ICEMA San Bernardino Year: 2013-14	S	
No	te: Tabl	e 4 is to be answered for each county.		
1.	Nun	nber of primary Public Service Answering Points (PSAP)	21	
2.	Nun	nber of secondary PSAPs	2	
3.	Nun	nber of dispatch centers directly dispatching ambulances	. 5	
4.	Nun	nber of designated dispatch centers for EMS Aircraft	1	
5.	Dog	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 of Yes	communications systen	'nʻ
	d.	Do you participate in OASIS? Yes		
	e.	Do you have a plan to utilize RACES as a back-up communication	ı 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
- Who is your primary dispatch agency for a disaster? San Bernardino Communications Center 7.

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)

2. Number of secondary PSAPs

Number of primary Public Service Answering Points (PSAP)
 Number of secondary PSAPs
 Number of dispatch centers directly dispatching ambulances
 Number of designated dispatch centers for EMS Aircraft
 Do you have an operational area disaster communication system?
 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

7.

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

1.	Numb	per of primary Public Service Answering Points (PSAP)	1		
2.	Numb	per of secondary PSAPs	0		
3.	Numb	er of dispatch centers directly dispatching ambulances	1		
4.	Numb	er of designated dispatch centers for EMS Aircraft	1		
5.	Do yo	u 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 i	s your primary dispatch agency for day-to-day emergencies? Mono County	y Sheriff		

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	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
appropriate boxes		-		
BLS and CPR capable first responder Meets or exceeds 90% Meets or exceeds 90%	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%	Meets or exceeds 90%
Advanced life support responder	Meets or exceeds 90% 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%	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

2.

Trauma patients:	
a) Number of patients meeting trauma triage criteria	4,041
b) Number of major trauma victims transported directly to a trauma center by ambulance	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

8

Number of base hospitals with written agreements

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?b. For each team, are they incorporated into your local	Yes
	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
OPER	ATIONS	·
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 interest with in a disaster?	24
	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 agr Inyo, Mono, Kern, Riverside, Imperial, San Diego, Los Angeles, V Santa Barbara, Orange and San Luis Obispo, Ft. Irwin, and the M Warfare Training Center in Mono County.	entura,	
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?b. For each team, are they incorporated into your local	Yes
	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
OPER	RATIONS	
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	S System: Inland Counties Emergency Medical Agency (ICEMA)	
Cou	nty: Mono	
Rep	orting Year: 2013-14	
NO	ΓΕ: Table 7 is to be answered for each county.	
SYS	TEM RESOURCES	•
1.	Casualty Collections Points (CCP) a. Where are your CCPs located?	1 Hospital
	b. How are they staffed?c. Do you have a supply system for supporting them for 72 hours?	Hospital and EMS 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? b. For each team, are they incorporated into your local	Yes
	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?b. At what HazMat level are they trained?	Yes
	c. Do you have the ability to do decontamination in an emergency room?d. Do you have the ability to do decontamination in the field?	Yes Yes
OPE	RATIONS	
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	,

1

interact with in a disaster?

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 agree	ement.
	Inyo, San Bernardino, Kern, Riverside, Imperial, San Diego, Los An	igeles, Ventura, Santa
	Barbara, Orange and San Luis Obispo	
5.	Do you have formal agreements with hospitals in your operational area t	0
	participate in disaster planning and response?	Yes
6.	Do you have a formal agreements with community clinics in your operat areas to participate in disaster planning and response?	ional 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

County: Inyo	Provider: Big Pine	Pine Fire Department	Respor	Response Zone: 2
Address: 181 North	181 North Main Street Big Pine, CA, 93513	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	2
Phone (760) 938-2293	-2293	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	1
Written Contract: S Yes S No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	Le	Level of Service: □ALS □9-1-1 ☑ Ground □ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water □ IFT □ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	✓ Fire☐ Law☐ OtherExplain:	☑ City☐ County☐ State☐ Fire District☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
125 Total number of responses 125 Number of emergency responses	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 75 75 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports
Total number of responses Number of emergency responses Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ansports acy transports

County: Inyo	Provider: Death Va	Death Valley National Park USFS	Respon	Response Zone: 8
Address: PO Box 579	9	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	3
Phone (760) 786-2340	(760) 786-2340	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	2
Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	LA Transport E Non-Transport	Level of Service: ☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ CCT □ Water □ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☑ Other Explain: Natl Park Serv	☐ City ☐ County☐ State ☐ Fire District ☑ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A Total number of responses #N/A Number of emergency resp. #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A Total number of responses #N/A Number of emergency resp #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

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

County: Inyo	Provider: Independ	Independence Fire Department	Respor	Response Zone: 3
Address: 102 South J	102 South Jackson Street Independence CA 93576	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	2
Phone (760) 878-2004	0004	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	1
Written Contract: □ Yes ☑ No	Medical Director: □ Yes ☑ No	System Available 24 Hours:	Le ☑ Transport ☐ Non-Transport ☑	Level of Service: □ALS
Ownership:	<u>If Public:</u>	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
30 Total number of responses 29 Number of emergency resp	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 26 25 1	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports
O Total number of responses Number of emergency responses Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports 1cy transports

County:	Inyo	Provider: Lone Pine	Lone Pine Fire Protection District	Respon	Response Zone: 4
Address:	130 North Jackson Street Lone Pine, CA 93545	kson Street	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
Phone Number:	1 1	9	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	1
Writ	Written Contract:	Medical Director:	System Available 24 Hours:	January T.	Service:
<u> </u>	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	sport	☑ ALS ☑ 7-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water ☑ IFT
01	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	ite (c	☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	□ Rotary□ Fixed Wing	 □ Auxiliary Rescue □ Air Ambulance □ ALS Rescue □ BLS Rescue
148 124 24	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 104 86 18	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

County: Inyo	Inyo	Provider: Olancha-(Olancha-Cartago Fire Department	Respon	Response Zone: 5
Address:	'	ict 20110	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	2
Phone Number:	Ulancha, CA 93549 (760) 764-2370	95549	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	
Writ	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	Los Transport E Non-Transport E	Level of Service: ☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT
01	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☐ Public	ic ite	☑ Fire□ Law□ OtherExplain:	☑ City☐ County☐ State☐ Fire District☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
31 31 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 17 17 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports new franchorts

County: Inyo	Provider: Sierra Lifeflight	feflight	Respo	Response Zone: Inyo: 1, 3, 4. Mono: 2
Address: 487 Grove Street Bishon, CA 93514	treet 93514	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
Phone (760) 872-2201	01	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	1-3
Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	L Transport E Non-Transport	Level of Service: ☑ ALS □ 9-1-1 □ Ground □ BLS ☑ 7-Digit ☑ Air ☑ 7-Digit ☑ CCT □ Water ☑ IFT
Ownership:	<u>If Public:</u>	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County☐ State ☐ Fire District☐ Federal	☐ Rotary ☑ Fixed Wing	□ Auxiliary Rescue☑ Air Ambulance□ ALS Rescue□ BLS Rescue
0 Total number of responses 0 Number of emergency responses 0 Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	ports r transports gency transports
378 Total number of responses Number of emergency responses 378 Number of on-emergency responses	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 378 0 378	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy transports

Table 8: Resource Directory

Response/Transportation/Providers

County: Inyo	0	Provider: Southern I	Southern Inyo Fire Protection District	Respon	Response Zone: 9
Address:	410 Tecopa Hot Spi Tecopa CA 92389	410 Tecopa Hot Springs Road Tecopa CA 92389	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone Number:	(760) 852-4130	0	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	1
Written Contract:	<u>ontract:</u>	Medical Director:	System Available 24 Hours:	J. T. Consider	Service:
☑ Yes □	% □	☑ Yes □ No	☑ Yes □ No	sport	it.
Ownership:	ship:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private		☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	Total number of responses	esponses	Transporting Agencies	Total number of transports	orts
21 Nur 0 Nur	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	0	Number of emergency transports Number of non-emergency transports	transports ency transports
F C	1		Air Ambulance Services		
	Total number of responses Number of emergency responses	esponses ency responses	0	Total number of transports Number of emeroency transports	its ranconorte
	mber of non-en	Number of non-emergency responses	0	Number of non-emergency transports	ransports

^{*}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.

County: Mono	Provider: Antelope	Antelope Valley Fire District	Respon	Response Zone: 1
Address: 302 Western Drive	302 Western Drive	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone (530) 495-2900	-2900	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	Medical Director:	System Available 24 Hours:	J	Level of Service:
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☐ Transport ☐ ☑ Non-Transport ☑	☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ Air ☐ CCT ☐ Water
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary □ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	Total number of responses Number of emergency responses	Transporting Agencies #N/A #N/A	_	oorts transports
#N/A Number of no	Number of non-emergency responses	#N/A	1	ency transports
1	of responses	Air Ambulance Services #N/A		orts
$\frac{\#N/A}{\#N/A}$ Number of no	Number of emergency responses Number of non-emergency responses	#N/A #N/A	Number of emergency transports Number of non-emergency transports	ransports ncy transports

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

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

County: Mono	Provider: Bridgepo	Bridgeport Fire Protection District	Respon	Response Zone: 1
Address: 425 Main Street	eet	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Bridgeport, CA 93517	CA 93517	***************************************		
Phone (760) 932-7549	49	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	0
Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:
□ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Non-Transport 区	☑ 9-1-1 □ ☑ 7-Digit □
	and the same of th			☑ 7-Digit □ CCT □ Water □ IFT
Ownership:	<u>If Public:</u>	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire □ Law □ Other	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue
	Explain:			☐ BLS Rescue
#N/A Total number of responses	responses	Transporting Agencies	Total number of transmorts	orte
#N/A Number of emergency responses #N/A Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	#N/A #N/A	Number of non-emergency transports Number of non-emergency transports	transports ency transports
#N/A Total number of responses #N/A Number of emergency responses #N/A Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports new transports

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

County: Mono	Mono	Provider: Chalfant V	Chalfant Valley Fire District	Respon	Response Zone: 4
Address:	215 Valley Road Chalfant, CA 93514	ad 93514	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone Number:	(760) 873-5402	2	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	
Writte	Written Contract: ☑ Yes □ No	Medical Director: □ Yes ☑ No	System Available 24 Hours: ☑ Yes □ No	Los Transport Non-Transport	Level of Service: □ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ 7-Digit □ CCT □ Water □ IFT
O	Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public □ Private		☑ Fire □ Law □ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

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

County: Mono	Provider: June I	June Lake Fire District	Respo	Response Zone: 1
Address: 2380	2380 Highway 158	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone Number: (760)	(760) 648-7390	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	smbulances on Duty on Any Given Day:	0
Written Contract: □ Yes ☑ No	ct: Medical Director:	System Available 24 Hours:	L Transport	Level of Service: □ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ 7-Digit □ CCT □ Water □ IFT □ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A Total nur #N/A Number of #N/A Number of	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	ports y transports gency transports
#N/A Total nun #N/A Number of #N/A Number of	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency 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

County: Mono		Provider: Lee Vinin	Lee Vining Fire District	Respon	Response Zone: 1	
Address: 55 l	55 Main Street	te	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	0	
Lee	Lee Vining, CA 93541	CA 93541				
Phone Number: (760	(760) 647-6400	00	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0	
Written Contract:	ract:	Medical Director:	System Available 24 Hours:	,	Level of Service.	
☐ Yes ☑ No	No No	□ Yes ⊠ No	☑ Yes □ No	☐ Transport ☐ ☑ Non-Transport ☑	.1-1 Digit	
					☑ 7-Digit □ CCT □ Water □ IFT	
Ownership:	3:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:	
☑ Public □ Private		✓ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
			Transporting Agencies			
#N/A 1 otal nr #N/A Numbe	Lotal number of responses Number of emergency resp Number of non-emergency	I otal number of responses Number of emergency responses Number of non-emergency responses	#N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports	
#N/A Total m #N/A Numbe #N/A Numbe	Total number of responses Number of emergency resp Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports	

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

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

County:	Mono	Provider: Long Vall	Long Valley Fire District	Respon	Response Zone: 1
Address:	3605 Crowley	3605 Crowley Lake Drive Route 1 Box 1145	x Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
	Crowley, CA 93546	93546			
Phone Number:	(760) 935-4545	15	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	0
Writt	Written Contract:	Medical Director:	System Available 24 Hours:		Service:
	□ Yes ☑ No	□ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Non-Transport 区	☐ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☐ Air ☑ 7-Digit ☐ CCT ☐ Water ☐ IFT
Ó	Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☐ Private	o 9	☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

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

County: Mono	Provider: Mammot	Mammoth Lakes Fire Protection District	Respo	Response Zone: 2
Address: 3150 Main Street	Street	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	1
ı	Mammoth Lakes, CA 93546		,	
Phone (760) 934-2300	2300	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	1
Written Contract:	Medical Director:	System Available 24 Hours:		Ser
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Non-Transport ☐	☑ 9-1-1 □ ☑ 7-Digit □
			<u></u>	☑ 7-Digit □ CCT □ Water □ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public ☐ Private	Fire	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ AI S Rescue☐
	Explain:			□ BLS Rescue
	c	Transporting Agencies		
#N/A Number of emergency resp #N/A Number of emergency resp #N/A Number of non-emergency	otal number of responses Number of emergency responses Number of non-emergency responses	#N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	ports / transports sency transports
		Air Ambulance Services		
-	of responses	#N/A		orts
#N/A Number of em $#N/A$ Number of nor	Number of emergency responses Number of non-emergency responses	#N/A #N/A	Number of emergency transports Number of non-emergency transports	transports ncv transports

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

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

Mono County EMS (Mono County Health Department) Response Zone: 1, 2, 3, 4	Number of Ambulance Vehicles in Fleet:	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	System Available 24 Hours: Image: Transport of Service: Level of Service: ☑ Transport of ALS of 9-1-1 of Ground of Service: ☑ Transport of ALS of 9-1-1 of Ground of Service: ☑ Ground of Service: ☑ Yes ☐ Non-Transport of Service: ☑ 7-Digit ☐ Air ☑ 7-Digit ☐ CCT ☐ Water ☐ IFT	If Public: If Air: Air Classification:	City	Transporting Agencies915Total number of transports799Number of emergency transports116Number of non-emergency transports
Provider: Mono County	437 Old Mammoth Road Suite Q Mammoth Lakes, CA 93546	42	Medical Director: ☑ Yes □ No	<u>If Public:</u>	☐ Fire ☐ Law ☐ Other Explain: Mono Co EMS	Total number of responses Number of emergency responses Number of non-emergency responses
County: Mono	Address: 437 Old Mam. Mammoth Lal	Phone Number: (760) 924-1842	Written Contract: ☑ Yes □ No	Ownership:	☑ Public □ Private	1,564 Total number of responses 1,364 Number of emergency responses 200 Number of non-emergency respo

Air Ambulance Services

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

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

County: Mono		Provider: Paradise F	Paradise Fire Protection District	Respon	Response Zone:	
Address: 530	5300 Lower Rock C Bishop, CA 93514	5300 Lower Rock Creek Road Bishop, CA 93514	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:		
Phone (76	(760) 387-2255	55	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	0	
Written Contract:	tract: No	Medical Director: □ Yes ☑ No	System Available 24 Hours:	Le ☐ Transport ☐ ☐ ☑ Non-Transport ☑	Level of Service: □ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ 7-Digit □ CCT □ Water □ IFT	
Ownership:	ia:	If Public:	If Public:	<u>If Air:</u>	Air Classification:	
☑ Public □ Private		☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
#N/A Total t #N/A Numb #N/A Numb	Total number of responses Number of emergency resp Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports	
#N/A Total r #N/A Numbo #N/A Numbo	Total number of responses Number of emergency resp Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports nev fransnorts	

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

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

County:	Mono	Provider: USMC M EMS	USMC Mt. Warfare Training Clinic HNBC Bridgeport EMS		Response Zone: 1
Address:	Highway 108		Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
	Bridgeport, CA 93517	A 93517			
Phone Number:	(760) 932-1615/1616/1617	5/1616/1617	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	0
Writte	Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:
Y 🖸	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☐ ☑ Non-Transport ☑	□ ALS ☑ 9-1-1 □ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ Water
					□ IFT
ان ا	Ownership:	<u>If Public:</u>	<u>If Public:</u>	If Air:	Air Classification:
☑ Public □ Private	ψ	☐ Fire ☐ Law ☑ Other Explain: Military	☐ City ☐ County☐ State ☐ Fire District ☑ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A	Total number of responses	esponses	Transporting Agencies #N/A	Total number of transports	orts

Total number of transports Number of emergency transports Number of non-emergency transports	HN/A Number of transports HN/A Number of emergency transports HN/A Number of non-emergency transports HN/A Number of non-emergency transports
Transporting Agencies #N/A #N/A #N/A	Air Ambulance Services #N/A #N/A #N/A
#N/A Total number of responses #N/A Number of emergency responses #N/A Number of non-emergency responses	#N/A Total number of responses #N/A Number of emergency responses #N/A Number of non-emergency responses
#N/A #N/A #N/A	#N/A #N/A #N/A

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

County: Mono	Provider: Wheeler	Wheeler Crest Fire Protection District	Respo	Response Zone:
Address: 129 Willow Road	Road	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone	Swall Meadows, CA 95515	Average Number of Ambulances on Duty	mbulances on Duty	
Number: (760) 920-9523	523	At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	Medical Director:	System Available 24 Hours:		Ser
☑ Yes □ No	☐ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Non-Transport ☐	☑ 9-1-1 ☐ ☑ 7-Digit ☐
	una Anno Server			☑ 7-Digit □ CCT □ Water □ IFT
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☑ Fire ☐ Law	☐ City ☐ County ☐ State ☑ Fire District	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance
	☐ Other Explain:	☐ Federal		☐ ALS Rescue
		Transporting Agencies		
#N/A I otal number of responses #N/A Number of emergency resp #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	#N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	ports r transports jency transports
		Air Ambulance Services	I	
#N/A Total number of responses	f responses	HN/A	Total number of transports	orts
	Number of emergency responses	#N/A	Number of emergency transports	transports
#N/A Number of non-	Number of non-emergency responses	#N/A	Number of non-emergency transports	ncy transports

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

County: Mono	Provider: White Ma	White Mountain Fire Protection District	Respon	Response Zone:
Address: 58429 Highway 120 Benton CA 93512	/ay 120 03512	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone (760) 933-2505	05	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	1
Written Contract:	Medical Director: □ Yes ☑ No	System Available 24 Hours: Yes \(\Bar\) No	Lo Transport Non-Transport Example 1. The state of the	Level of Service: □ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ 7-Digit □ CCT □ Water □ IFT □ IFT
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	✓ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A Total number of responses #N/A Number of emergency responses #N/A Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A Total number of responses #N/A Number of emergency responses #N/A Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

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

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

County:	County: San Bernardino	Provider: American	American Medical Response - Rancho Division		Response Zone: 1, 2, 3, 4, 5	
Address:	7925 Center Avenue	Avenue	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	109	
	Rancho Cucai	Rancho Cucamonga, CA 91729				-
Phone Number:	(906) 477-5000	00	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	26	
Writte	Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:	
	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☑ Transport ☑	:±:	punc .
				<u>></u>	⊠ /-Digit ⊠ CCT ⊔ Water ☑ IFT	rter.
O	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:	
☐ Public ☐ Private		Fire Law Other	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ AI S Become	
		Explain:			☐ BLS Rescue	
74,690	Total number of responses	responses	Transporting Agencies 51,669	Total number of transports	oorts	

Total assembles of tunners	41.260 Number of emergency transports	10,409 Number of non-emergency transports		0 Total number of transports	Number of emergency transports	Number of non-emergency transports	
A Lambour and Agencies	41,260	10,409	Air Ambulance Services	0	0	0	

Number of emergency responses Number of non-emergency responses

61,404

Number of emergency responses Number of non-emergency responses

Total number of responses

000

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

Address: 600 Iowa Street Redlands, CA 9 Phone Number: (909) 793-7676 Written Contract:	Provider: A 92373 576 Medical Di \textstyle \textst	American Medical Response - Redlands Division Number of Ambulance Vehicles in Fleet: Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: At 12:00 p.m. (noon) on Any Given Day: Column	chicles in Flearlances on Dany Given Da	et: 58 uty 27 y: 27 Level of Service:	☐ Ground☐ Air☐ Water☐ Water
Ownership: Dublic Private	If Public: Fire Law Other Explain:	If Public: City County State Fire District	If Air: Rotary Fixed Wing	Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue	i i

Total number of transports	45,585 Number of emergency transports	15,187 Number of non-emergency transports		Total number of transports	Number of emergency transports	Number of non-emergency transports
60,772	45,585	15,187	Air Ambulance Services	0	0	0

Number of emergency responses Number of non-emergency responses

82,225

19,243

Total number of responses

Number of emergency responses Number of non-emergency responses

000

Total number of responses

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

ernardino Provider: American Medical Response - Victorville Response Zone: 12	14828 Seventh Street Number of Ambulance Vehicles in Fleet: Victorville, CA 92329	(760) 952-7400 At 12:00 p.m. (noon) on Any Given Day:	tract: Medical Director: System Available 24 Hours: □ Transport Level of Service: No □ Yes No □ Non-Transport □ BLS □ 7-Digit □ Air No □ Yes No □ Non-Transport □ Air □ Air □ Tansport □ Non-Transport □ Air □ Non-Transport □ Air □ Tansport □ Air □ Air □ Air □ Tansport □ Air	D: If Public: If Public: Air Classification:	□ Fire □ City □ County □ Rotary □ Auxiliary Rescue □ Law □ State □ Fire District □ Fixed Wing □ Air Ambulance □ Other □ Federal □ ALS Rescue Explain: □ BLS Rescue	Transporting Agencies Total number of responses Number of emergency responses 21.501 Number of emergency transports
County: San Bernardino	Address: 14828 Victor	Phone Number: (760) 9	Written Contract: Yes No	Ownership:	☐ Public ☑ Private	38,089 Total num 32,297 Number of

Number of emergency transports Number of non-emergency transports

Total number of transports

000

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

000

Air Ambulance Services

County: San Bernardino	Provider: Apple V	Apple Valley Fire Protection District	Respo	Response Zone: 12
Address: 22400 Head	22400 Headquarters Drive	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone (760) 247-7618	618	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Lansport E	Level of Service: □ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ 7-Digit □ CCT □ Water □ IFT □ IFT
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A Total number of responses #N/A Number of emergency resp #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	ports y transports gency transports
#N/A Total number of responses #N/A Number of emergency resp #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy transports

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

County: San Bernardino	Provider:	Arrowbear Lake Fire Department	Respon	Response Zone: 19
Address: 33045 Hi	33045 Hilltop Blvd.	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	0
Arrowbe	Arrowbear Lake, CA 92382	**************************************		
Phone Number: (909) 861-3479	-3479	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	0
Written Contract:	Medical Director:	System Available 24 Hours:		Service:
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Non-Transport ☑	☑ 9-1-1 ☐ ☑ 7-Digit ☐
			N	☑ 7-Digit □ CCT □ Water □ IFT
Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
✓ Public □ Private	☐ Fire ☐ Law	☐ City ☐ County ☐ State ☐ Fire District	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance
	□ Other Explain:	☐ Federal		☐ ALS Rescue ☐ BLS Rescue
#N/A Total numbe	Total number of responses	Transporting Agencies	Total number of franchorts	l control
	Number of emergency responses Number of non-emergency responses	#N/A #N/A	Number of non-emergency transports Number of non-emergency transports	transports ency transports
		Air Ambulance Services		
#N/A Total number of e	Total number of responses Number of emergency responses	#N/A	Total number of transports	orts
	Number of non-emergency responses	A/N#	Number of non-emergency transports	ransports nev transports

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

County:	San Bernardino	Provider: Auto Club	Auto Club Speedway (Special Events)	Respon	Response Zone: 4	
Address:	9300 Cherry Avenue Fontana. CA 92335	Avenue 92335	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0	
Phone Number:	(909) 429-5950	0:	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	0	
Writte	Written Contract: □ Yes ☑ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: □ Yes ☑ No	Le Transport	Level of Service: ALS 9-1-1 Ground BLS 7-Digit Air 7-Digit CCT Water IFT	
ő	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:	
☐ Public ☐ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	······································
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports	7
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	rts ansports icy transports	

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

County:	San Bernardino	Provider: Baker EMS	IS	Respo	Response Zone: 23
Address:	904 East Broadway Street Needles, CA 92363	dway Street 92363	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
Phone Number:	(760) 326-5299	60	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	ımbulances on Duty on Any Given Day:	
Written	Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:
☑ Yes □	SS DO	☑ Yes □ No	☑ Yes ☐ No	☑ Transport	☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water ☑ IFT
Owi	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☐ Public ☑ Private		 ☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
187 187 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 77 77 0	Total number of transports Number of emergency transports Number of non-emergency transports	ports / transports gency transports
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy transmorts

^{*}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.

County: Sar	San Bernardino	Provider: Baker-N	Baker-Needles Amb Division	Respor	Response Zone: 22
Address:	904 East Broadway Street	dway Street	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	4
Phone Number:	(760) 326-52999	66	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	2
Written Contract:	Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Le ☑ Transport □ Non-Transport ☑	Level of Service: ☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water
Ownership:	rship:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
☐ Public ☑ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
1,488 Tor 1,271 Nu 217 Nu	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 1,014 819 195	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports
0 Tot 0 Nu 0 Nu 0 Nu	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ansports tey transports

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

County:	San Bernardino	Provider: Barstow F	Barstow Fire Protection District	Respon	Response Zone: 13
Address:	861 Barstow Road Barstow CA 97311	Road 97311	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	0
Phone Number:	(760) 256-2254	54	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	smbulances on Duty on Any Given Day:	0
Writt	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes \square No	Lo □ Transport □ □ Non-Transport □	Level of Service: ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☐ Air ☑ 7-Digit ☐ CCT ☐ Water ☐ IFT
6 	Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public		☑ Fire□ Law□ OtherExplain:	☐ City ☐ County☐ State ☑ Fire District☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
2,825 2,825 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports ncy transports

County: San Bernardino	Provider: Big	Bear City Fire Department	Respon	Response Zone: 20
Address: 301 W	301 West Big Bear Boulevard Bio Bear City CA 92314	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	*
Phone (909) 5	(909) 585-2362	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	*
Written Contract:	t: Medical Director:	System Available 24 Hours:	1	Level of Service:
☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	☑ Transport ☑ Non-Transport ☑	☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ Water ☑ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	Fire Law Other Explain:	☐ City ☐ County☐ State ☑ Fire District☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
2,870 Total numi 2,386 Number of	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 2,076 1,665	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports
0 Total numl 0 Number of	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

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

County:	San Bernardino	Provider: Big Bear	Big Bear Lake Fire Department	Respon	Response Zone: 20
Address:	467 Knickerbocker Road Bio Bear Lake CA 92315	ocker Road	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	&*
Phone Number:	(909) 866-7566	99	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	*2
Writte	Written Contract:	Medical Director:	System Available 24 Hours:	Le Les Canada	Level of Service:
	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	Non-Transport	Z 7-Digit C
O	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private		✓ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports icy fransnorts

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

County:	San Bernardino	Provider: Cal Fire I	Fire Highland	Respor	Response Zone: 8
Address:	27215 East Baseline	seline 02346	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone Number:	(909) 884-4100	0	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	ombulances on Duty on Any Given Day:	0
Writti	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Le Transport ⊠ Non-Transport ⊠	Level of Service: ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☐ Air ☑ 7-Digit ☐ CCT ☐ Water ☐ IFT
Ó	Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	c o	☑ Fire □ Law □ Other Explain:	☑ City☑ State☐ Fire District☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports ncy transports

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

County:	San Bernardino	Provider: Cal Fire S	Fire San Bernardino	Respon	Response Zone: 6
Address:	3800 North Sierra Way	erra Way	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
	San Bernardino, CA 92405	o, CA 92405			
Phone Number:	(906) 881-6900	0	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Writt	Written Contract:	Medical Director:	System Available 24 Hours:		Ser
	□ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Non-Transport ☑	☑ 9-1-1 □ □ ☑ 7-Digit □
40.00					☑ 7-Digit □ CCT □ Water □ IFT
Ól	Ownership:	If Public:	<u>If Public</u> :	If Air:	Air Classification:
☐ Public☐ Private☐	ب ن	☑ Fire □ Law □ Other	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue
		Explain:			☐ BLS Rescue
#N/A	Total number of responses	estionses	Transporting Agencies	Total mimber of transmorts	oorte
#N/A #N/A	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	#N/A #N/A	Number of emergency transports Number of non-emergency transports	transports ency transports
			Air Ambulance Services		
#N/A	_ Total number of responses	esponses	#N/A		orts
#N/A	Number of emergency responses	ency responses	#N/A	Number of emergency transports	ransports
#N/A	Number of non-er	Number of non-emergency responses	HN/A	Number of non-emergency transports	ncy transports

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

County:	San Bernardino	Provider: Cal Fire	Fire Yucaipa City	Respo	Response Zone: 8
Address:	ı	34259 Wildwood Canyon Road	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
	Yucaipa, CA 92399	92399			
Phone Number:	(909) 797-2313	13	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	smbulances on Duty on Any Given Day:	0
Writ	Written Contract:	Medical Director:	System Available 24 Hours:		Service:
	Yes 🖾 No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☐ Non-Transport [☑ 9-1-1 □ ☑ 7-Digit □
					☑ 7-Digit □ CCT □ Water □ IFT
OI	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
Public Private	te c	☑ Fire □ Law □ Other	☑ City □ County ☑ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue
		Explain:			☐ BLS Rescue
0.487	Total munhar of racesonace		Transporting Agencies		
9,487	Number of non-emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses		Number of non-emergency transports Number of non-emergency transports	ports 7 transports gency transports
0		esponses	Air Ambulance Services		orts
0	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	0	Number of emergency transports Number of non-emergency transports	transports new transports

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

County:	San Bernardino	Provider: California	California Highway Patrol (CHP) Air - Inland Division		Response Zone: 1-27
Address:	21605 Corwin Road	1 Road	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	2
hone Jumber:	(760) 240-8004	75.75.77	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	
Writte	Written Contract: □ Yes ☑ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Le	Level of Service: ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☑ Air ☑ 7-Digit □ CCT □ Water ☐ IFT
O	Ownership:	<u>If Public:</u>	<u>If Public</u> :	If Air:	Air Classification:
Z Public		☐ Fire ☑ Law ☐ Other Explain:	☐ City ☐ County ☑ State ☐ Fire District ☐ Federal	☑ Rotary □ Fixed Wing	☑ Auxiliary Rescue☑ Air Ambulance☑ ALS Rescue☑ BLS Rescue
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy transports

Number of emergency transports Number of non-emergency transports

#N/A #N/A #N/A

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

#N/A #N/A

#N/A

Total number of transports

Air Ambulance Services

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

County: San 1	San Bernardino	Provider: Chino Va	Chino Valley Independent Fire District	Respo	Response Zone: 2
Address: 1	14011 City Center Drive	enter Drive	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
∵	Chino Hills, CA 91709	CA 91709			
Phone Number:	(909) 902-5280	80	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	intract:	Medical Director:	System Available 24 Hours:	I	Level of Service:
☐ Yes ☑	No No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☐ [S] Non-Transport [S]	☑ 9-1-1 □ ☑ ✓ 7-Digit □
					∠7-Digit □ CCT □ Water □ IFT □
Ownership:	hip:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public ☐ Private		☑ Fire□ Law□ OtherExplain:	☐ City ☐ County☐ State ☑ Fire District☐ Federal	□ Rotary□ Fixed Wing	 ☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
2.050 Tota	Total number of resnonses	resmonses	Transporting Agencies	Total muchae of tennamen	
	nber of emerg	Number of emergency responses Number of non-emergency responses		Number of emergency transports Number of non-emergency transports	rous transports ency transports
			Air Ambulance Services		
0 Total	Total number of responses Number of emergency resp	Total number of responses Number of emergency responses	0	Total number of transports	orts
	ber of non-e	Number of non-emergency responses	0	Number of non-emergency transports	ned sports

^{*}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.

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

County:	San Bernardino	Provider: Cole Scha	Cole Schaefer Ambulance Service, Inc.	Respo	Response Zone: 1, 2
Address:	324 N Towne Avenue Pomona, CA 91767	Avenue 91767	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	5
Phone Number:	1 1	3	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	2
Writ	Written Contract:	Medical Director:	System Available 24 Hours:	<u> </u>	Level of Service:
<u> </u>	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	☑ Transport □ Non-Transport □	□ ALS □ 9-1-1 ☑ Ground □ BLS □ 7-Digit □ Air ☑ 7-Digit □ Water ☑ IFT
0	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
□ Public ☑ Private	te د	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary□ Fixed Wing	 □ Auxiliary Rescue □ Air Ambulance □ ALS Rescue □ BLS Rescue
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	ports / transports gency transports
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy transports

Number of non-emergency transports

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

County:	San Bernardino	Provider: Colton Fir	Colton Fire Department	Respon	Response Zone: 7
Address:	303 East E Street	eet	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
	Colton, CA 92324	2324			
Phone Number:	(909) 370-5100	0	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	0
Writte	Written Contract:	Medical Director:	System Available 24 Hours:		Service:
	☐ Yes ☑ No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☑ Non-Transport ☑	☑ 9-1-1 ☑ ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
				∑i ∑i	⊠7-Digit ⊔ CCT ⊔ Water □ IFT
0 MO	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
☐ Public☐ Private☐		☑ Fire □ Law	☐ City ☐ County ☐ State ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐
		L Other Explain:	☐ Federal		☐ ALS Rescue
3,361	Total number of responses	esponses	Transporting Agencies	Total number of transports	orfs
3,361	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	0	Number of emergency transports Number of non-emergency transports	transports ency transports
			Air Ambulance Services		
0	Total number of responses	esponses	0	Total number of transports	orts
	Number of emergency responses	ency responses	0	Number of emergency transports	ransports
0	Number of non-er	Number of non-emergency responses	0	Number of non-emergency transports	acy 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.

County: San	San Bernardino	Provider: Combat C	Combat Center Fire Department	Respon	Response Zone: 14
Address:	Marine Corp Logistic 29 Palms, CA 92278	Marine Corp Logistics Base 29 Palms 29 Palms, CA 92278	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	2
Phone Number:	(760) 830-6871	1	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	2
Written Contract:	ontract:	Medical Director:	System Available 24 Hours:	4	Level of Service.
☑ Yes □ No	°Z □	☑ Yes □ No	☑ Yes □ No	☐ Transport	-1-1 -Digit
	-			≥ I	⊠ /-Digit □ CC1 □ water □ IFT
Ownership:	ship:	<u>If Public:</u>	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public ☑ Private		☐ Fire☐ Law ☑ Other Explain: Military	□ City□ County□ State□ Fire District☑ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
59 Tota	Total number of responses	esponses	Transporting Agencies	Total number of transports	orts
29 Nun 0 Nun	mber of emergander of non-en	Number of emergency responses Number of non-emergency responses	44	Number of emergency transports Number of non-emergency transports	transports ency transports
	,		Air Ambulance Services		
Total	Total number of responses Number of emergency resr	Total number of responses Number of emergency responses		Total number of transports	its
	nber of non-en	Number of non-emergency responses	0	Number of non-emergency transports	tansports toy 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:	County: San Bernardino	Provider: Crest Fore	Crest Forest Fire Protection District	Respon	Response Zone: 10
Address:	23407 Crest Forest	orest	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
	Crestline, CA 92325	92325	-		
Phone Number:	(909) 338-3311		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty	2
				•	
Writte	Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:
Y 🖸	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	☑ Transport ☑ Non-Transport ☑	☑ 9-1-1 ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑
				×	☑ 7-Digit □ CCT □ Water □ IFT
ő	Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public☐ Private		☑ Fire □ Law	☐ City ☐ County ☐ State ☐ Fire District	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance
		☐ Other Explain:	☐ Federal		☐ ALS Rescue
40	Total number of responses	esponses	Transporting Agencies	Total number of transports	oorts
39	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	20	Number of emergency transports Number of non-emergency transports	transports ency transports
			Air Ambulance Services		
0	Total number of responses	esponses	0	Total number of transports	orts
0	Number of emergency responses	ency responses	0	Number of emergency transports	ransports
0	Number of non-er	Number of non-emergency responses	0	Number of non-emergency transports	ncy 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.

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

County:	County: San Bernardino	Provider: Desert Ar	Desert Ambulance Service	Respon	Response Zone: 13	
Address:	831 West Main Street Barstow, CA 92311	n Street 92311	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	9	
Phone Number:	1 1	7.	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	2	
Writ	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	LA Transport S Non-Transport S	Level of Service: ☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water ☑ 1FT	nd
OI	Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:	
☐ Public ☑ Private	c c	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County☐ State ☐ Fire District☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
6,283 5,444 839	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 4,843 4,120 723	Total number of transports Number of emergency transports Number of non-emergency transports	ports transports ency transports	

Number of emergency transports Number of non-emergency transports

Total number of transports

00

Number of emergency responses Number of non-emergency responses

000

Total number of responses

Air Ambulance Services

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

County:	County: San Bernardino	Provider: Fort Irwin Fire Department	Fire Department	Respon	Response Zone: 1-27
Address:	ı	Building 6101 Langford Lake Road Fort Irwin, CA 92310	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
Phone Number:	1	13	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	ombulances on Duty on Any Given Day:	2
Writ	Written Contract:	Medical Director:	System Available 24 Hours:	<u>Le</u>	Level of Service:
<u> </u>	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	sport	jt.
OI 	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	ite c	☐ Fire ☐ Law ☑ Other Explain: Military	☐ City ☐ County ☐ State ☐ Fire District ☑ Federal	☑ Rotary □ Fixed Wing	☑ Auxiliary Rescue☑ Air Ambulance☑ ALS Rescue☑ BLS Rescue
395	Total number of responses	sesuodse.	Transporting Agencies	Total number of transports	orts

total number of transports	Number of emergency transports	Number of non-emergency transports	
0000	293		

Number of emergency responses Number of non-emergency responses

384

43 43

Air Ambulance Services	42 Total number of transports	41 Number of emergency transports	1 Number of non-emergency transports
	Total number of responses	Number of emergency responses	Number of non-emergency responses

County: San Bernardino	Provider:	Loma Linda Fire Department	Respon	Response Zone: 9
Address: 11325 Lom	11325 Loma Linda Drive	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone (909) 799-2877	877	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	LA Transport S Non-Transport S	Level of Service: ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☐ Air ☑ 7-Digit ☐ CCT ☐ Water
Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public □ Private	☑ Fire□ Law□ OtherExplain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
1,677 Total number of responses 1,675 Number of emergency resp	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
O Total number of responses O Number of emergency responses Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy 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.

County:	San Bernardino	Provider: Marine Co	Marine Corps Logistics Base - Barstow	Respon	Response Zone: 13
Address:	I	Commanding Officer (B720) Box 110700 Barstow, CA 92311	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
Phone Number:	1 1	99	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	3
Writt	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	LA Transport ⊠ □ Non-Transport ⊠	Level of Service:
Ó	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	c e	☐ Fire☐ Law☑ OtherExplain: Military	☐ City ☐ County ☐ State ☐ Fire District ☑ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
401 393 8	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 77 74 3	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

County:	San Bernardino	Provider: Mercy Ai	Mercy Air Service (Airmethods)	Respon	Response Zone: 1-27
Address:	: 1670 Miro Way Rialto, CA 92376	ay 2376	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	3
Phone Number:	, ,	0:	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	3
Writ	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Los Transport E Non-Transport E	Level of Service: ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☑ Air ☑ 7-Digit ☑ CCT ☐ Water ☐ IFT
OI	Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☐ Public ☐ Private	ic tte	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary □ Fixed Wing	☐ Auxiliary Rescue☑ Air Ambulance☐ ALS Rescue☐ BLS Rescue
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
1,253 590	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 1,232 581 651	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncv transports

County: San Bernardino	Provider: Mission	Mission Ambulance (Special Events)	Respon	Response Zone: #N/A
Address: 1055 E. Third Street	rd Street	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone (800) 899-9111	111	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	1
Written Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	Le Transport S Non-Transport	Level of Service: ☑ ALS □ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit ☑ CCT □ Water □ IFT
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
□ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County☐ State ☐ Fire District☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A Total number of responses #N/A Number of emergency resp #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A Total number of responses #N/A Number of emergency resp #N/A Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports acy transports

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

County: San Bernardino	Provider:	Montclair Fire Department	Respon	Response Zone: 2
Address: 8901 Mor	8901 Monte Vista Drive Montelair CA 91763	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone (909) 626-1217	-1217	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Le ☐ Transport ☐ Non-Transport 区	Level of Service: ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☐ Air ☑ 7-Digit ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☑ Fire□ Law□ OtherExplain:		☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
2,383 Total number of responses 2,353 Number of emergency resp 30 Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy transports
1 Total number of responses Number of emergency responses Number of non-emergency	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ansports cy 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.

County: San Bernardino	Provider:	Morongo Basin Ambulance	Response Zone:	e Zone: 14, 15
Address: 6335 Pa	6335 Park Boulevard	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	10
Phone (760) 366-8474	Joshua 1 ree, C.A. 92252 (760) 366-8474	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	5
Written Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	Lev ☐ Transport ☐ Non-Transport ☐ N	Level of Service: ☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Fire☐ Law☐ Other☐ Explain: CSD	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	 □ Auxiliary Rescue □ Air Ambulance □ ALS Rescue □ BLS Rescue
5,516 Total numbor 4,218 Number of 1	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 3,917 2,774 1,143	Total number of transports Number of emergency transports Number of non-emergency transports	rts :ansports icy transports
0 Total numbe 0 Number of 6	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	s nsports y transports

County: S	San Bernardino	Provider: Mor	ongo Va	Morongo Valley Fire Department	spartment	Respo	Response Zone: 14	I
Address:	11207 Ocotillo St.	o St.		Ź	umber of Ambulan	Number of Ambulance Vehicles in Fleet:	0	
	Morongo Vall	Morongo Valley, CA 92256						
Phone Number:	(760) 363-6211			AA	verage Number of At 12:00 p.m. (noon)	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	. 0	
	And the second s							
Written	Written Contract:	Medical Director:	••1	System Av	System Available 24 Hours:		Ser	
☑ Yes □	s 🗆 No	☑ Yes □ No			Yes 🗆 No	☐ Transport ☐ Non-Transport ☐	☑ 9-1-1 ☐ ☑ 7-Digit ☐	
							☑ 7-Digit □ CCT □ Water □ IFT	
Own	Ownership:	If Public:		IfP	If Public:	<u>If Air:</u>	Air Classification:	T
✓ Public □ Private		☑ Fire□ Law☑ Other		☐ City □ State □ Federal	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue	
		Explain: CSD					☐ BLS Rescue	
347 T	Total number of responses	esponses		Tra	Transporting Agencies	Total number of transports	ports	
345 N	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses			0	Number of non-emergency transports Number of non-emergency transports	y transports gency transports	
				Air	Air Ambulance Services	S		
	Total number of responses	esponses			0		orts	
	Number of non-superior responses	ency responses			0	Number of emergency transports	transports	
	Authori of Holl-Cl	number of mon-emergency responses			0	Number of non-emergency transports	ancy transports	

County:	San Bernardino	Provider: Mount Ba	Mount Baldy Fire Department	Respon	Response Zone: 1
Address:	6736 Mount. Baldy Road	Baldy Road	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone Number:	(909) 982-1213	CA 91/59	Average Number of Ambulances on Duty At 12:00 n.m. (noon) on Any Given Day.	mbulances on Duty in Any Given Day:	
Writt	Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:
	□ Yes ☑ No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	∇ 9-1-1 ∇ 7-Digit □
				>	☑ 7-Digit □ CCT □ Water □ IFT
ól	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
Public Private	•	☑ Fire□ Law□ OtherExplain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A	Total number of responses Number of emergency responses	esponses	Transporting Agencies #N/A	Total number of transports	oorts
#N/A	Number of non-er	Number of non-emergency responses	#N/A	Number of non-emergency transports Number of non-emergency transports	uansports ency transports
#N/A	Total number of responses	esponses	Air Ambulance Services #N/A	Total number of transports	rts
#N/A #N/A	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	#N/A #N/A	Number of emergency transports Number of non-emergency transports	ransports ncv fransports

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

County:	San Bernardino	Provider: Ontario A	Ontario Airport Fire Department	Respon	Response Zone: 3
Address:	1230 Tower Drive	rive 1761	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone Number:	(909) 937-2815	5	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	0
Writte	Written Contract: □ Yes ☑ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Leansport Non-Transport	Level of Service: □ALS
ð	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private		☑ Fire □ Law □ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ 'Federal	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

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

County:	San Bernardino	Provider: Ontario F	Ontario Fire Department	Respon	Response Zone: 3
Address:	Ontario CA 01764	eet 1764	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone Number:	i ţ	2	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	ombulances on Duty on Any Given Day:	0
Write	Written Contract:	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	Le □ Transport □ Non-Transport □	Level of Service: ⊠ ALS ∅ 9-1-1 ☐ Ground ☑ BLS ☒ 7-Digit ☐ Air ☒ 7-Digit ☐ CCT ☐ Water ☐ IFT ☐ IFT
OI	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
☑ Public	te c	☑ Fire □ Law □ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
12,742 12,742 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports ncy transports

County: S	San Bernardino	Provider: Priority O	Priority One Medical Transport (Special Events)		Response Zone: #N/A
Address:	740 S Rochester Av	740 S Rochester Avenue, Suite E	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone Number:	(800) 600-2501	1	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	
Written	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	LA Transport	Level of Service: □ ALS □ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water ☑ 1FT
Owı	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☐ Public ☑ Private	,	 □ Fire □ Law □ Other Explain:	☐ City ☐ County☐ State ☐ Fire District☐ Federal	□ Rotary□ Fixed Wing	 □ Auxiliary Rescue □ Air Ambulance □ ALS Rescue □ BLS Rescue
#N/A T #N/A T #N/A T #N/A T	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A 1 #N/A 1	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncv transports

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

County: San Bernardino	Provider:	Rancho Cucamonga Fire Protection District	Respon	Response Zone: 1
Address: 10500 C	10500 Civic Center Drive	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	0
Rancho	Rancho Cucamonga, CA 91730			
Phone Number: (909) 477-2770	7-2770	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	0
Written Contract:	Medical Director:	System Available 24 Hours:		Ser
☐ Yes ☑ No	☐ Yes □ No	☑ Yes □ No	☐ Transport ☑ Non-Transport ☑	☑ 9-1-1 □ ☑ 7-Digit □
			ž	☑ /-Digit □ CCI □ Water □ IFT
Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
✓ Public ☐ Private	☐ Fire ☐ Law	☐ City ☐ County ☐ State ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐
	Explain:	∟ Federal	•	☐ ALS Rescue
9,012 Total numbe	Total number of responses	Transporting Agencies	Total number of transports	S Luci
9,006 Number of e	Number of emergency responses Number of non-emergency responses	0	Number of non-emergency transports Number of non-emergency transports	transports ency transports
		Air Ambulance Services	l	
	Total number of responses	0	Total number of transports	rts
	Number of emergency responses	0	Number of emergency transports	ransports
O Number of n	Number of non-emergency responses	0	Number of non-emergency transports	ncy 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.

County:	San Bernardino	Provider: Redlar	Redlands Fire Department	Respon	Response Zone: 8
Address:	35 Cajon, Suite 12	e 12	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	0
	Redlands, CA 92373	92373			
Phone Number:	0092-862 (606)	0	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	0
Writt	Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:
	□ Yes ⊠ No	☑ Yes □ No	☑ Yes □ No	☐ Transport ☑ Non-Transport ☑	☑ 9-1-1 □ □ ∇ 7-Digit □
					☑ 7-Digit □ CCT □ Water □ IFT
Ó	Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☐ Public☐ Private	. 0	✓ Fire Law	☐ City ☐ County ☐ State ☐ Fire District	☐ Rotary☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance
		☐ Other Explain:	☐ Federal)	☐ ALS Rescue ☐ BLS Rescue
2,880	Total number of responses	esponses	Transporting Agencies	Total number of franchorte	Orte
2,880	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	0	Number of non-emergency transports Number of non-emergency transports	transports ency transports
			Air Ambulance Services		
0	Total number of responses	ssponses	0	Total number of transports	rts
0	Number of emergency responses	ency responses	0	Number of emergency transports	ransports
0	Number of non-en	Number of non-emergency responses	0	Number of non-emergency transports	ncy 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.

County:	San Bernardino	Provider: Rialto Fir	Rialto Fire Department	Respo	Response Zone: 5	
Address:	131 South Willow	wol	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	5	
Phone Number:	(909) 820-2657	7	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	2	
Writt	Written Contract: □ Yes ☑ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes \square No	L Transport E Non-Transport	Level of Service: ☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water ☑ IFT	
6 	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:	
☑ Public □ Private	63	✓ Fire□ Law□ OtherExplain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
5,867	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 3,089 3,087 2	Total number of transports Number of emergency transports Number of non-emergency transports	ports y transports gency transports	
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ancy 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.

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

County:	San Bernardino	Provider: R	unning S	Running Springs Fire Department	Respon	Response Zone: 19
Address:	31250 Hilltop Boulevard	Boulevard		Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	3
	Running Sprir	Running Springs, CA 92382		-		
Phone Number:	(909) 867-2630	09		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	1
Writte	Written Contract:	Medical Director:	tor:	System Available 24 Hours:		Service:
Ā №	☑ Yes □ No	☑ Yes □ 1	No	☑ Yes □ No	✓ Transport ✓ Transport ✓	☑ 9-1-1 ☑ ☑ ☑ 7-Digit □
					≯ I	⊠ /-Digit □ CC1 □ water ⊠ /-Digit □ CC1
ð	Ownership:	If Public:		<u>If Public</u> :	<u>If Air:</u>	Air Classification:
Public Private	0	Fire Law		☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ AI.S Rescue
		Explain:				☐ BLS Rescue
507	Total number of responses	esponses		Transporting Agencies	Total number of franchorte	Orte
501	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses		401	Number of non-emergency transports Number of non-emergency transports	transports ency transports
1	,			Air Ambulance Services	જા	

Number of emergency transports
Number of non-emergency transports

Total number of transports

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

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Table 8: Resource Directory

Response/Transportation/Providers

County:	San Bernardino	Provider: San Be	Bernardino City Fire Department	Respo	Response Zone: 6
Address:	200 East Third Street	1 Street	Number of Ambulance Vehicles in Fleet:	ce Vehicles in Fleet:	0
	San Bernardino, CA 92410	o, CA 92410			
Phone Number:	(909) 384-5286	9	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Ambulances on Duty on Any Given Day:	0
					,
Writt	Written Contract:	Medical Director:	System Available 24 Hours:		Ser
	□ Yes ☑ No	✓ Yes □ No	☑ Yes □ No	☐ Transport ☐ Non-Transport ☐	☑ 9-1-1 ☐ ☑ 7-Digit ☐
		*	MANN, JANGS SAN		☑ 7-Digit □ CCT □ Water □ IFT
Ó	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	0 Q	☑ Fire□ Law□ OtherExplain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
28,311	Total number of responses	esponses	Transporting Agencies	Total number of transports	ports
28,309	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses	0	Number of emergency transports Number of non-emergency transports	r transports ency transports
			Air Ambulance Services	8)	
0	Total number of responses	esponses	0		orts
	Number of emergency responses	ency responses	0	Number of emergency transports	ransports
0	Number of non-en	Number of non-emergency responses	0	Number of non-emergency transports	ncy transports

County: S	San Bernardino	Provider: San Berna	San Bernardino County Fire Department	Respo	Response Zone: #N/A
Address:	157 West 5th Street, 2nd Flo	157 West 5th Street, 2nd Floor	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	20
Phone Number:	(909) 387-5974	4	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	11
Written	Written Contract:	Medical Director:	System Available 24 Hours:	L Transport	Level of Service: ☑ ALS ☑ 9-1-1 ☒ Ground
∏ Ye.	□ Yes ☑ No	☑ Yes □ No	☑ Yes □ No	Non-Transport	git CCT \text{\tint{\text{\tint{\text{\tin}\xi}\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\xi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\texi}\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\texi}\text{\texi}
Own	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private		☑ Fire □ Law □ Other Explain:	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
512 507 1	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 271 267	Total number of transports Number of emergency transports Number of non-emergency transports	ports / transports gency transports
0 0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ncy 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.

County:	San Bernardino	Provider: San Berna	Bernardino County Sheriff's Aviation Division		Response Zone: 1-27	
Address:	1776 Miro Way Rialto, CA 92376	y 376	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	2	
Phone Number:	(909) 356-3800	0	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:		
Written C	Written Contract: ☑ Yes □ No	Medical Director: ☑ Yes □ No	System Available 24 Hours:	Le Transport ⊠ Non-Transport ☑	Level of Service:	
MO	Ownership:	If Public:	<u>If Public</u> :	If Air:	Air Classification:	
☐ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City County □ State □ Fire District □ Federal	☑ Rotary □ Fixed Wing	☑ Auxiliary Rescue☐ Air Ambulance☑ ALS Rescue☑ BLS Rescue	
0 0	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports	
94 84 10	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 63 57 6	Total number of transports Number of emergency transports Number of non-emergency transports	rts ansports cv transports	

^{*}Note: San Bernardino County Sheriff's Aviation Division provided only partial data for the 07/01/2013 to 06/30/2014 period as part of the transition process to ImageTrend.

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)	Respor	Response Zone: #N/A
Address: 1209 Lytl	1209 Lytle Creek Road Lytle Creek. CA 92358	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone (909) 887-2576	-2576	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract:	Medical Director:	System Available 24 Hours:		Service:
□ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☐ Transport ☐ Mon-Transport ☑	□ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ 7-Digit □ CCT □ Water □ IFT
Ownership:	<u>If Public:</u>	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☑ Other Explain: Forestry	☐ City ☐ County ☑ State ☐ Fire District ☑ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A Total number #N/A Number of er	Total number of responses Number of emergency responses	Transporting Agencies #N/A #N/A	Total number of transports Number of emergency transports	oorts transports
#N/A Number of no	Number of non-emergency responses	#N/A	Number of non-emergency transports	ency transports
#NI/A T	3	Air Ambulance Services		
	rotal number of responses Number of emergency responses	#N/A #N/A	I otal number of transports Number of emergency transports	orts ransports
	Number of non-emergency responses	#N/A	Number of non-emergency transports	nocy transports

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

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

	Traincer or cincipance trainsports
0	Number of non-emergency transport
Air Ambulance Services	
0	Total number of transports
0	Number of emergency transports
C	Number of non-emergency transports

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

000

County:	San Bernardino	Provider: Searles Va	Searles Valley Minerals (Industrial)	Respon	Response Zone: 24
Address:	13200 Main Street	itreet	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone Number:	(760) 372-2339	61	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	mbulances on Duty on Any Given Day:	
Writter	Written Contract:	Medical Director:	System Available 24 Hours:		Service:
□ Ye	□ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☑ Transport □ Non-Transport 区	□ ALS □ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit □ Air ☑ 7-Digit □ CCT □ Water □ IFT
Owi	Ownership:	<u>If Public:</u>	If Public:	If Air:	Air Classification:
☐ Public ☑ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
#N/A #N/A 1 #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
#N/A #N/A #N/A	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services #N/A #N/A #N/A	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports nev fransmorts

^{*}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

County:	San Bernardino	Provider: S	Symons A	Symons Ambulance (Special Events)	ecial Events)	Respo	Response Zone: #N/A	
Address:	18592 Cajon Boulevard	Soulevard		Ź	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	10	
	San Bernardino, CA 92407	o, CA 92407		-				
Phone Number:	(909) 880-2979	6		ÄÄ	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	-	
Writt	Written Contract:	Medical Director:	tor:	System Av	System Available 24 Hours:		Level of Service:	
<u>></u>	☑ Yes □ No	☑ Yes □ No	No		☑ Yes □ No	☐ Transport ☐ Non-Transport [☐ 9-1-1 ☐ ☐ 7-Digit ☐	Ground Air
							☑ 7-Digit □ CCT □ Water □ IFT	ter
Ó	Ownership:	If Public:		IEP	If Public:	<u>If Air:</u>	Air Classification:	
☐ Public ☐ Private	ა ა	☐ Fire☐ Law☐ Other		☐ City ☐ State ☐ Federal	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue	
		Explain:					☐ BLS Rescue	
2,088	Total number of responses	sesuodse		Tra	Transporting Agencies	Total number of transports	oorts.	
19 2,069	Number of emergency responses Number of non-emergency respo	Number of emergency responses Number of non-emergency responses			1,346	Number of emergency transports Number of non-emergency transports	/ transports gency transports	
¢	- -			Air	Air Ambulance Services			
	Number of emergency responses	esponses ency responses				Total number of transports Number of emergency transports	orts transports	
0	Number of non-en	Number of non-emergency responses			0	Number of non-emergency transports	ncy 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

County: San Bernardino	Provider: Twenty N	Twenty Nine Palms Fire Department	Respo	Response Zone: 14
Address: 6560 Adobe Road 29 Palms, CA 92277	Road A. 92277	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	0
Phone (760) 367-7524	.24	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	0
Written Contract: □ Yes ☑ No	Medical Director: ☑ Yes □ No	System Available 24 Hours: Yes No	Lo Transport	Level of Service: □ ALS □ 9-1-1 □ Ground □ BLS □ 7-Digit □ Air □ Air □ 7-Digit □ CCT □ Water □ IFT
Ownership:	<u>If Public:</u>	If Public:	If Air:	Air Classification:
☑ Public □ Private	☑ Fire□ Law□ OtherExplain:	⊠ City □ County □ State □ Fire District □ Federal	□ Rotary□ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
586 Total number of responses 586 Number of emergency responses 0 Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
Total number of responses Number of emergency responses Number of non-emergency responses	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	rts ransports ncy 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.

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

County: S	San Bernardino	Provider: Upland Fi	Upland Fire Department	Respo	Response Zone: 1-27
Address:	475 North 2nd Avenue Upland, CA 91785	1 Avenue 1785	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	
Phone Number:	(909) 931-4180	0;	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	on Any Given Day:	. 1
Written	Written Contract:	Medical Director:	System Available 24 Hours:		Service:
☑ Yes □	s 🗆 No	☑ Yes □ No	☑ Yes □ No	☑ Transport ☑ Non-Transport ☑ ☑	☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit ☑ CCT ☐ Water ☑ IFT
Own	Ownership:	<u>If Public:</u>	If Public:	<u>If Air:</u>	Air Classification:
☑ Public		☑ Fire□ Law□ OtherExplain:	☑ City☐ County☐ State☐ Fire District☐ Federal	☑ Rotary □ Fixed Wing	☐ Auxiliary Rescue☑ Air Ambulance☐ ALS Rescue☐ BLS Rescue
5,443 T 5,442 N 1	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	oorts transports ency transports
194 T	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 126 69 57	Total number of transports Number of emergency transports Number of non-emergency transports	orts ransports ncy transports

County: S.	San Bernardino	Provider: Upland F	Fire Department	Respon	Response Zone: 1-27
Address:	475 North 2nd Avenue Upland, CA 91785	1 Avenue 1785	Number of Ambulance Vehicles in Fleet:	e Vehicles in Fleet:	1
Phone Number:	(909) 931-4180	0:	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	embulances on Duty on Any Given Day:	
Written	Written Contract:	Medical Director:	System Available 24 Hours:		Service:
☑ Yes	☑ Yes □ No	☑ Yes □ No	☑ Yes □ No	☑ Iransport ☑ ☐ Non-Transport ☑ ☑	☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit ☑ Air ☑ 7-Digit ☑ CCT □ Water ☑ IFT
Own	Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public		✓ Fire□ Law□ OtherExplain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary □ Fixed Wing	 □ Auxiliary Rescue ☑ Air Ambulance □ ALS Rescue □ BLS Rescue
5,443 T 5,442 N 1 N	Total number of responses Number of emergency responses Number of non-emergency respo	Total number of responses Number of emergency responses Number of non-emergency responses	Transporting Agencies 0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports	orts transports ency transports
194 To	Total number of responses Number of emergency responses Number of non-emergency responses	Total number of responses Number of emergency responses Number of non-emergency responses	Air Ambulance Services 126 69 84	Total number of transports Number of emergency transports Number of non-emergency transports	rts ansports Icy transports

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

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.
X Exclusive
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 grand fathered, 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).

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.
X Exclusive - Big Pine Rescue meets grandfathering requirement of 1797.224
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 grand fathered, 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.

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

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. Exclusive - Independence Volunteer Fire Department meets grandfathering requirement of 1797.224
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 grand fathered, 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.

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

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. Exclusive
X 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 grand fathered, 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.

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.
Exclusive
X 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 grand fathered, 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.

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. Exclusive
X 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 grand fathered, 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.

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. Exclusive
X 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 grand fathered, 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.

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
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. Exclusive
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 grand fathered, 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)

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.
Exclusive - Southern Inyo Fire Protection District meets grandfathering requirement of 1797.224
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 grand fathered, 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.

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. X Exclusive - Meets grandfathering requirement of 1797.224.
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 grand fathered, 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224.
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 grand fathered, 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.
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.

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

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.
Exclusive - Meets grandfathering requirement of 1797.224.
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 grand fathered, 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.
If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last

competitive process used to select provider or providers.

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.
X Exclusive - Meets grandfathering requirement of 1797.224.
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 grand fathered, 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.
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.

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.
Exclusive - AMR and Cole Schaefer meet grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last

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): 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 Montclair and Chino and a portion of Chino Hills area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive - AMR and Cole Schaefer meet grandfathering requirement of 1797.224 and 1797.226
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 grand fathered, 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.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last

competitive process used to select provider or providers.

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.
X Exclusive - AMR meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
X Exclusive - AMR meets grand fathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
Exclusive - Both providers meet grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
X Exclusive - AMR meets grand fathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last

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.
	x Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
	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 grand fathered, 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 producessor has delivered uninterrupted service with no changes to scope and

If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last

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.

competitive process used to select provider or providers.

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): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
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): Include intent of local EMS agency and Board action.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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 provider 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.

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.
X Exclusive Meets grand fathering requirement of 1797.224 & 1797.226
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 grand fathered, 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 grand fathered, 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.
If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last

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): 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 Wrightwood, Phelan and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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.
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.
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.

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): 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 boundaries similar to the Hesperia Fire Protection District.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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.
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.
If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last

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): 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 Lake Arrowhead, Rimforest, Skyforest, Blue Jay and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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.
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.
If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last

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): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
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): Include intent of local EMS agency and Board action.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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 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.
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.

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. Exclusive
X 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.
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.

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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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.
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.
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.

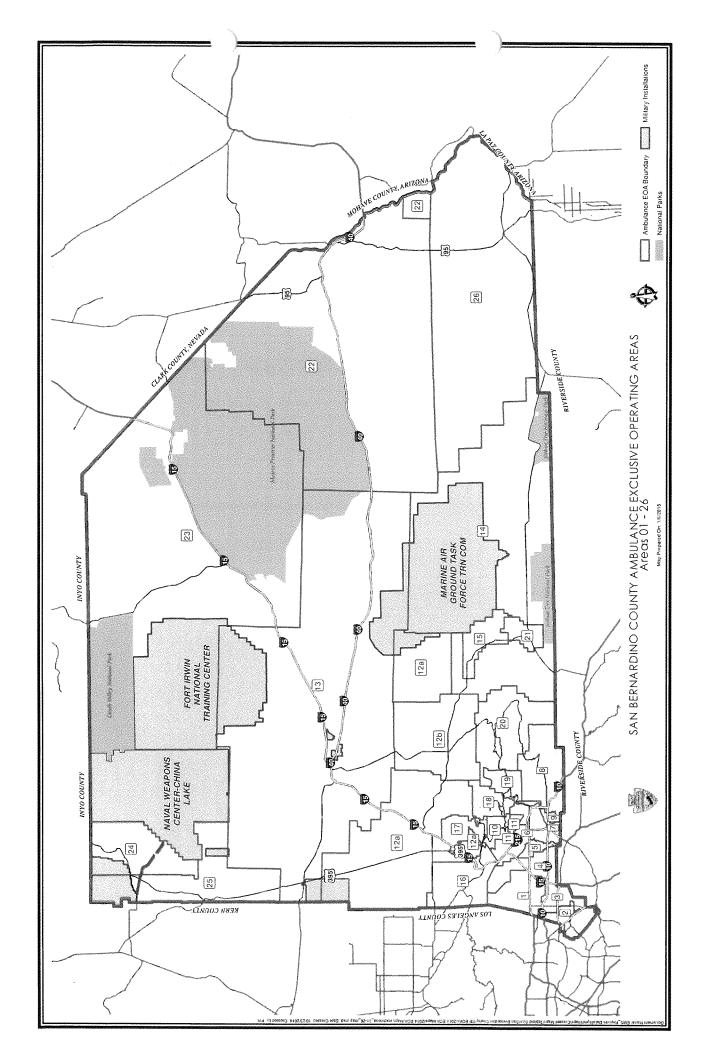
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #22
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Needles Ambulance Service
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.
X Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
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 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.
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.
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.

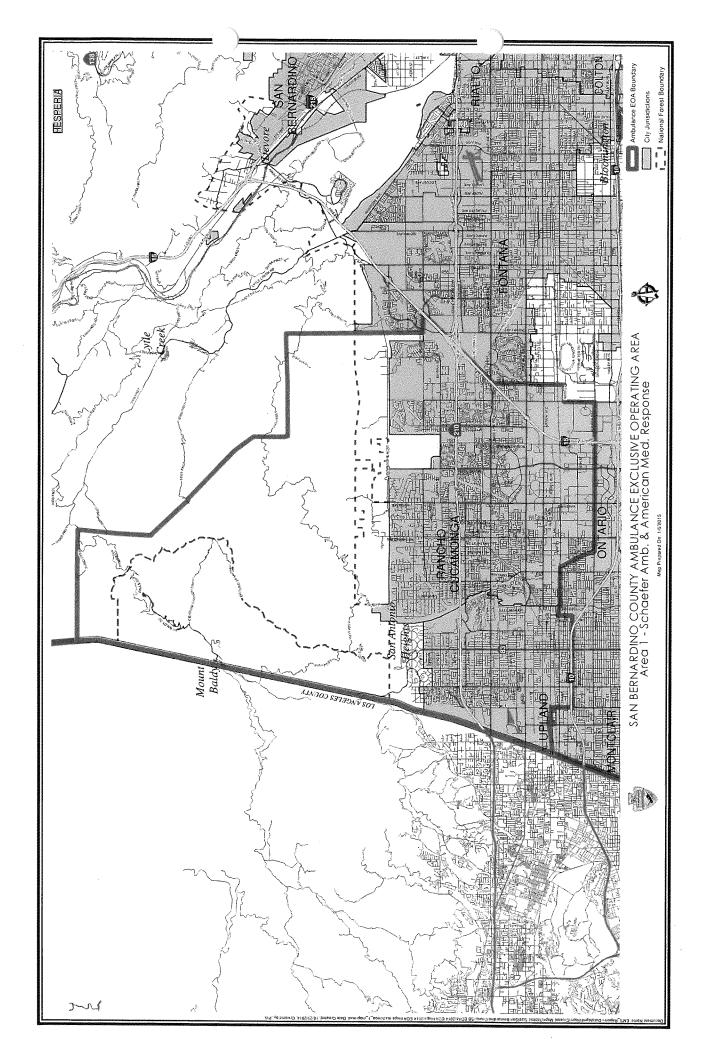
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #23
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
San Bernardino County Fire (assigned 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.
Exclusive
X 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.
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.

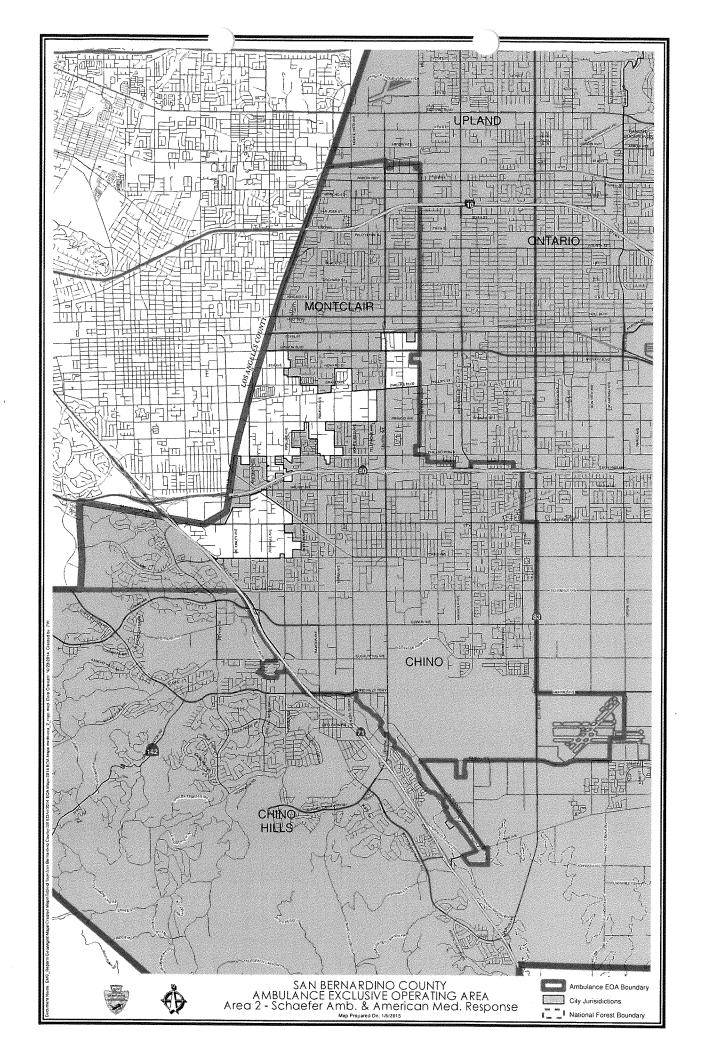
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #24
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Multiple non-exclusive providers 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. Exclusive 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.
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.

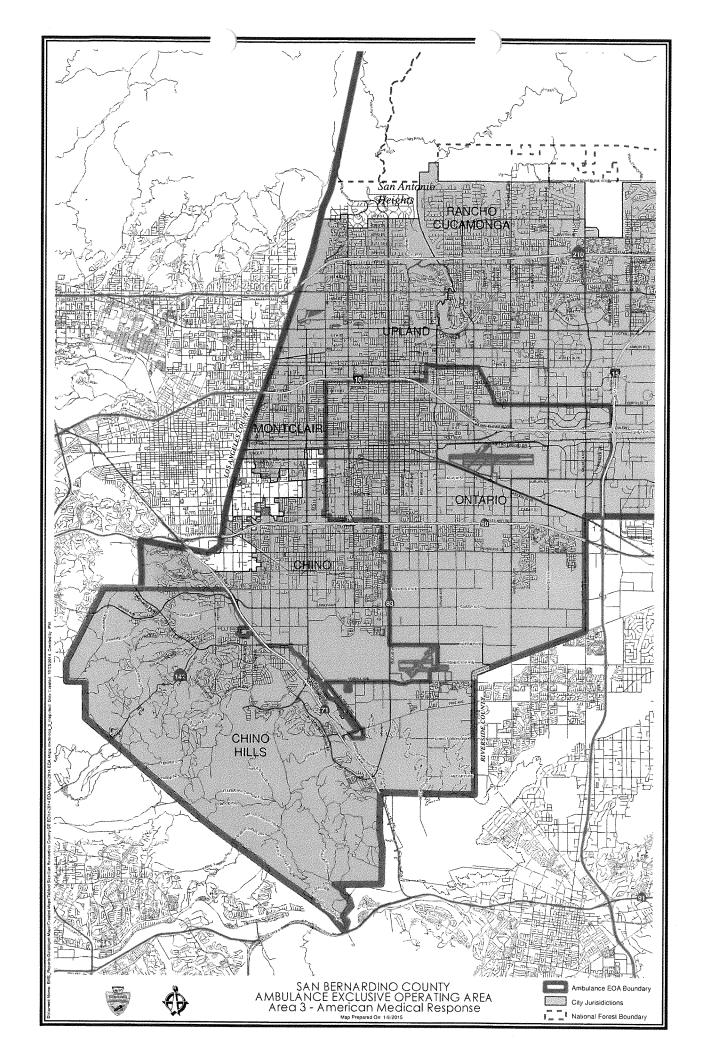
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #25
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Liberty Ambulance Service has 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.
Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
X 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.
RFP process conducted in January 2007. No responses received and area remains non-exclusive.
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.

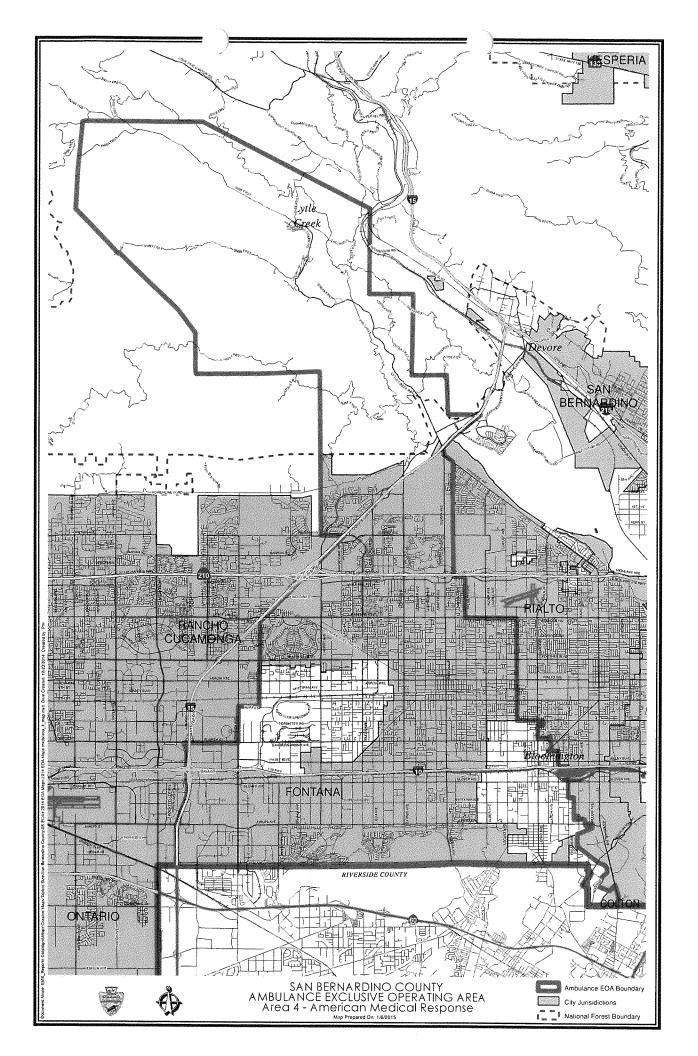
Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #26
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
No approved provider. ALS and 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.
Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.
X 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 the RFP process in January 2007. No responses were received and area remains non-exclusive.
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.

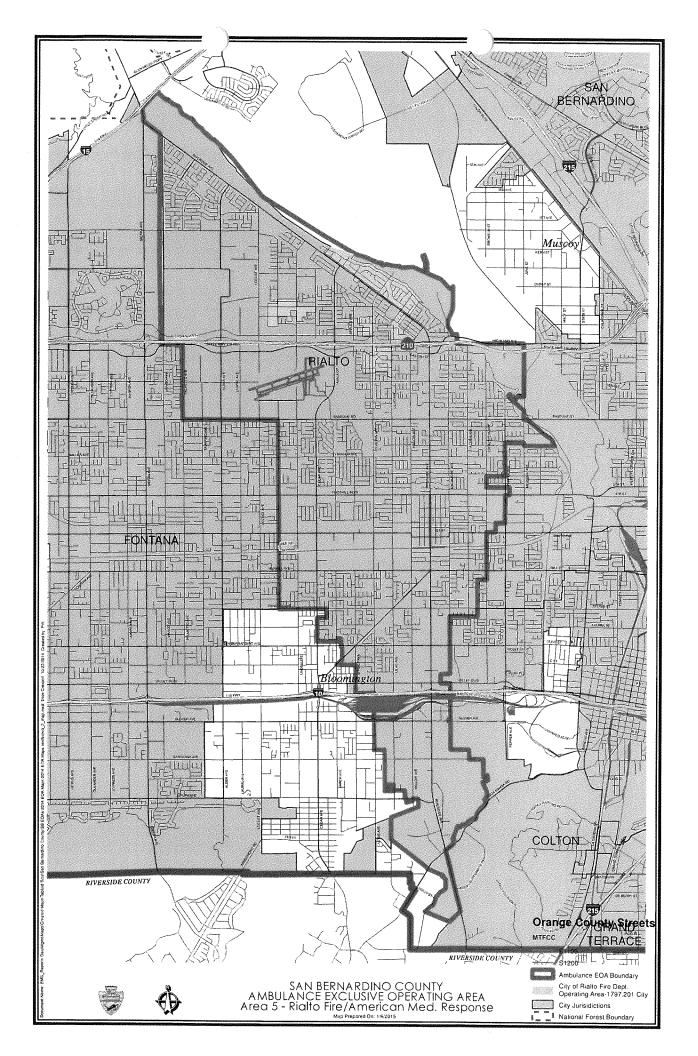


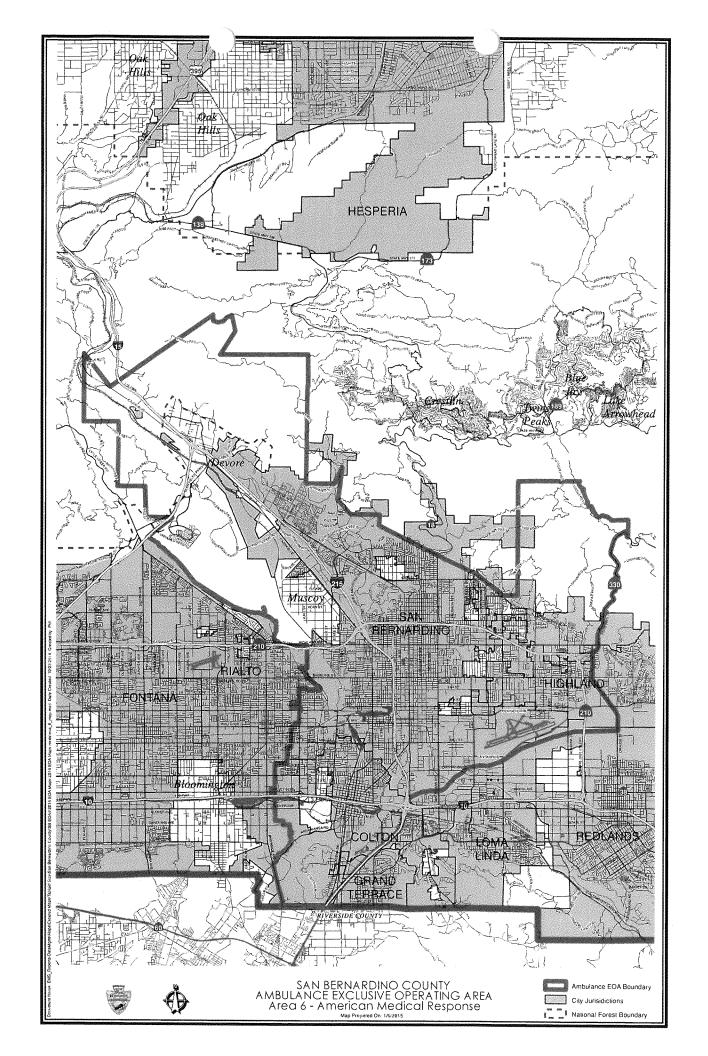


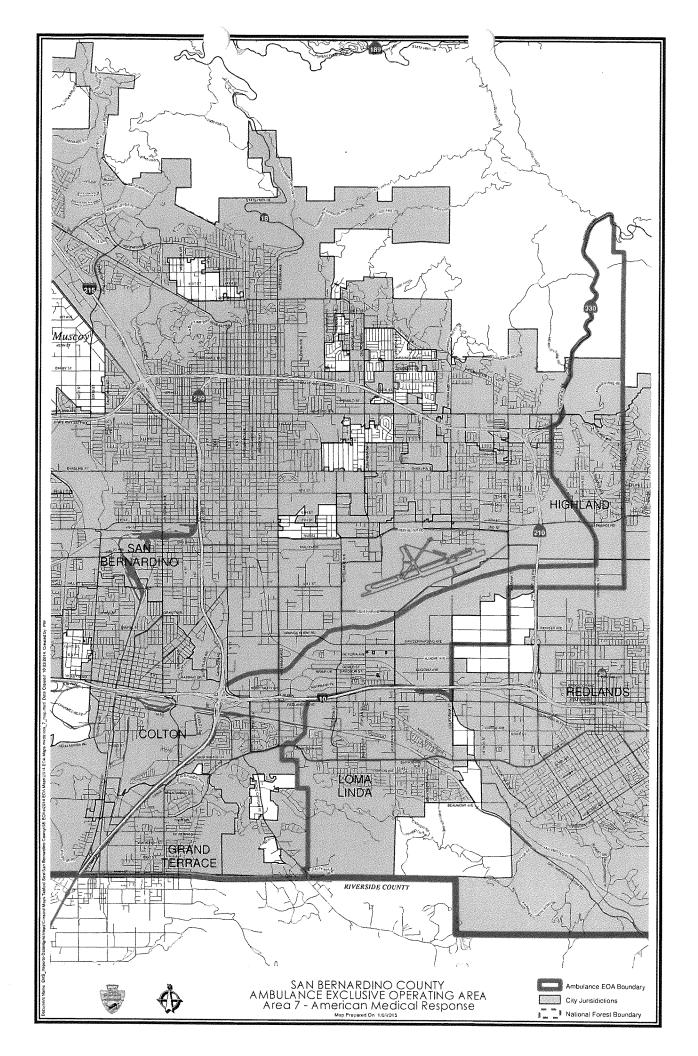


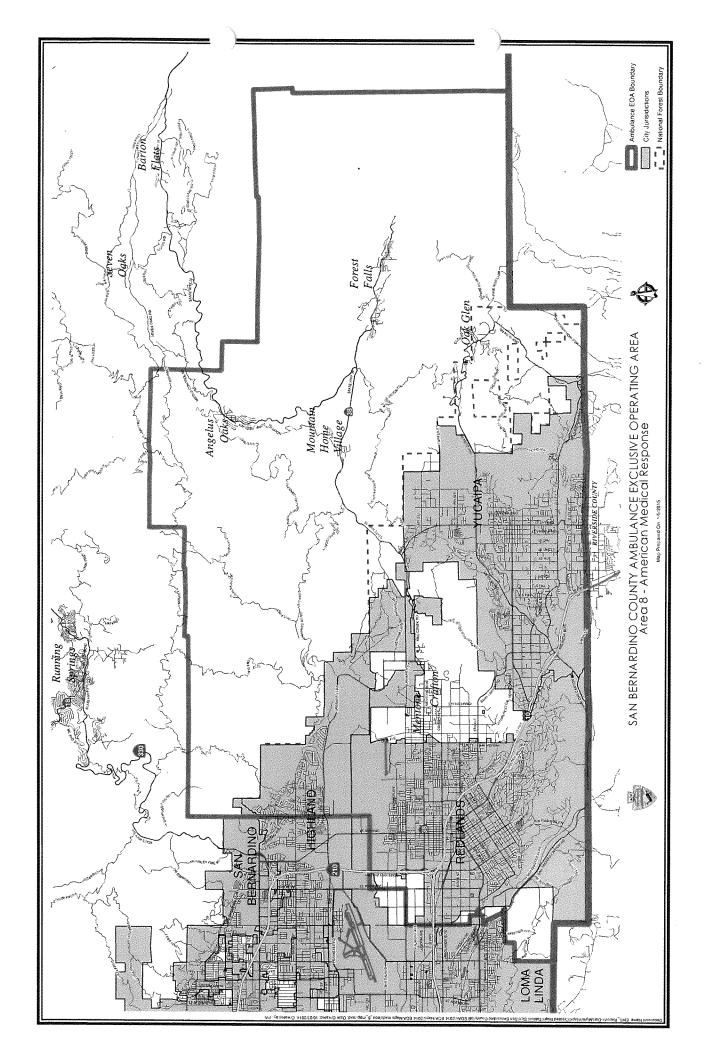


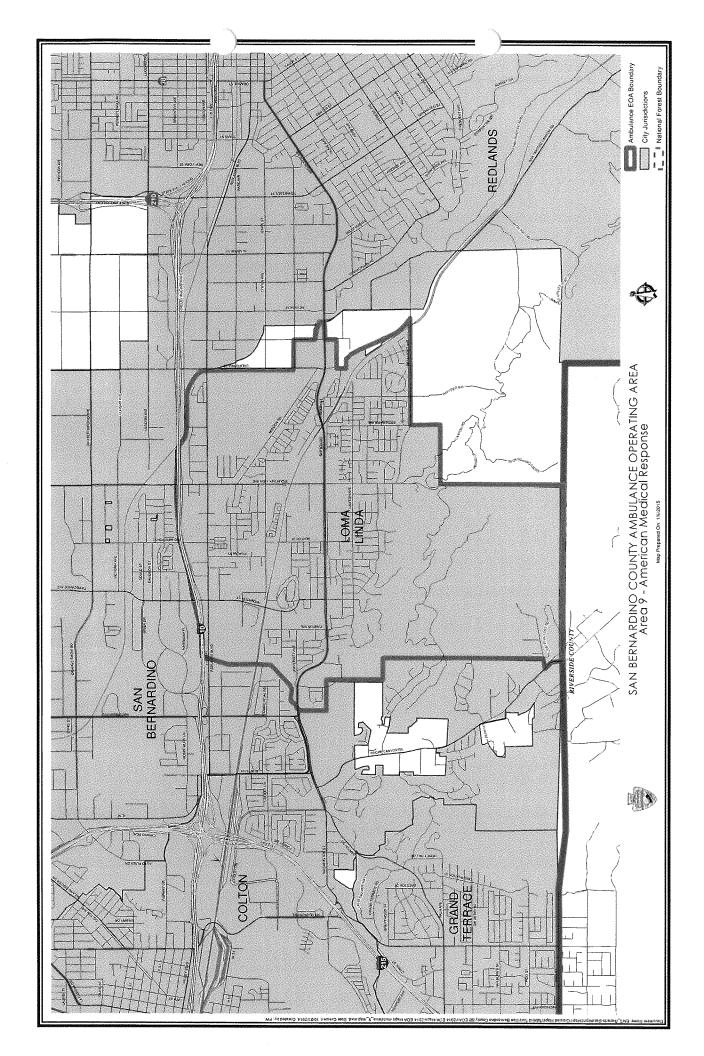


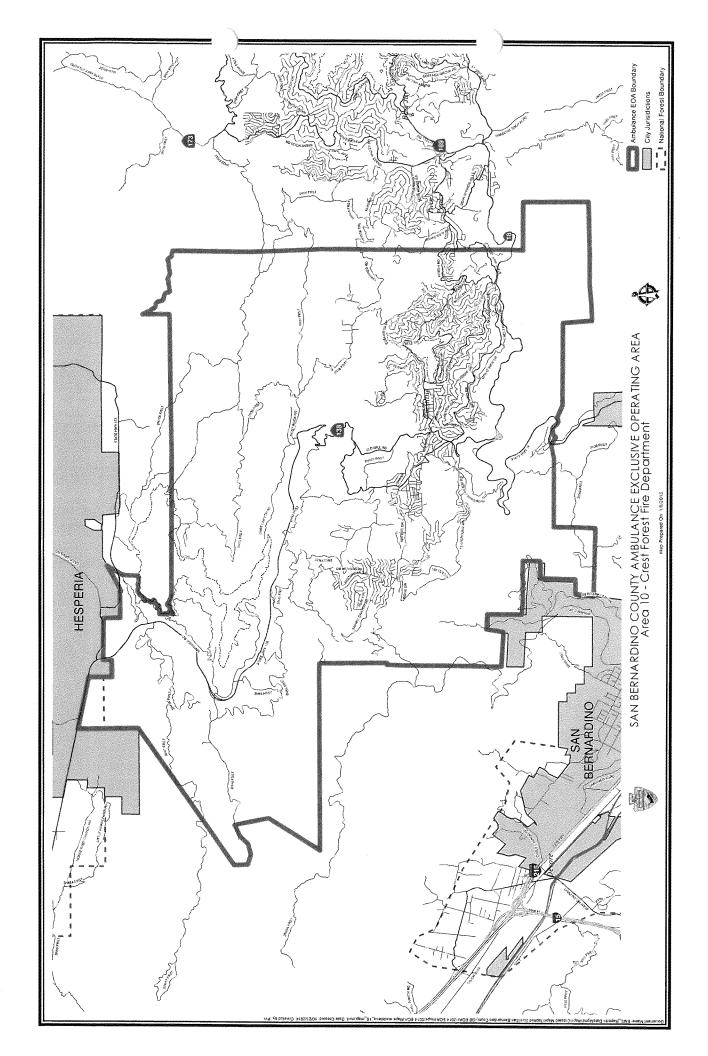


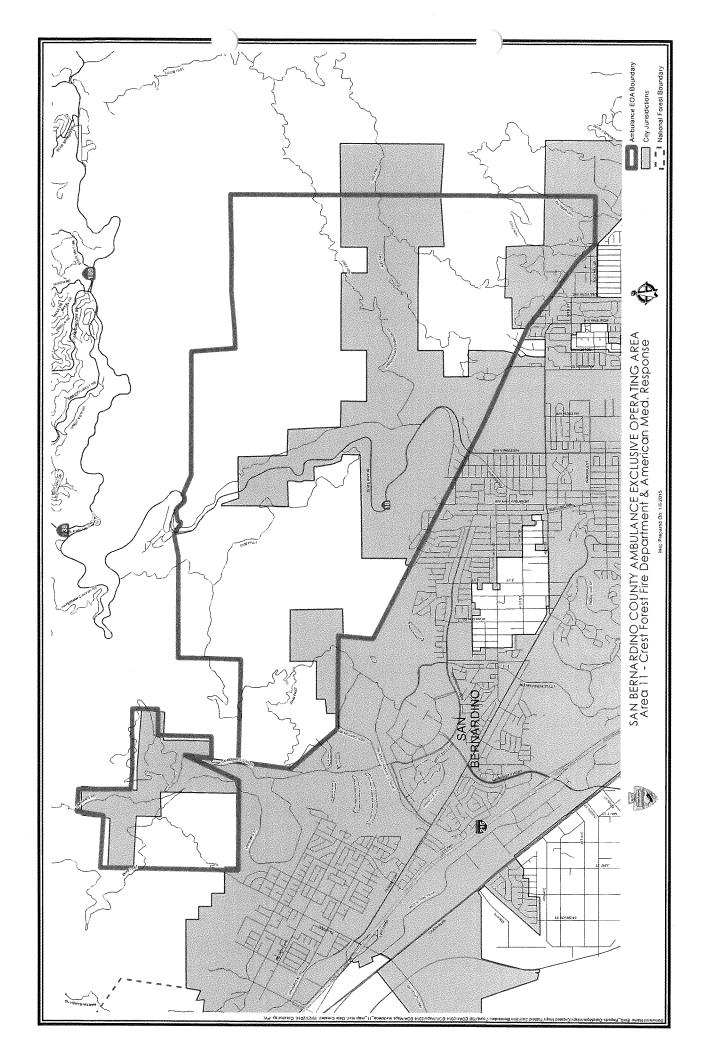


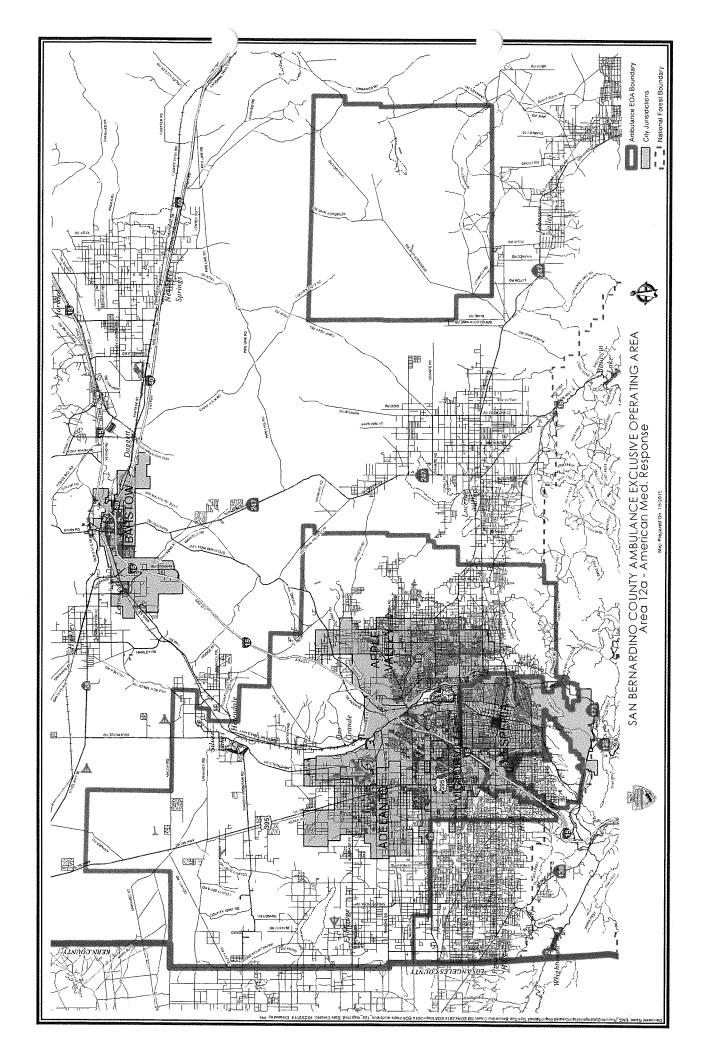


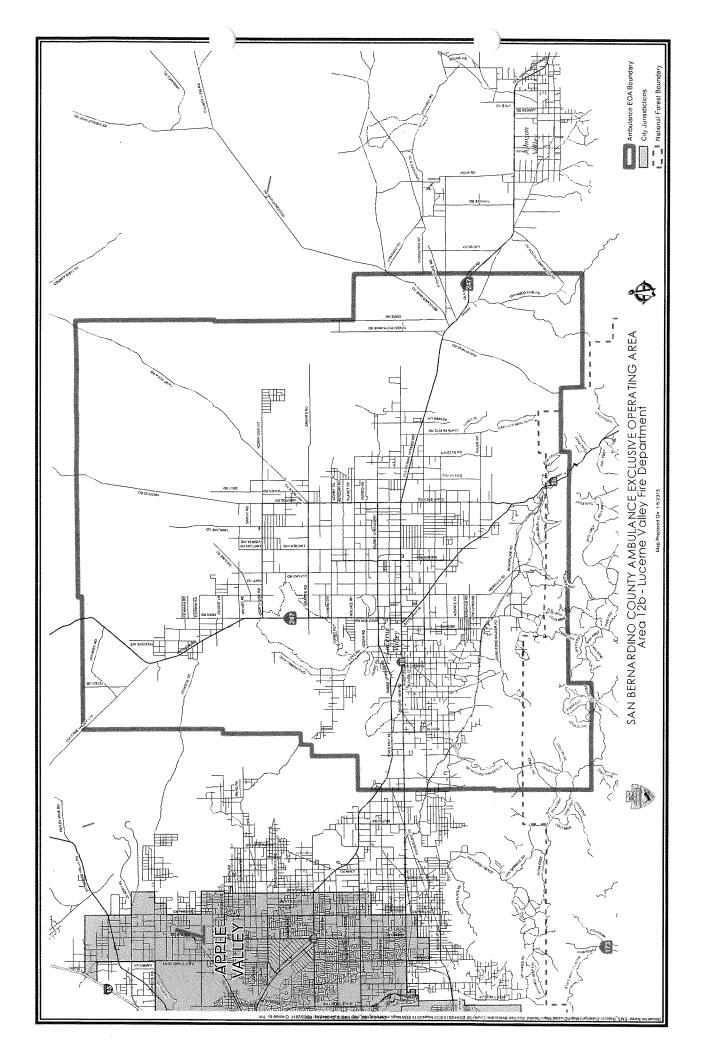


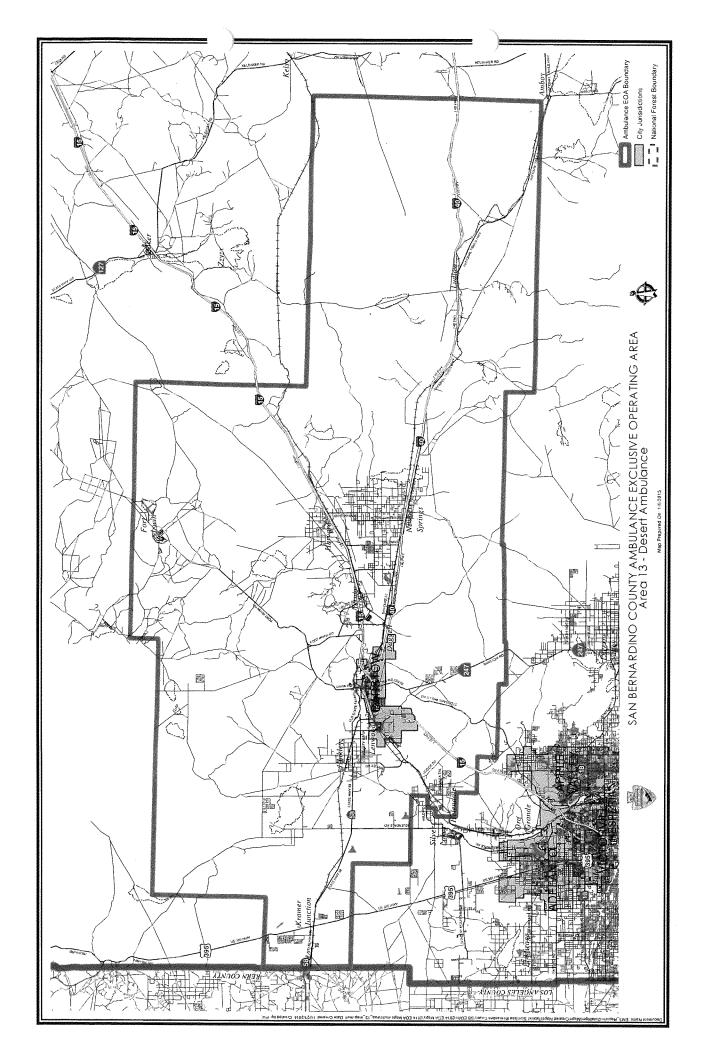


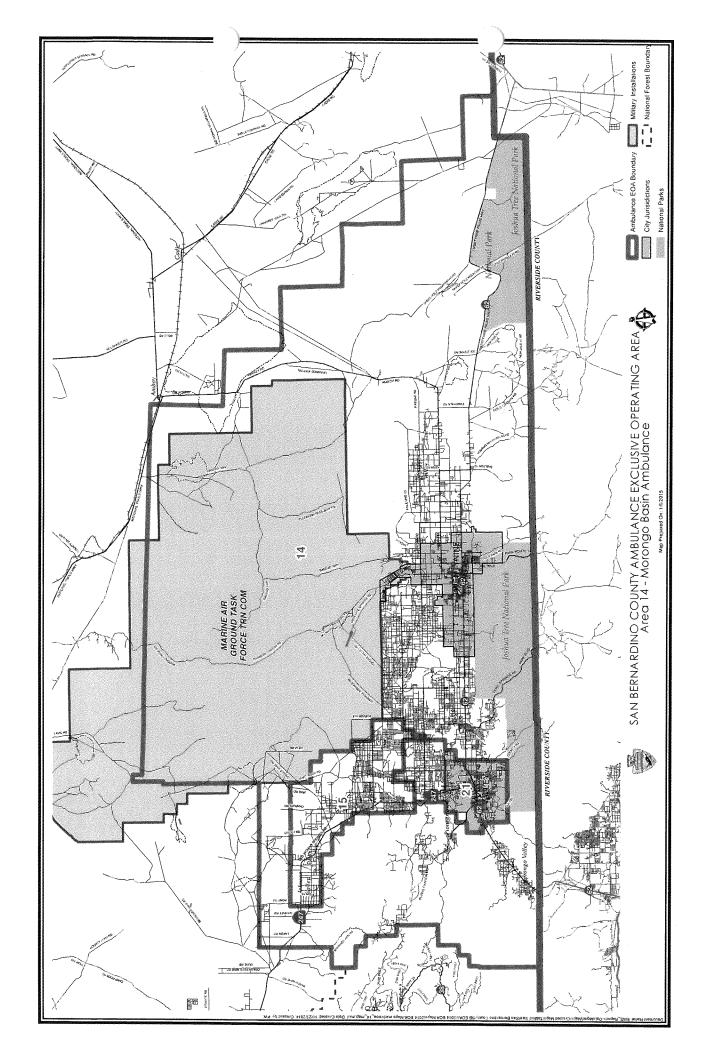


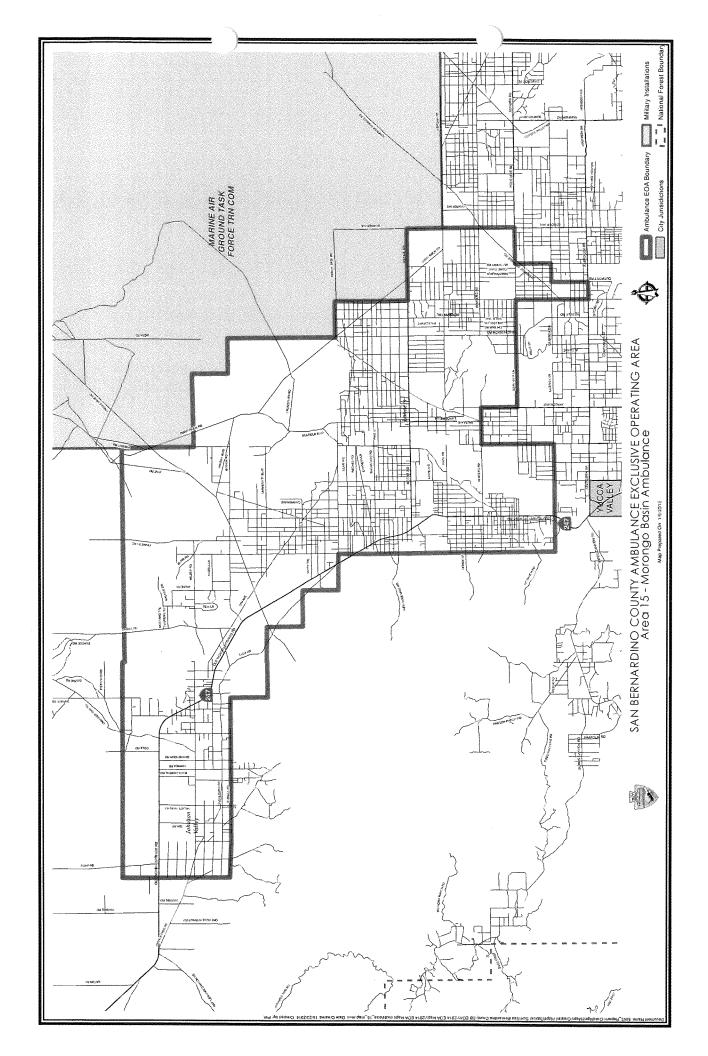


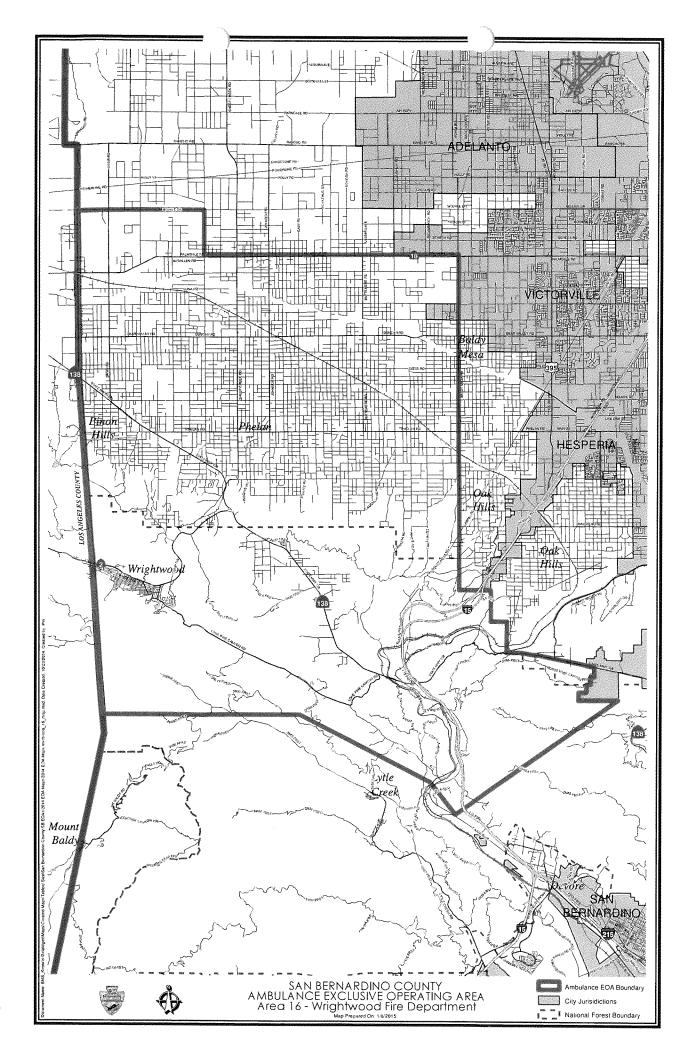


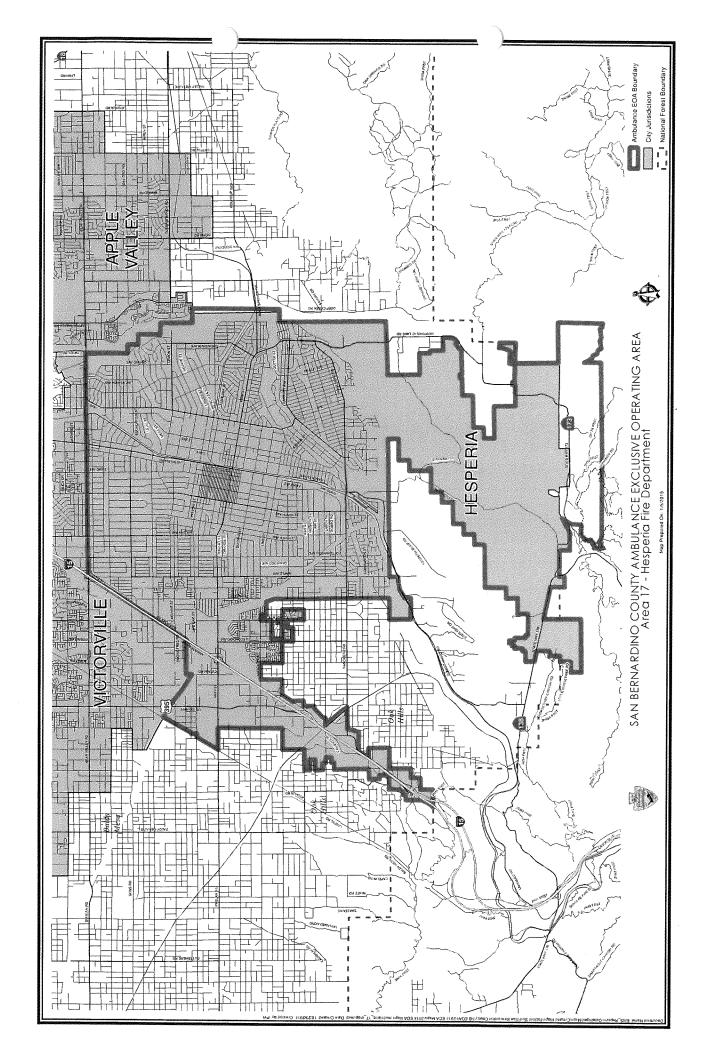


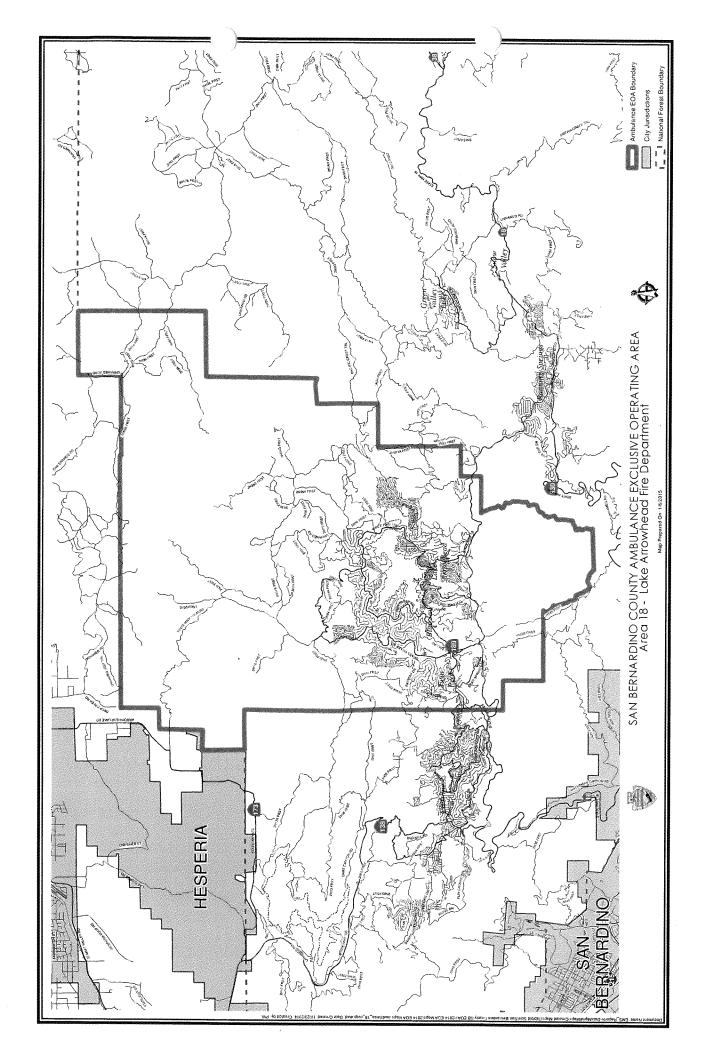


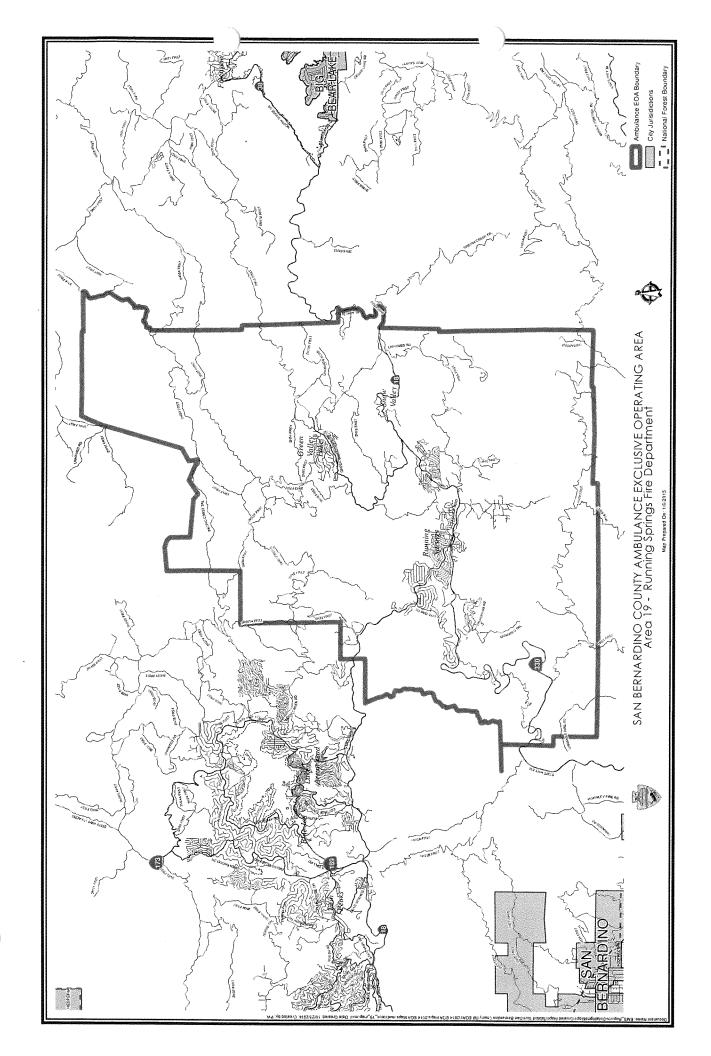


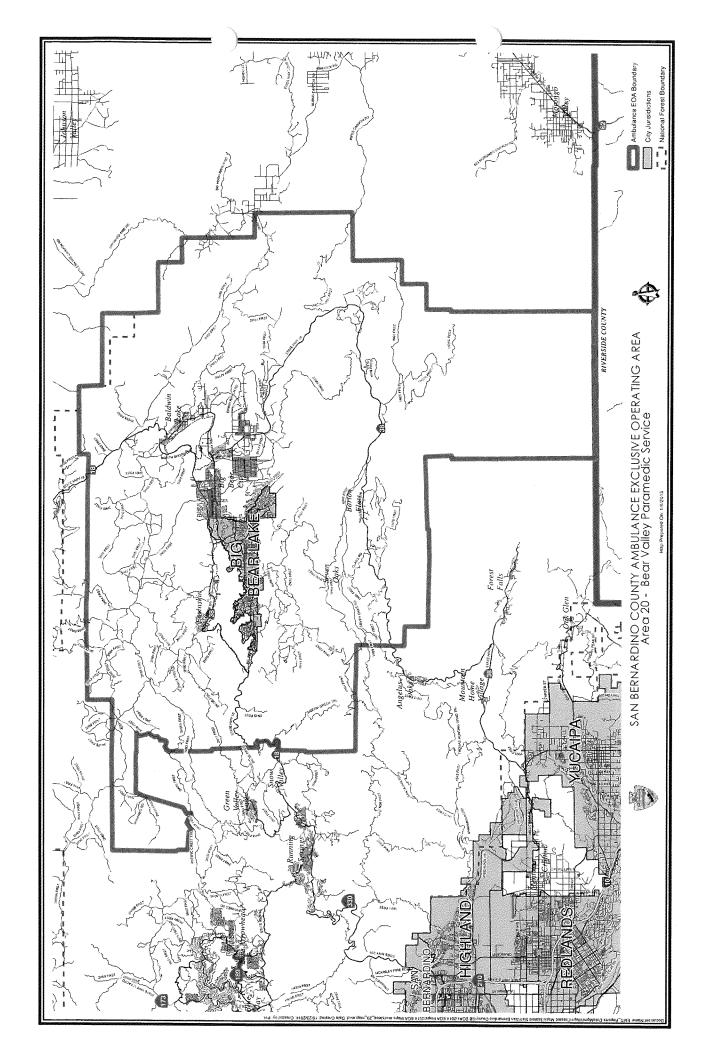


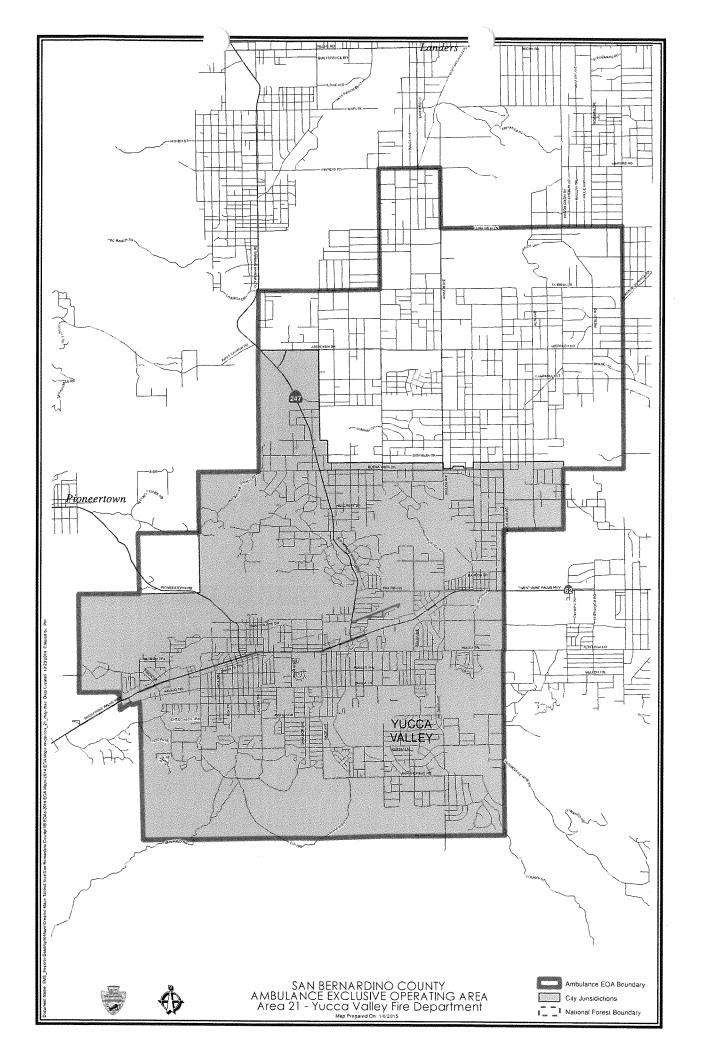


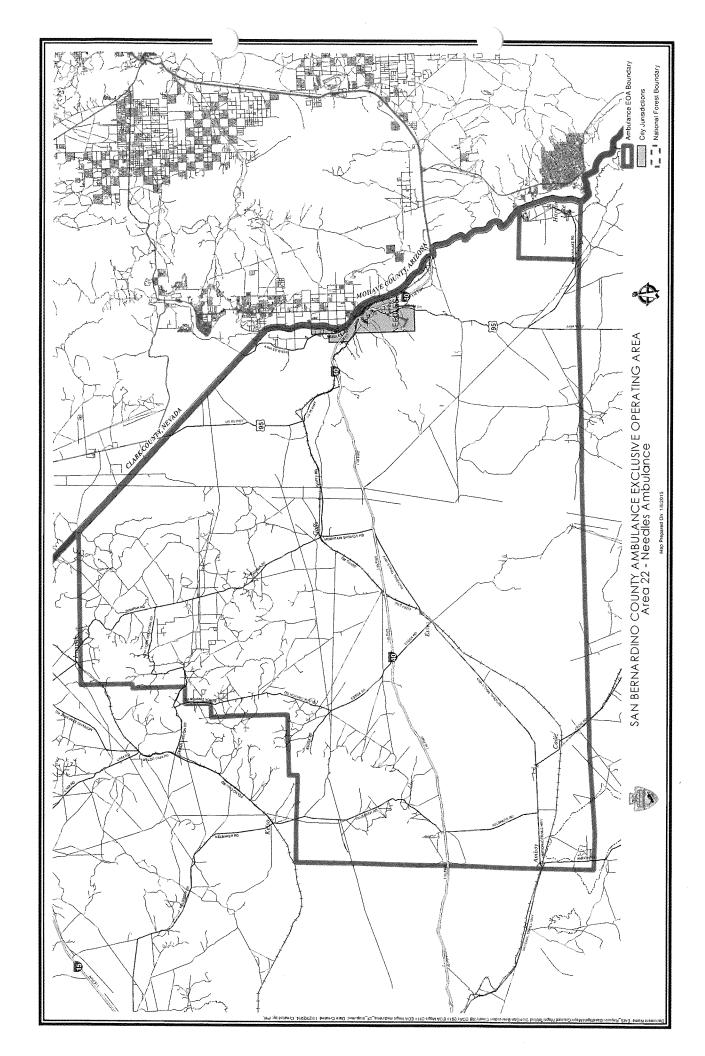


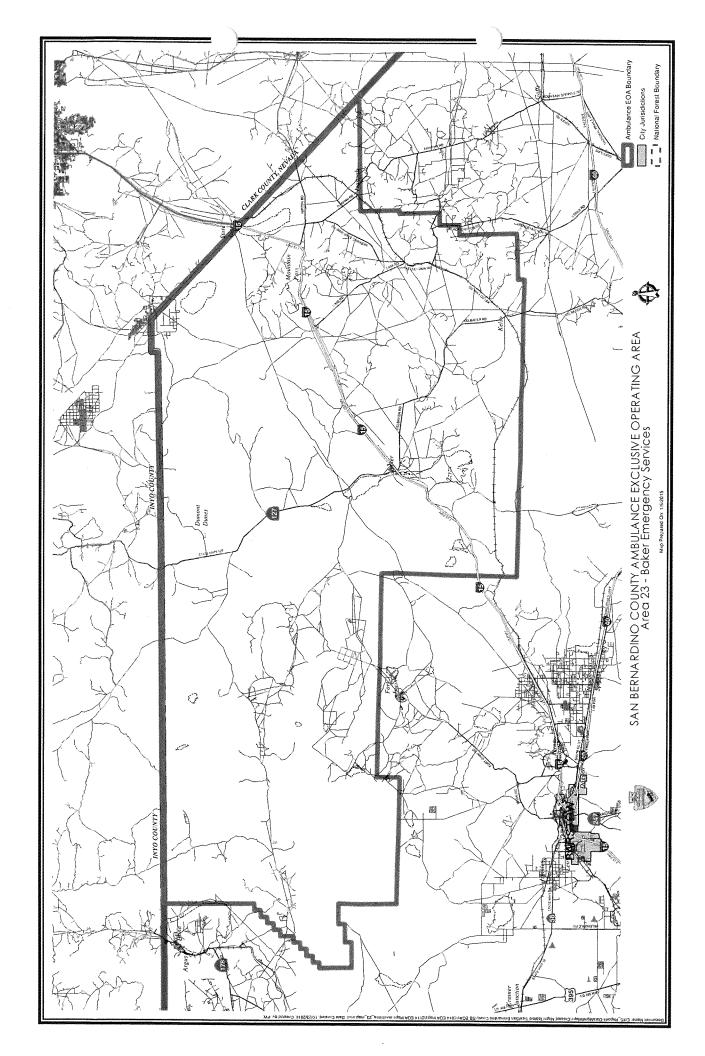


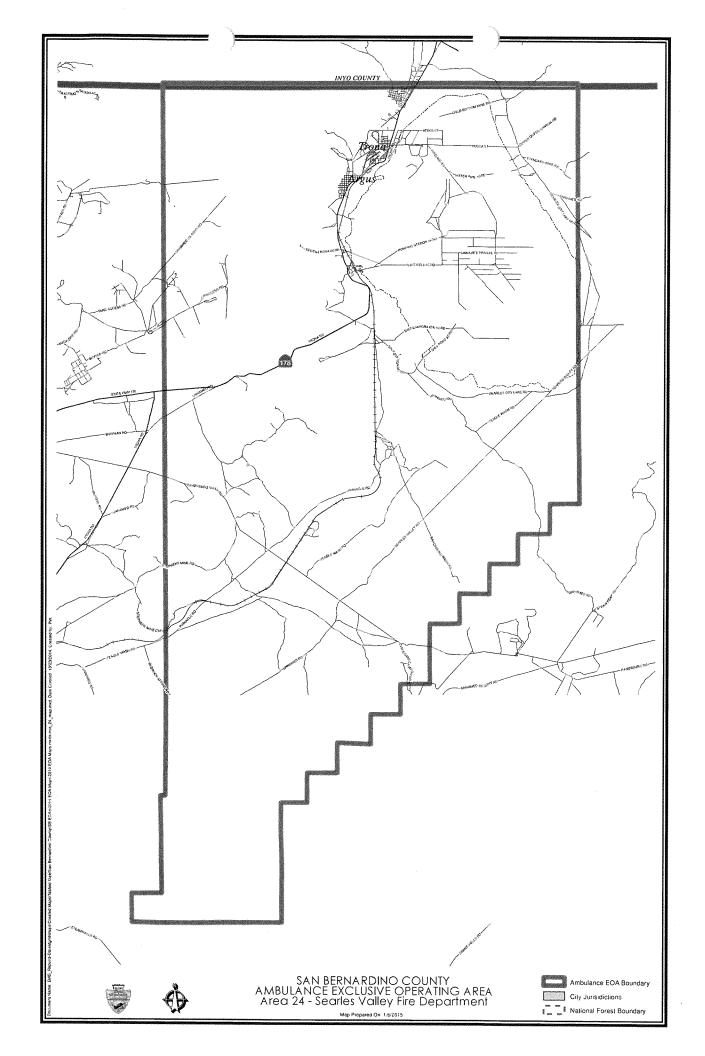


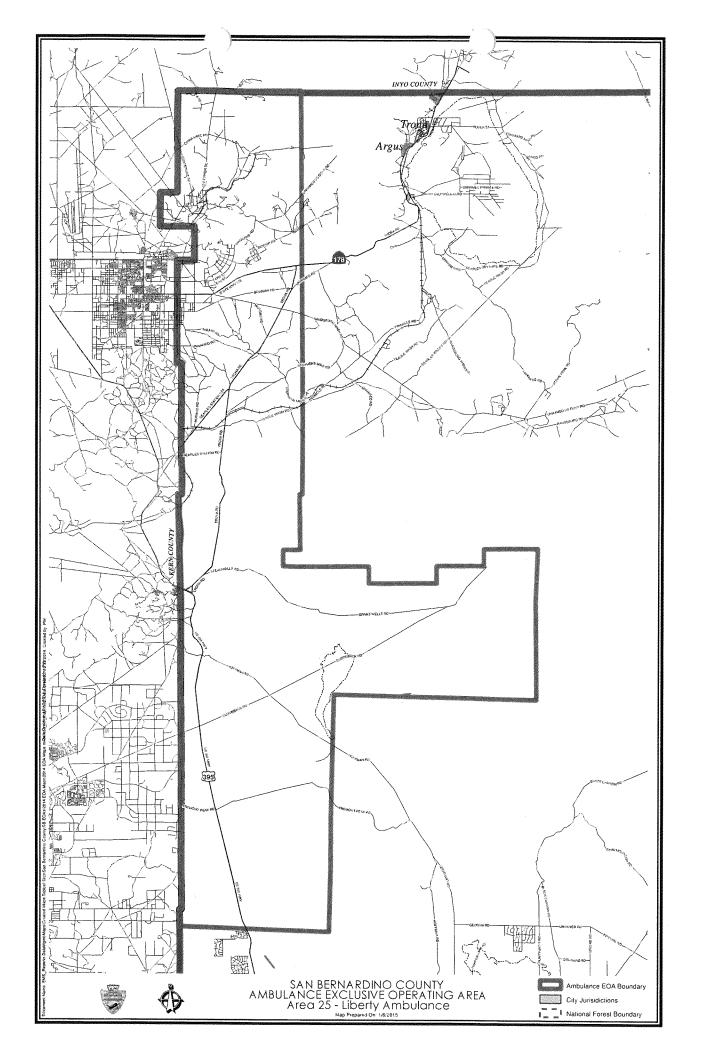


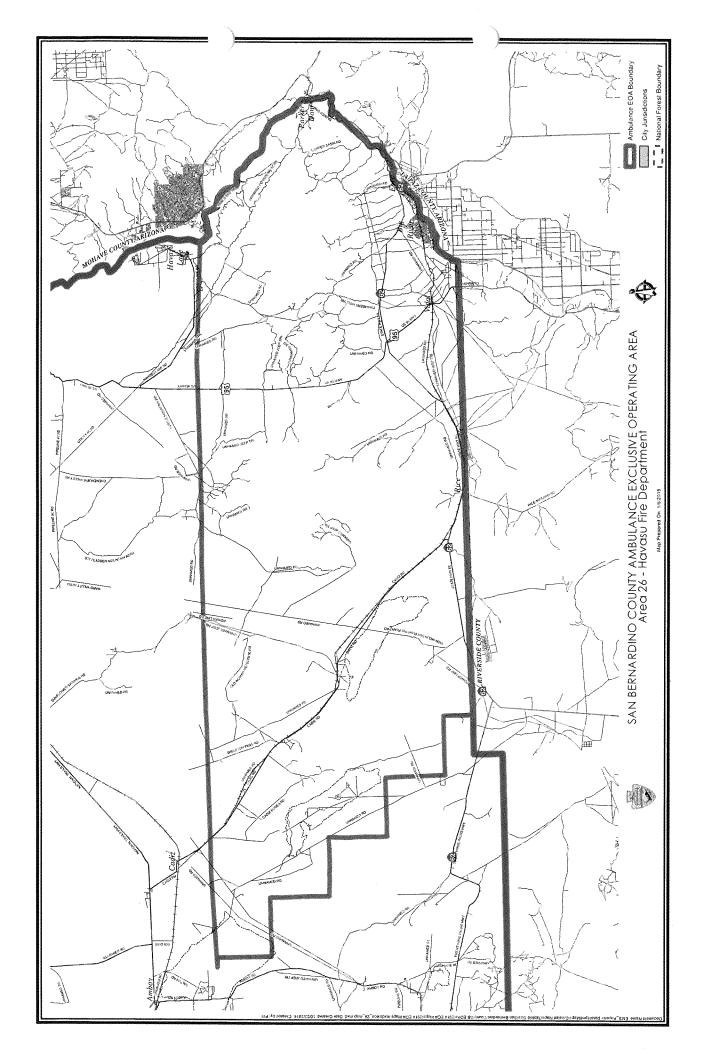












Inyo County: EMS System: Inland Counties Emergency Medical Agency (ICEMA)

Reporting Year: 2013-14

Lisa Erwin, RN, PLN 760-873-5811	Pediatric Critical Care Center:*	□ yes ⊠ no	If Trauma Center what Level:****
Primary Contact:	Base Hospital:	⊠yes □ no	Trauma Center: U yes In no
Northern Inyo Hospital 150 Pioneer Lane, Bishop, CA. 93514	Referral emergency service	Basic emergency service Comprehensive emergency service □	PICU:***
Name, address & telephone: Northern Inyo Hospital 150 Pioneer Lane, Bisho	ın Contract	on D	EDAP:** \(\Boxed{\omega} \) yes \(\Boxed{\omega} \) No

Name, address & telephone: Southern Inyo Hospital	e: Southern Inyo Hospital		Primary Contact: C	Primary Contact: Colleen Wilson, RN, Nurse Manager
	301 E. Locust, Lone Fine, CA. 93546	ie, CA. 93546		
Written Contract	Referral emergency service		Base Hospital:	Pediatric Critical Care Center:*
☐ yes	Standby emergency service	e K		
ou <u>⊠</u>	Basic emergency service			
	Comprehensive emergency service	y service	ou 🔀	X no
EDAP:** □ yes ·	PICU:*** Ses	Burn Center:	Trauma Center:	If Trauma Center what Level:***
		3 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	S Ou	

^{*}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.

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

Reporting Year:

Name, address & telephone: Mammoth Hospital 85 Sierra Park, PO Box 660, Mammoth Lakes, CA. 9.	e: Mammoth Hospital 0, Mammoth Lakes, CA. 93	3546	Primary Contact:	Lori Baitx RN 760-934-3311
Written Contract	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
0 110	Basic emergency service Comprehensive emergency service	/ service	⊠yes □ no	□ yes
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: □ yes	Trauma Center:	If Trauma Center what Level:***
		ou 🗵	ou 🗵	

^{*}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.

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & telephon	Name, address & telephone: Arrowhead Regional Medical Center 400 North Pepper Avenue, Colton, CA 92324	edical Center 1e, Colton, CA 92324	Primary Contact:	Joy Peters, RN, PLN 909-580-1845
Written Contract Syes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
On O	Basic emergency service	×	⊠yes	
	Comprehensive emergency service	service	ou 🗆	ou 🗵
EDAP:**	PICU:*** ☐ yes ⊠ no	Burn Center: 区 yes □ no	Trauma Center: ⊠ yes □ no	If Trauma Center what Level:**** <u>Level II</u>

Name, address & telephone: Chino Valley Medical Center 5451 Walnut Avenue, Chino,	e: Chino Valley Medical Center 5451 Walnut Avenue, Chino, CA. 91710	enter hino, CA. 91710	Primary Contact: J	Primary Contact: James Johnson, RN, PLN 909-464-8966
Written Contract Xyes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
ou 🗖	Basic emergency service Comprehensive emergency service	/ service	⊠yes □ no	□ yes ⊠ no
EDAP:**	PICU:*** ☐ yes ⊠ no	Burn Center: U yes I no	Trauma Center: ☐ yes ☒ 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.

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: Hi-Desert Medical Center	e: Hi-Desert Medical Cent	.0.		Primary Contact: Gina Campbell, RN, PLN
	6601 White Feather Rd, Joshua Tree, CA. 92252	Joshua Tree, CA. 9225		760-366-6712
Written Contract	Referral emergency service		Base Hospital:	Pediatric Critical Care Center:*
Xyes	Standby emergency service			
ou 🗆	Basic emergency service	×	⊠yes	
	Comprehensive emergency service	/ service	ou 🗖	N no
EDAP:**	PICU:*** ☐ yes ⊠ no	Burn Center:	Trauma Center:	If Trauma Center what Level:***
		ou 🗵	No No	

Name, address & telephone: Loma Linda University Medical Center	e: Loma Linda University Medical Center	Medical Center		Primary Contact: Shawn Reynolds, RN, PLN
Written Contract ⊠ yes □ no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	e	3ase Hospital: ⊠yes □ no	Pediatric Critical Care Center:* yes
EDAP:** ☐ yes ⊠ no	PICU:*** ⊠ yes	Burn Center: yes no	Trauma Center: 区 yes □ 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.

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: Redlands Community I	e: Redlands Community F 350 Terracina, Redland	Hospital ds, CA. 92373	Primary Contact: S	Primary Contact: Sara Morning RN, PLN 909-335-5660
Written Contract ⊠yes □ no	Referral emergency service Standby emergency service Basic emergency service			Pediatric Critical Care Center:*
	Comprehensive emergency service		ou 🗆	N no
$ \text{EDAP}:^{**} \qquad \Box \text{ yes} $	PICU:*** □ yes ⊠ no	Burn Center:	Trauma Center:	If Trauma Center what Level:****
		ou 🗵	011	

Name, address & telephone: San Antonio Communit 999 San Bernardino Ros	e: San Antonio Community Hospital 999 San Bernardino Road, Upland, CA. 91786	ty Hospital ad, Upland, CA. 91786	Primary Contact:	Primary Contact: Patty Eickholt, RN, PLN 909-920-6260
Written Contract Syes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
ou 🗆	Basic emergency service Comprehensive emergency	× service	⊠ yes □ no	□ yes ⊠ no
EDAP:** ☐ yes ⊠ no	PICU:*** ☐ yes ⊠ no	Burn Center: □ yes ⊠ no	Trauma Center: ☐ yes ☒ 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.

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

ty: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: Barstow Community 1	e: Barstow Community Ho	Hospital Prin	Primary Contact: Joe Boone, ED Director	, ED Director
	820 E. Mountain View Street, Barstow, CA. 92311	Street, Barstow, CA. 92.	311 760-957-3012	3012
Written Contract	Referral emergency service	e	Base Hospital:	Pediatric Critical Care Center:*
∥ ☐ yes	Standby emergency service			
ou 🗵	Basic emergency service	×		
	Comprehensive emergency service	y service \Box	ou 🗵	ou 🗵
EDAP:**	PICU:***	Burn Center:	Trauma Center:	If Trauma Center what Level:****
		ou 🗵	ou	

Base Hospital: yes X no Trauma Center: yes X no yes X no	Name, address & telephon	Name, address & telephone: Bear Valley Community Hospital 41870 Garstin Drive, Big Bear Lake, CA. 92315	/ Hospital g Bear Lake, CA. 92315		Primary Contact: Kerri Jex, RN, Nurse Manager 909-878-8241	
Basic emergency service \square \square yes Comprehensive emergency service \square \square no ** \square yes PICU:*** \square yes Burn Center: Trauma Center: \square no \square no \square no \square no \square no	Written Contract	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*	
Lomprenensive emergency service □ Service □ Service □ Service □ Trauma Center: 区 no	N No	Basic emergency service		□ yes	yes	
□ yes PICU:*** □ yes Burn Center: Trauma Center: ☒ no □ yes □ yes □ yes □ xes □ xe		Comprehensive emergency	/ service	ou 🗙	X no	
			Burn Center: U yes I no	Trauma Center: U yes N 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.

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: Colorado River Medical Center	2: Colorado River Medical Center 1401 Bailey Avenue Needles CA 92263	Center	Primary Contact:	Primary Contact: Knaya Tabora, ED Manager
Written Contract □ yes ☒ no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency	e	Base Hospital: □yes ⊠no	Pediatric Critical Care Center:* Pediatric Critical Care Center:* See S
EDAP:** ☐ yes ⊠ no	PICU:*** ☐ yes ⊠ no	Burn Center: U yes N no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:****

Name, address & telephone: Community Hospital o	e: Community Hospital of San Bernardino Prin 1805 Medical Center Drive, San Bernardino, CA. 92411	of San Bernardino Orive, San Bernardino, C	Primary Contact: C	Primary Contact: Carol Stiltner, RN, Nurse Manager 909-806-6333 x2311
Written Contract yes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
Xno	Basic emergency service Comprehensive emergency service	∝ service □	□ yes ⊠ no	□ yes ⊠ no
EDAP:**	PICU:***	Burn Center: yes no	Trauma Center: ☐ yes ☒ 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.

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

inty: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: Desert Valley Hospital 16850 Bear Valley Road	e: Desert Valley Hospital 16850 Bear Valley Road, Victorville, CA. 92392	ctorville, CA. 92392	Primary Contact:	Amy Pullen, ED Director 760-241-8000 x8425
Written Contract ☐ yes	Referral emergency service Standby emergency service	00	Base Hospital:	Pediatric Critical Care Center:*
ou 🗵	Basic emergency service Comprehensive emergency ser	⊠ service □	□ yes ⊠ no	□ yes ⊠ no
EDAP:**	PICU:***	Burn Center: U yes I no	Trauma Center: U yes In no	If Trauma Center what Level:****

Name, address & telephone: Kaiser Permanente - Fontana Medical Center 9961 Sierra Avenue, Fontana, CA.92335	e: Kaiser Permanente - Fontana Medical C 9961 Sierra Avenue, Fontana, CA.92335	ntana Medical Center 1tana, CA.92335	Primary Contact:	Primary Contact: Michelle M. Ocon, ED Director 909-302-9182
Written Contract □ yes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
ou 🗵	Basic emergency service Comprehensive emergency service	× service	□ yes ⊠ no	□ yes ⊠ no
EDAP:** ☐ yes ⊠ no	PICU:*** ☐ yes ⊠ no	Burn Center: yes No	Trauma Center: ☐ yes ☒ 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.

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: Kaiser Permanente - Ontario Medical Center 2295 South Vineyard Ave., Ontario, CA 91761	: Kaiser Permanente - O 2295 South Vineyard A	Kaiser Permanente - Ontario Medical Center 2295 South Vineyard Ave., Ontario, CA 91761	Primary Contact: Ma	Primary Contact: Marlene Lamberton, ED Director 909-724-5821
Written Contract	Referral emergency service Standby emergency service	00	Base Hospital:	Pediatric Critical Care Center:*
ou 🗵	Basic emergency service Comprehensive emergency	y service	☐ yes ⊠ no	□ yes ⊠ no
EDAP:** ☐ yes ☒ no	PICU:*** U yes	Burn Center: □ yes	Trauma Center: □ yes	If Trauma Center what Level:***
		ou 🗵	ou 🗵	

Name, address & telephone: Montclair Hospital Medical Center 5000 San Bernardino Road, Montcl.	e: Montclair Hospital Medical Center 5000 San Bernardino Road, Montclair, CA. 91763	lical Center oad, Montclair, CA. 91'		Primary Contact: Christopher DeLaCruz, ED Director 909-625-8250
Written Contract yes No	Referral emergency service Standby emergency service Basic emergency service		se Hospital:	Pediatric Critical Care Center:*
		/ service	S ou ⊠	Social No.
EDAP:** □ yes ⊠ no	PICU:*** □ yes ⊠ no	Burn Center: U yes I no	Trauma Center: □ yes ⊠ 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)

San Bernardino County:

Reporting Year: 2013-14

[5. 35		
Primary Contact: Terry Montgomery, RN, Nurse Manager nead, CA. 92352 909-336-3651 x3513	Pediatric Critical Care Center:* ☐ yes ☒ no	If Trauma Center what Level:***
Primary Contact: Terry lead, CA. 92352 909-	Commonwealth of the Common	Trauma Center: U yes I no
Lake Arrowl	vice \square vice \square ce \square ency service \square	Burn Center:
: Mountains Commun 29101 Hospital Road	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency	PICU:*** yes x no
Name, address & telephone: Mountains Community Hospital 29101 Hospital Road PO Box 70,	Written Contract ☐ yes ⊠no	EDAP:**

^{*}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

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

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

Reporting Year: 2013-14

ne, address & telephon	Name, address & telephone: St. Bernardine Medical Center	Primary Contact:	Primary Contact: Kari Gaston, ED Manager
Written Contract	Referral emergency service	b, CA: 92400 Base Hospital:	909-881-7668 Pediatric Critical Care Center.*
	Standby emergency service	T D yes	o ves
	Comprehensive emergency service	, ⊠ No	ou 🗵
$EDAP:**$ \square yes \square no	PICU:***	Trauma Center:	If Trauma Center what Level:***
	ou 🗵	ou 🗵	

Name, address & telephone: St. Mary Medical Center 18300 Hwy 18, Apple Val	e: St. Mary Medical Center 18300 Hwy 18, Apple Valley, CA. 92307	er alley, CA. 92307	Primary Contact: Ri 76	Primary Contact: Rick Smith, RN, Nurse Manager 760-843-6269
Written Contract ☐ yes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
⊠no	Basic emergency service Comprehensive emergency service	× service □	□ yes ⊠ no	□ yes ⊠ no
EDAP:**	PICU:*** □ yes ⊠ no	Burn Center: □ yes ⊠ no	Trauma Center: □ yes ⊠ 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)

EMA) County: San Bernardino

Reporting Year: 2013-14

Name, address & telephone: VA Medical Center - Loma Linda	e: VA Medical Center – Lo	oma Linda	Primary Contact:	Primary Contact: Tawnia Lola, RN, Nurse Manager
	11201 Benton Street, Loma Linda, CA. 92357	ma Linda, CA. 92357	S	909-825-7084 x2115
Written Contract	Referral emergency service		Base Hospital:	Pediatric Critical Care Center:*
☐ yes	Standby emergency service			
ou 🗵	Basic emergency service			
	Comprehensive emergency	service \square	× ×	, , , , , , , , , , , , , , , , , , ,
-	-:	-	OIT V	0114
EDAP:**	PICU:*** yes	Burn Center:	Trauma Center:	If Trauma Center what Level:***
ou X	X no			
		X no	X no	

Name, address & telephon	Name, address & telephone: Victor Valley Global Medical Center 15248 Eleventh Street, Victorville, CA	Medical Center Victorville, CA. 92392	Primary (Primary Contact: Rick Smith, ED Director 760-843-6269
Written Contract □ yes	Referral emergency service Standby emergency service		Base Hospital:	Pediatric Critical Care Center:*
No No	Basic emergency service Comprehensive emergency service	Service \square	□ yes ⊠ no	□ yes ⊠ no
EDAP:**	PICU:*** ☐ yes ⊠ no	Burn Center: U yes In no	Trauma Center: ☐ yes ☒ 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.

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

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	**Program Level: EMT	(29,110.)
Open to general public. 18 y/o for	Basic \$368 plus Books	Number of students completing training per year: 45 Initial training: 44	training per year: 45
EMT, refresher and CE students must be EMT's	Refresher \$92 plus Book	Refresher: Cont. Education N/A	1
	,	Expiration Date: 01/31/2017	1/2017
		Number of courses:	
		Initial training: 2 per year	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	**Program Level: EMT	
Open to general public. 18 y/o for	Basic \$	Number of students completing training per year: 0 Initial training: 0	training per year: 0
EMT, refresher and CE students must		Refresher:	0
be EMT's	Refresher \$	Cont. Education 0	
		Expiration Date: 01/31/2018	1/2018
		Number of courses:	0
		Initial training: 0	
		Refresher:	0
		Cont. Education: 0	0

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

Reporting Year: 2013-14

	Chairey Community College	Contact Person	l elephone no.
Address	5885 Haven Avenue Rancho Cucamonga, CA 91737	Timi Hayward	909-652-6844 or 909-652-6830
Student Eligibility: *	Cost of Program	**Program Level: EMT	
		Number of students completing training per year: 78	training per year: 78
Students must complete the	Basic \$46 per unit, x 7 units	Initial training: 54	1
prerequisite "First Responder" course			24
(EMT 405) to be eligible for the EMT	Refresher \$199	Cont. Education 0	
basic (EMT 410) course, and possess a		Expiration Date: 08/31/2017	/2017
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:	

^{*}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.

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

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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: *	Cost of Program	**Program Level: EMT	
Open to general public. 18 y/o for	Basic \$276 (6 units @\$46/ea)	Number of students completing training per year: 67 Initial training: 67	per year: 67
EM1, refresher and CE students must be EMT's	Refresher \$92 (2 units @\$46/ea)	Refresher: 0 Cont. Education 0	
		Expiration Date: 01/31/2018	
		Number of courses: 4	
		Initial training: 4	
		Refresher:	
		Cont. Education: 0	

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: *	Cost of Program	**Program Level: EMT	
Open to general public. 18 y/o for	Basic \$1,000 (approx) inc. state &	Number of students completing training per year: 156 Initial training: 136	per year: 156
EMT, refresher and CE students must	county fees, background check, uniform,	Refresher: 20	
be EMT's. Must meet prerequisite set	immunizations, Natl Reg process, books &	Cont. Education 0	
by the CHC placement test process &	tuition	Expiration Date: 01/31/2017	
required to read at the CHC Read 078	Refresher \$100		
course or greater prior to registration.			
		Number of courses: 9	
		Initial training: 8	
		Refresher:	
		Cont. Education: 0	

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

Reporting Year: 2013-14

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	**Program Level: MICN	
Current CA RN license & ACLS card.	Basic \$36.00/unit @ 32 units	Number of students completing training per year: 53 Initial training: 53	per year: 53
l year ER experience	D Charles NI/A	Refresher: N/A	
	Kelresner IN/A	Cont. Education N/A	
		Expiration Date: 11/30/2016	
		Number of courses:	
		Initial training: 11	
		Refresher: N/A	
		Cont. Education: N/A	

The state of the s	7 7 11.11 2 11		
i aming mounting rame	Cranon Hills College	Contact Person	Telephone no.
Address	11711 Sand Canyon Rd.	Dan Word	909-389-3252
	Yucaipa, CA 92399		
Student Eligibility: *	Cost of Program	**Program Level: EMT-P	
		Number of students completing training per year: 51	per year: 51
Open to general public. Current	Basic \$36.00/unit @ 32 units	Initial training: 35	
EMT-B certified Various		Refresher: N/A	
vaccinations. Physical Examination	Refresher N/A	Cont. Education 16	
within the last 10 years		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.

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

Reporting Year: 2013-14

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

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	**Program Level: EMT	
Open to fire department district	Basic \$0	Number of students completing training per year: 2,112 Initial training: 0	g per year: 2,112
personnel only.		Refresher: 0	
	Refresher \$0	Cont. Education 2,112	
		Expiration Date: 08/31/2017	
		Number of courses: 58	
		Initial training: 0	
	-	Refresher: 0	
		Cont. Education: 58	
		The state of the s	

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

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: EMT	
Open to fire district personnel only.	Basic \$0	Number of students completing training per year: 109 Initial training: 0	per year: 109
	Refresher \$0	Refresher: 12 Cont. Education 97	
		Expiration Date: 08/31/2015	
		Number of courses:	
		Initial training: 0	
		Refresher: 0	
		Cont. Education:	

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: EMT	
Open to fire department personnel	Basic \$0	Number of students completing training per year: Initial training:	per year:
only.	,	Refresher:	
	Ketresher \$0	Cont. Education	
		Expiration Date: 02/28/2014 (approval in process)	approval in process)
		Number of courses:	
		Initial training:	

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

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

Refresher: Cont. Education:

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

Reporting Year: 2013-14

Training Institution Name	Rialto Fire Department	Contact Person	Telephone no.
Address	131 S. Willow Rialto, CA 92376	Joe Powell	909-820-2657 (office)
Student Eligibility: *	Cost of Program	**Program Level: EMT	1 202-000-01/3 (CEII)
Open to fire department personnel	Basic \$0	Number of students completing training per year: 115 Initial training: 0	per year: 115
only, except for CE's		Refresher: 25 every two years	years
	Refresher \$0	ation Date:	
		Number of courses: 31	
		Kefresher: I every two years Cont. Education: 25-30	ears
Training Institution Name	Running Springs Fire Department	Contact Person	Telenhone no
	1		torcharde no.
Address	31250 Hilltop Blvd. PO Box 2206	Cindy Strebel	909- 867-2630
	Running Springs CA. 92382		
Student Eligibility: *	Cost of Program	**Program Level: EMT	
Open to general public. 18 v/o for	Basic & Class Materials	Number of students completing training per year: 30	per year: 30
EMT, refresher and CE students must			
be 18 y/o	Refresher \$ Class Materials	Cont. Education: 30	
		Expiration Date: 01/31/2016	
		Number of courses: 10	
		Initial training: 0 Refresher: 0	
		cation: 10	

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

Reporting Year: 2013-14

Training Institution Name	San Bernardino County Fire Protection	Contact Person	Telenhone no
)	District		TOTAL NO.
Address	EMS Training & Safety Div.	John Commander	909-382-5405
	2824 W Street, Bldg. 302	EMS Training Officer	
	San Bernardino, CA 92408)	
Student Eligibility: *	Cost of Program	**Program Level: EMT	
		Number of students completing training per year: 2,433	per year: 2,433
Open to fire department personnel	Basic \$150	Initial training: 15	
only.	Refresher \$ 25	Refresher: 3	8
		Cont. Education 2,415	
		Expiration Date: 07/31/2016	
		Number of courses: 316	
		Initial training: 1	
		Refresher:	
		Cont. Education: 314	

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: * Restricted to employees and volunteers of the SB Co. Sheriff's Department	Cost of Program Basic: \$75.00 Refresher: <u>Has not been</u> determined yet.	**Program Level: AEMT Number of students completing training per year: 64 Initial training: 5 6 Refresher: 0 Cont. Education: 58 (all levels) Expiration Date: 01/31/2015	per year: 64
		Number of courses: 15 Initial training: 1 Refresher: 0 Cont. Education: 14 (all levels)	

^{*}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

County: San Bernardino Inland Counties Emergency Medical Agency (ICEMA) EMS System:

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	per year: 13
Open to fire department personnel	Basic \$0	Initial training: 0	
only.		Refresher: 0	
	Refresher \$0	Cont. Education 13 Expiration Date: 03/31/2015	
		Number of courses:	
		ing: 0	
		Refresher: 0	
		Cont. Education: 30	
Training Institution Name	US Forest Service SOCAL	Contact Person	Telephone no.
	EMT Training		
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	per year: 46
Open to general public. 18 y/o for	Basic \$	Initial training: 29	:
EMT, refresher and CE students must		Refresher: 17	
be EMT's.	Refresher \$	Cont. Education 0	
		Expiration Date: 08/31	08/31/2014
		Number of courses: 5	
		Initial training: 2	
		Refresher: 3	
		,	

Cont. Education:

^{*}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.

Inland Counties Emergency Medical Agency (ICEMA) County: San Bernardino EMS System:

Reporting Year: 2013-14

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: EMT	
Open to general public. 18 y/o for	Basic approx. \$414	Number of students completing training per year: 411 Initial training: 211	er year: 411
EMT, refresher and CE students must		Refresher: 200	
be EMT's.	Refresher approx. \$50-70	Cont. Education varies	
		Expiration Date: 12/31/2015	
		Number of courses: 12	
		Initial training: 9	
		Refresher: 3	
		Cont. Education: varies	

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: EMT-P	
Current EMT certification.	Basic approx. \$5,000-7000	Number of students completing training per year: 50 Initial training: 50	per year: 50
Documented experience (see website	i i	Refresher: N/A	
for listed prerequisites	Refresher N/A	tion varies	
www.vvc.edu/academic/paramedic		Expiration Date: 10/31/2016	
		Number of courses: 13	
		Initial training: 2 per year	
		Cont. Education: N/A	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

Inland Counties Emergency Medical Agency (ICEMA) County: Inyo EMS System:

Reporting Year:

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

I raining Institution Name	Lone Pine Unified School District	Contact Person	Telephone no.
Address	Box 1007	LeRov Kritz	760-876-4626
	Lone Pine, CA 93549		
Student Eligibility: *	Cost of Program	*Program Level: EMT & AEMT	
Open to general public. 18 y/o for	Basic \$110	Number of students completing training per year: 10	per year: 10
EMT, refresher and CE students must		Refresher: 0	
be EMT's	Refresher \$110	Cont. Education 10	
		Expiration Date: 01/31/16 & 04/30/15	4/30/15
		Number of courses:	
		Initial training: 1	
		Refresher: 0	
		Cont. Education: continuously	

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: <u>EMT</u>	
Open to general public. 18 y/o for	Basic \$ Cost of text	Number of students completing training per year: 8 Initial training: 8	per year: 8
EMT, refresher and CE students must be EMT's	Refresher \$	Refresher: 0 Cont. Education 0	
		Expiration Date: 05/31/2018	
*Note: 20 Students started the class		Number of courses: 2	
with 10 timishing, only 1 took National		Initial training: 2	
Kegistry and passed, others have not	-	Refresher: 0	
taken the test		Cont. Education: 0	

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

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

(A) County: Mono

Reporting Year:

2013-14

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

☐ Federal Primary Contact: Sgt. Shawn Minder Other ALS 760-932-7549 x7 ☐ fire district; EMT-D LALS □ state; Number of Personnel providing services: If public: city; X county; **EMD** Training Name, address & telephone: Mono County Sheriff Communications ☐ Fire X Day-to-day
X Disaster □ Other X Law 100 Bryan St. Bridgeport If public: explain: Medical Director: \square yes Written Contract: X Public □Private □ yes Ownership:

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

Primary Contact: Jessica Scida/Pam Galvin 760-873-5866	EMT-D ALS LALS Other	ate;
Primary C	Number of Personnel providing services: EMD Training BLS L	☐ Fire If public: X city; ☐ county; ☐ state;
Bishop Police Department 207 W. Line St. Bishop	X Day-to-day X Disaster	If public:
Name, address & telephone: Bishop Police Department 207 W. Line St. Bishop	Medical Director: ☐ yes X no	
Name, address & t	Written Contract: □ yes X no	Ownership: X Public □Private

2013-14

Reporting Year:

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

ions Primary Contact: Lt. Andrew Marsh 760-878-0383	Number of Personnel providing services: EMD Training EMT-D ALS BLS LALS Other	If public: ☐city; X county; ☐ state; ☐ fire district; ☐ Federal
y Sheriff Communications . Independence	X Day-to-day X Disaster	If public:
Name, address & telephone: Inyo County Sheriff 550 Clay St. Indepen	Medical Director: □ yes X no	
Name, address & to	Written Contract: □ yes X no	Ownership: X Public □Private

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Reporting Year:

County: Inyo

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & 1	Name, address & telephone: Desert Ambulance 831 West Main St.,	Desert Ambulance 831 West Main St., Barstow, CA 92311-2698	Primary Contact: Art Rodriguez 2311-2698 760-256-6854
Written Contract: x yes □no	Medical Director: X yes □ no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training EMT-D ALS BLS Career Other
Ownership: □ Public 区 Private		If public: Fire Law Other explain:	If public: □ city; □ county; □ state; □ fire district; □ Federal

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

⊠ Federal Other 909-383-5654 ☐ fire district; Primary Contact: EMT-D LALS □ county; □ state; Number of Personnel providing services: **EMD Training** 1824 S. Commerce Center Circle San Bernardino 92408 If public: □ city; X Fire ⊠ Other explain: Forestry □ Law X Day-to-day Name, address & telephone: USFS Communications X Disaster If public: Medical Director: □ yes X no X Public Written Contract: ☐ yes X no Ownership:

Reporting Year: 2013-14

County: San Bernardino

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & t	elephone: San Berna 200 East T	Name, address & telephone: San Bernardino City Communications 200 East Third St San Bernardino	ions Primary Contact: Nathan Cooke, Interim Dispatch Manager 909-884-7630
Written Contract: □ yes X no	Medical Director: X yes ☐ no	X Day-to-day X Disaster	Number of Personnel providing services: XXX EMD Training EMT-D ALS BLS LALS Other
Ownership: X Public □ Private		If public: X Fire Law Other explain:	If public: X city; □ county; □ state; □ fire district; □ Federal

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

Reporting Year: 2013-14

Name, address & to	elephone: San Berna 1743 Miro	Name, address & telephone: San Bernardino County Communications 1743 Miro Way Rialto 92376	cations Primary Contact: Mike Bell, Director 909-356-3805
Written Contract: ☐ yes X no	Written Contract: Medical Director: Upper	X Day-to-day X Disaster	Number of Personnel providing services: XXXX EMD Training EMT-D ALS BLS LALS Other
Ownership: X Public □Private		If public:	If public:

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

Primary Contact: Liz Zazueta, Supervisor 909-986-6711	Number of Personnel providing services: EMD Training EMT-D ALS BLS Career Other	□ Fire If public: X city; □ county; □ state; □ fire district; □ Federal r
	Number	If public
Ontario Comm 425 East "B" St. Ontario 91764	X Day-to-day X Disaster	If public:
Name, address & telephone: Ontario Comm 425 East "B" St	Medical Director: □ yes X no	
Name, address & t	Written Contract: yes X no	Ownership: X Public □Private

Reporting Year: 2013-14

County: San Bernardino

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County: San Bernardino

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Name, address & t	Name, address & telephone: Morongo Basin Ambulance 6335 Park Blvd Joshua Tre	Morongo Basin Ambulance 6335 Park Blvd Joshua Tree 92252-0460	Primary Contact: Ramon Lomeli 2-0460 760-366-8474 ext 5
Written Contract: X yes □ no	Medical Director: X yes □ no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training EMT-D ALS BLS Career Other
Ownership: Public X Private Private Description Private Description Des		If public:	If public: □ city; □ county; □ state; □ fire district; □ Federal

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

Reporting Year: 2013-14

County: San Bernardino

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

Name, address & 1	Name, address & telephone: CalFire 3800 Sieri	CalFire 3800 Sierra Way, San Bernardino 92405	Primary Contact: Mike Sweeney 92405 909-881-6916
Written Contract: □ yes ⊠ no	Medical Director: ⊠ yes □ no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training EMT-D ALS BLS LALS
Ownership: X Public □ Private		If public: X Fire Law Other explain:	X Fire If public: □ city; □ county; X state; □ fire district; □ Federal

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EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

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	ALS Other	⊠ Federal
9999-227-092		☐ fire district; 区 Federal
Primary Contact:	rvices: EMT-D LALS	☐ state;
Primal	Number of Personnel providing services: EMD Training BLS L	If public: ☐ city; ☐ county; ☐ state;
	of Personnel pro EMD Training BLS	city;
LB) 11-5013	Number	
Name, address & telephone: Marine Corp. Logistics Base (MCLB) PO Box 110500 Barstow, CA 92311-5013	X Day-to-day X Disaster	If public:
elephone: Marine Co PO Box 110	Medical Director: X yes In no	,
Name, address & t	Written Contract: Uyes Xno	Ownership:

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

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

County: San Bernardino

⊠ Federal Other ALS ☐ fire district; Primary Contact: Ron Silviera EMT-D LALS □ state; Number of Personnel providing services: □ county; **EMD** Training If public: city; BLS Building 326, Barstow Rd, Ft. Irwin, 92310 ☐ Fire explain: Military Base X Other □ Law X Day-to-day X Disaster If public: Name, address & telephone: Fort Irwin Medical Director: X yes X Public Written Contract: ☐ Private \square ou N Ownership:

Reporting Year: 2013-14

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County:San Bernardino

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Name, address & t	elephone: Barstow P 220 East N	Name, address & telephone: Barstow Police Department Communications 220 East Mountain View St., Barstow, CA 92311	unications Primary Contact: Marilyn Maestas low, CA 92311 760-256-2211
Written Contract: ☐ yes X no	Medical Director: □ yes X no	X Day-to-day X Disaster	Number of Personnel providing services:EMT-DALSXXXEMD TrainingEMT-DALSBLSLALSOther
Ownership: X Public □Private		If public:	If public: ⊠city; □ county; □ state; □ fire district; □ Federal

EMS System: Inland Counties Emergency Medical Agency (ICEMA)

County:San Bernardino

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	800-477-5042 or 909-841-2354 (cell)
Medical Director: X Day-to-day Number of Personnel providing services: X yes X Disaster XXX EMD Training EMT-D □ no BLS LALS	ALS Other
If public: □ Fire If public: □ city; □ county; □ state; □ f □ Law □ Other □ other explain: □	☐ fire district; ☐ Federal
Law	

County: San Bernardino

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Name:	American Medical Response	al Response	Prim	Chris Valentin Primary Contact:
Address:	7925 Center Street Rancho Cucamonga 91729	et 1ga 91729		
Telephone Number:	909-477-5000			
Written Contract: ✓ Yes □ No	Medical Director: ✓Yes □ No	✓Day-to-Day ✓Disaster	Number of Personnel Providing Services:	Providing Services: EMT-D I AIS Other
Ownership:		If Public: Fire Law Other Explain:	If Public: City	Fire Dist

	Barstow Police]	Barstow Police Department Communications	ons Marilyn Maestas	aestas
Name:			Primary Contact:	
Address:	220 East Mountain View St.,	ain View St.,		
	Barstow, CA 92311	311		
Telephone Number:	760-255-5111	-5111		
Written Contract: □ Yes ✓No	Medical Director: ☐ Yes ✓No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services:	
			EMD Training EMT-D LALS	Other
Ownership:		If Public:		
✓Public □ Private		☐ Fire	If Public: ✓City □ County □ State □ Fire District □ Federal	District Federal
		Law		
		□ Other		
		Explain:		
			e e	
				s

Reporting Year: 2013-14
County: San Bernardino County

NOTE: Make copies to add pages as needed. Complete information for each provider by county.	dd pages as needed. Co	mplete information for e	ach provider by county.
Name:	Ft. Irwin		Ron Silviera Primary Contact:
Address:	Building 326		
Telephone Number:	11. HWIII, 72.310		
Written Contract: ☐ Yes ✓ No	Medical Director: ✓Yes □ No	✓Day-to-Day ✓Disaster	sonnel Providing Service Training
Ownership: Public Private		If Public: Fire Law	BLS Other LALS Other If Public: □ City □ County □ State □ Fire District ✓ Federal
		V OtherExplain: Military	

	Marine Corp. Logistics Base	ogistics Base		
Name:		·	Primary Contact:	
Address:	PO Box 110500			
	Barstow, CA 92311-5013	2311-5013		
Telephone Number:	760-577-6666			1
Written Contract: ☐ Yes ✓ No	Medical Director: ✓Yes □ No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services:	
			EMD Training EMT-D ALS BLS Other	
Ownership: ✓Public □ Private		If Public:	14 P. L. C.	***********
		Law	11 Fublic: \Box City \Box County \Box State \Box Fire District \checkmark Federal	
		Other Explain: Military		

2013-14
Reporting Year:
County: San Bernardino County

	Morongo Basin Ambulance	Ambulance	Ramon Lomeli
Name:			Primary Contact:
Address:	6335 Park Blvd.		
	Joshua Tree, CA 92252-0460	92252-0460	
Telephone Number:	760-366-8474 ext 5	xt 5	
Written Contract: ✓Yes □No	Medical Director: ✓Yes □ No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services:
			EMD Training EMT-D ALS Other
Ownership:		If Public:	
□Public ✓Private		Fire	If Public: \square City \square County \square State \square Fire District \square Federal
		□ Law	
		□ Other	
		Explain:	

Reporting Year: 2013-14	TOTAL CONTRACTOR
County: San Bernardino County	

County: San Delmarum County.	County		Reporting xear: 2013-14
NOTE: Make copies to	add pages as needed. C	NOTE: Make copies to add pages as needed. Complete information for each provider by county.	ach provider by county.
Name:	Ontario Communications	mications	Primary Contact:
Address:	A25 "B" Street	791	
Telephone Number:	909-391-0689	+0/	
Written Contract: □ Yes ✓No	Medical Director: ☐ Yes ✓No	✓ Day-to-Day ✓ Disaster	rsonnel Providing Services: Training EMT-D
Ownership: ✓ Public □ Private		If Public: Fire	BLS Other IALS Other If Public: ✓City □ County □ State □ Fire District □ Federal
		□Other Explain:	-
Name:	San Bernardino	San Bernardino County Communications	Mike Bell Primary Contact:
Address:	1743 Miro Way		
Telephone Number:	Rialto, CA 92376 909-956-3805	9,	
Written Contract:	Medical Director:	✓Day-to-Day	Number of Personnel Providing Services:

	San Bernardino	San Bernardino County Communications	Mike Bell
Name:			Primary Contact:
Address:	1743 Miro Way		
	Rialto, CA 92376	91	
Telephone Number:	909-956-3805		
Written Contract: ✓Yes □ No	Medical Director: □ Yes ✓No	✓Day-to-Day ✓Disaster	Number of Personnel Providing Services:
Ownership: Public Private		If Public: ✓Fire □Law □Other Explain:	EMD Training EMT-D ALS BLS County State Fire District Federal

Reporting Year: 2013-14
County: San Bernardino County

Nomo:	San Bernardino	San Bernardino City Communications	Mona Boyce	
Name: Address:	710 North "D" Street	Street	Primary Contact:	
	San Bernardino City, CA	City, CA		
Telephone Number:	909-884-7248			
Written Contract: ☐ Yes ✓ No	Medical Director: □ Yes ✓ No	✓ Day-to-Day ✓ Disaster	sonnel Providing Services: Training EMT-D	
Ownership: Public Private		If Public: VFire	If Public: ✓City □ County □ State □ Fire District □ Federal	
		□Other Explain:		
	I ICEC Communications	icotions		7
Name:		acauomo	Primary Contact:	
Address:	1824 South Cor	1824 South Commerce Center Circle		Т
Telephone Number:	San Bernardino, CA 92408 909-383-5654	, CA 92408		
Written Contract:	Medical Director:	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services:	
			EMD Training EMT-D ALS	
Ownership:		If Public:		
]			Il Fublic: \Box City \Box County • State \Box Fire District \Box Federal	
		Explain: State Forestry		
				-

Reporting Year: 2013-14
County: San Bernardino County

County: San Bernardino County_	County		Reporting Year: 2013-14
NOTE: Make copies to	add pages as needed. C	omplete information for	NOTE: Make copies to add pages as needed. Complete information for each provider by county.
Name:	Desert Ambulance	90	Primary Contact
Address:	831 West Main Street	Street	THIRD COLLEGE.
Telephone Number:	Darstow, CA 92311-2698 760-256-6854	311-2098	
Written Contract: ✓ Yes □ No	Medical Director: ✓Yes □ No	✓ Day-to-Day ✓ Disaster	sonnel Providing Services: Training EMT-D
Ownership:		If Public: Fire Law Other Explain:	If Public: □ City □ County □ State □ Fire District □ Federal

				Γ
Name: Address:			Primary Contact:	
Telephone Number:				· · · · · · · · · · · · · · · · · · ·
Written Contract: □ Yes □ No	Medical Director: □ Yes □ No	☐ Day-to-Day ☐ Disaster	Number of Personnel Providing Services:	
Ownership:		If Public:	EMD Training EMT-D ALS BLS LALS Other	
		☐ Law ☐ Other Explain:	A CAUTH COUNTY I State I FITE DISTRICT II Federal	

Reporting Year: 2013-14
County: Inyo County

	Inyo County Sher	Inyo County Sheriff Communications	
Name:			Primary Contact:
Address:	550 Clay Street		
	Independence, CA		
Telephone Number:	760-878-0383		
Written Contract:	Medical Director:	/Day-to-Day	Number of Personnel Providing Services:
		Uisaster	Training EMT-D
Ownership:		If Public:	BLS LALS Other
☐ Public ☐ Private		Fire	If Public: ☐ City ✓ County ☐ State ☐ Fire District ☐ Federal
		Explain:	

	Bishop Police Department	epartment	
Name:			Primary Contact:
Address:	207 West Line Street	treet	
	Bishop, CA		
Telephone Number:	760-873-5866		
Written Contract: ☐ Yes ✓ No	Medical Director: □ Yes ✓No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services:
			EMD Training EMT-D ALS BLS Other
Ownership:		If Public:	
✓Public □ Private		☐ Fire ✓Law ☐Other Explain:	If Public: ✓ City □ County □ State □ Fire District □ Federal

Reporting Year: 2013-14	T CYCE THE STATE A
County: Mono County	

County: Mono County_			Reporting Year: 2013-14
NOTE: Make copies to add pages as needed. Complete information for each provider by county.	add pages as needed. Co	omplete information for e	ach provider by county.
Name: Address: Telephone Number:	Mono County Sh 100 Bryan Street Bridgeport, CA 760-932-7549 E	Mono County Sheriff Communications 100 Bryan Street Bridgeport, CA 760-932-7549 Ext 7	Lt. Dave O'Hara Primary Contact:
Written Contract: □ Yes ✓ No	Medical Director: ☐ Yes ✓No	✓ Day-to-Day ✓ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS
Ownership: Private		If Public: Fire Law Other Explain:	ounty State Fire District
Name: Address:			Primary Contact:
Telephone Number:			
Written Contract: □ Yes □ No	Medical Director: □ Yes □ No	☐ Day-to-Day ☐ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS
Ownership: Public Private		If Public: Fire Law	County State Fire District County State County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County Co
		☐ Other Explain:	