

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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July 23, 2018

Mr. Dan Lynch, EMS Director  
Central California EMS Agency  
P. O. Box 11867  
Fresno, CA 93775

Dear Mr. Lynch:

This letter is in response to Central California EMS Agency's 2017 EMS Plan Update submission to the EMS Authority on June 14, 2018.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Central California EMS Agency's 2017 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

Central California EMS Agency received its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from Central California EMS Agency for the following years:

- 2006
- 2007
- 2009-2012
- 2014

EMS plans are statutorily required to be submitted annually, pursuant to Health and Safety Code § 1797.254.

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".*

Additionally, recognizing that Central California EMS Agency is a State General Funded multicounty EMS agency, funding eligibility is contingent upon the multicounty EMS agency following all applicable state and federal statutes, regulations, and guidelines, as referenced in EMSA #104, *Funding Multicounty EMS Agencies with State General Funds*.

In order for Central California EMS Agency to be compliant with statutory requirements, guidelines and contractual agreements, an EMS Plan needs to be submitted to the EMS Authority on an annual basis.

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

### III. Analysis of EMS System Components:

Following are comments related to Central California's 2017 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:

- |    | Approved                            | Not Approved             |   |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

#### Ambulance Zones

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

- |    |                                     |                          |  |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |

Trauma Data - California EMS Information System (CEMSIS)

- Pursuant to Title 22 California Code of Regulations § 100257, a Local EMS Agency shall develop and implement a standardized data collection instrument and implement a data management system for trauma care. Trauma data shall be integrated into the Local EMS Agency and State EMS Authority data management system.

We understand Central California EMS Agency transitioned to a new data system, delaying the submission of trauma data. With the recent success of the trauma data system transfer, we look forward to seeing consistent data submission in the future.

G.   Public Information and Education

H.   Disaster Medical Response

#### IV. Conclusion:

Based on the information identified, Central California EMS Agency's 2017 EMS Plan Update is approved.

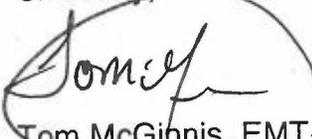
Pursuant to HSC § 1797.105(b):

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

#### V. Next Steps:

Central California EMS Agency's next annual EMS Plan Update will be due on or before July 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

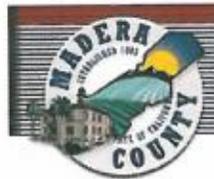
Enclosure





# Central California Emergency Medical Services Agency

## REGIONAL EMERGENCY MEDICAL SERVICES PLAN UPDATE



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**December 2017**

Central California Emergency Medical Services Agency  
*A Division of Fresno County Department of Public Health*

Director of Emergency Medical Services.....Daniel Lynch  
Emergency Medical Services Medical Director .....Jim Andrews, M.D.

Central California EMS Agency  
EMS Plan UPDATE - 2018

Summary

This EMS Plan update outlines the many changes that have occurred over the past year. The EMS System has been challenged with the on-going struggles of a struggling economy in the central valley, which impacts reimbursement and revenues to sustain available resources and programs. Reimbursement for ambulance services also continues to be increasingly challenging as the Covered California and Affordable Care Act are implemented in the state. Ambulance providers are no longer receiving reimbursement for transfer of many patients that once was covered by Medi-Cal. Changes over the last two years have changed the ability of ambulance providers to obtain reimbursement due to Medi-Cal and Medi-care rule changes. Over 50% of the the EMS Region are Medi-Cal users and 80% of the ambulance patients are either on Medi-Cal or Medi-Care. Unfortunately, this leaves substantial financial burden on the patient or on the ambulance provider. The EMS Agency has supported legislation to add additional funding to the ambulance system through the Quality Assurance Fee, Ground Emergency Medical Transport program, and the Intergovernmental Transfer process. The lack of stable reimbursement of ambulance services will continue to place the EMS system in a fragile position.

The EMS system remains resilient. EMS providers and hospitals continue to manage sufficiently in the provision of quality services while the volume of patients being transported by ambulance and seen in local emergency departments exceeds historic levels. This trend will continue and the EMS system needs to be prepared.

The EMS Agency has reviewed its priorities and continues to direct its efforts to those priorities that meet the absolute needs of the four-county EMS region. A brief summary of these changes are as follows:

- System Organization and Management
  - Continue the reorganization of EMS Agency personnel assignments to address priority needs of EMS region and address cross-training of job responsibilities
  - Updating of EMS Policies and Procedures for the 4-county EMS region
  - Address the increase in frequent user and system abusers of ambulance and hospital system through implementation of policy and coordination with other agencies and departments
  - Reviewed on-going legislation
  
- Staffing and Training
  - Continued the provision of 2 paramedic training courses
  - Began looking for new/additional space for the paramedic training program
  - Created a EMS Agency position to specifically coordinate specialty care services (i.e. Trauma, STEMI, Stroke, EMS-C, etc)
  
- Communications
  - Completed renovation of space to add six dispatch consoles to the Fresno County EMS Communications Center.
  - Continued efforts towards expanding Fresno County EMS Communications Center for future growth.

- Response and Transportation
  - Continue to monitor policies to address immediate transport of patients as a priority
  - Monitor EMS response to 5150 and mental health patients. Continue work with behavioral health departments to better manage the care and destination of clients. This includes the participation in the Community Paramedic Project for alternate destinations.
  - Prepare and distribute monthly performance reports on ambulance providers
  - Completed the annual ambulance rate study for the region.
  
- Facilities and Critical Care Centers
  - Participation and leadership of the Central Region Trauma Coordinating Committee for development and management of a trauma system with-in the surrounding 12 counties
  - Provide leadership and support, in conjunction with the Hospital Association, on the repatriation of patients to assure capacity at the designated trauma and cardiac centers.
  - Held multiple meetings with Community Regional Medical Center and CDPH Licensing and Certification regarding holding ambulance resources for extended periods of time
  - Assist in the coordination of the closure of Tulare Regional Medical Center
  - Assist in the ACS verification of Valley Children's Hospital as a Level II Pediatric Trauma Center
  - Assist in the ACS verification of Kaweah Delta Medical Center a Level III Trauma Center (the last one – All trauma center have ACS verification).
  
- Data Collection and Evaluation
  - Continued to evaluate and monitor on-scene time performance regarding STAT trauma and STAT Medical patients
  - Collection, verification and submittal of prehospital and trauma data to CEMESIS
  - Transitioned patient care information data set to NEMESIS 3.4 Compliant
  - Participation in the Central Valley Health Information Exchange.
  
- Disaster Response
  - Manage and implement the LEMSA Hospital Preparedness Program (HPP) Grant
  - Participation and leadership of the Homeland Security Grant Committee
  - Planning and implementation of disaster drills including tabletop and functional hospital exercise, hazmat and MCI training, and Incident Command System training
  - Continued implementation and training of EMS polices related to multi-casualty/mass casualty incidents, including prehospital, hospital, dispatch and EMS Agency responses
  - Deployment of ambulance strike teams to the Napa/Sonoma Fires
  - CCEMSA Mutual Aid response to Mariposa fires due to access issues for Mountain-Valley EMS
  
- Public Information and Education
  - Release of media information and participation in media events related emergency medical services.
  - The EMS Agency conducted presentations at the Fresno and Tulare County Boards of Supervisors

**Table 1 - System Organization and Management**

<b>Agency Administration</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
1.01 LEMSA Structure		X		X	
1.02 LEMSA Mission		X		X	
1.03 Public Input		X		X	X
1.04 Medical Director		X	X		

**Planning Activities**

1.05 System Plan		X		X	
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning		X	X	X	X
1.08 ALS Planning		X			
1.09 Inventory of Resources		X		X	
1.10 Special Populations		X	X		X
1.11 System Participants		X	X	X	

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X		X	
1.13 Coordination		X		X	
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/ Policies		X		X	

**System Finances**

1.16 Funding Mechanism		X			
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction		X		X	X
1.18 QA / QI		X	X	X	
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X		X	X
1.21 Determination of Death		X		X	
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X		X	

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26 Trauma System Plan		X		X	

**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

1.27 Pediatric System Plan		X			
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		X		X	X
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Staffing / Training

Local EMS agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X		X	X
2.02 Approval of Training		X			X
2.03 Personnel		X		X	

Dispatchers

2.04 Dispatch Training		X	X	X	X
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First Responders (non-transporting)

2.05 First Responder Training		X		X	X
2.06 Response		X		X	X
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X	X	X	X
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		X

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X			X
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X		X	

*Communications*

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan		X	X	X	X
3.02 Radios		X	X	X	
3.03 Interfacility Transfer		X		X	
3.04 Dispatch Center		X			
3.05 Hospitals		X	X	X	X
3.06 MCI/Disasters		X		X	X

**Public Access**

3.07 9-1-1 Planning/Coordination		X	X	X	
3.08 9-1-1 Public Education		X		X	

**Resource Management**

3.09 Dispatch Triage		X	X	X	X
3.10 Integrated Dispatch		X	X		

*Response / Transportation*

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries		X	X	X	X
4.02 Monitoring		X	X	X	X
4.03 Classifying Medical Requests		X		X	X
4.04 Prescheduled Responses		X			

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.05 Response Time Standards		X	X	X	X
4.06 Staffing		X		X	X
4.07 First Responder Agencies		X		X	X
4.08 Medical & Rescue Aircraft		X		X	X
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X		X	X
4.11 Specialty Vehicles		X	X	X	X
4.12 Disaster Response		X		X	X
4.13 Intercounty Response		X	X	X	X
4.14 Incident Command System		X		X	X
4.15 MCI Plans		X			

**Enhanced Level: Advanced Life Support**

4.16 ALS Staffing		X	X		X
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X		X	X

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X		X	X
4.20 "Grandfathering"		X			
4.21 Compliance		X		X	X
4.22 Evaluation		X			X

*Facilities / Critical Care*

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	Action needed to complete	X	X
5.02 Triage & Transfer Protocols		X		X	X
5.03 Transfer Guidelines		X			X
5.04 Specialty Care Facilities		X			X
5.05 Mass Casualty Management		X	X	X	
5.06 Hospital Evacuation		X		X	

**Enhanced Level: Advanced Life Support**

5.07 Base Hospital Designation		X			
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**Enhanced Level: Trauma Care System**

5.08 Trauma System Design		X			X
5.09 Public Input		X			

**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

5.10 Pediatric System Design		X		X	X
5.11 Emergency Departments		X			X
5.12 Public Input		X		X	

**Enhanced Level: Other Specialty Care Systems**

5.13 Specialty System Design		X			X
5.14 Public Input		X			

Data Collection / System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X	X	X
6.02 Prehospital Records		X			X
6.03 Prehospital Care Audits		X	Action needed to complete	X	X
6.04 Medical Dispatch		X		X	
6.05 Data Management System		X	Action needed to complete	X	X
6.06 System Design Evaluation		X			X
6.07 Provider Participation		X			
6.08 Reporting		X			X

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	Action needed	X	X
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X		X	X
6.11 Trauma Center Data		X	Action needed to complete	X	X

Public Information and Education

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

Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X		X	
8.02 Response Plans		X	X	X	
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X	X	X	
8.06 Needs Assessment		X	X		
8.07 Disaster Communications		X		X	X
8.08 Inventory of Resources		X	Action needed to complete	X	X
8.09 DMAT Teams	n/a			X	
8.10 Mutual Aid Agreements		X		X	X
8.11 CCP Designation		X			X
8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X	X	X	X
8.14 Hospital Plans		X	X	X	
8.15 Interhospital Communications		X		X	X
8.16 Prehospital Agency Plans		X	X	X	X

**Enhanced Level: Advanced Life Support**

8.17 ALS Policies		X			
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<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long- range Plan</b>
<b>8.18</b> Specialty Center Roles		X			

**Enhanced Level: Exclusive Operating Areas/Ambulance Regulations**

<b>8.19</b> Waiving Exclusivity		X			
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	Each Local EMS Agency shall have a formal organizational structure which includes both staff and non-agency resources and which includes appropriate technical and clinical expertise.	☑	☑	☐	The EMS Agency has reorganized staff to address the priorities of the EMS Agency and to address cross-training of personnel through-out the agency. The organizational chart included in this update reflects the changes that have been made in job assignments	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Plan.
1.02	Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes	☑	☑	☐	The EMS Agency Continuous Quality Improvement committee has implemented policy regarding the goal of achieving on-scene time of stat trauma.	The objective is less than 10 minutes in 80% or better of stat trauma cases.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions	☑	☑	☑	Valley Children's Hospital received designation as a Level II Pediatric Trauma Center and will serve as a primary trauma destination for several of the counties outside of the CCEMSA. They are currently seeking their ACS verification.	Assist Valley Children's in completing its verification through ACS.
1.08	Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.	☑	☑	☑	In 2017 has been approached by the Tule River Indian Tribe in Tulare County to join the EMS system. They desire to provide an ALS ambulance using the EMS system protocols and medical control.	Complete the process approving the Tule River Ambulance.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.17	Each Local EMS Agency shall plan for medical direction within the EMS System. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities and relationships of prehospital and hospital providers.	✓	✓	☐	In October 2017, the EMS Agency assisted in the closure of Tulare Regional Medical Center, which acted as one of 3 base hospitals in Tulare County.	Continue to improve and enhance the EMS system wherever possible.
1.22	Each local EMS Agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS death.	✓	✓	✓	The EMS agency has recently teamed with the Fresno County Sheriff's Department in the region-wide training of required reporting and strategies to deal with these situations..	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.24	<p>Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.</p> <p>Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers</p>	☑	☑	☑	In 2017/2018, ALS provider agreements were approved by the Fresno and Tulare County Board of Supervisors.	Continue to assure ALS ambulance coverage throughout the EMS region and assure all ALS providers maintain up-to-date performance agreements
1.28	<p>The local EMS Agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:</p> <p>a) The optimal system design for ambulance service in the EMS area; and</p> <p>b) The process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.</p>	☑	☑	☐	In 2016, the EMS agency developed a request for proposals that would be released as a competitive bid process for the Fresno County EOA. The RFP was developed through significant community input, as well as, first responder agencies and hospitals.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.07	Non-transporting first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.	✓	✓	✓	Several non-transporting first responder agencies (fire and law) have upgraded skill levels to provide Narcan and epinephrine auto-injectors.	Continue to improve and enhance the EMS system wherever possible.
3.09 / 4.03 / 6.04	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response	✓	✓	✓	The two designated EMS dispatch centers in the CCEMSA use Medical Priority Dispatch System. The EMS agency medical director and administrator have performed an extensive study of over 200,000 responses in order to modify the response priority and reduce red lights and siren responses. The study also determine the need for first responders and calls that would be more appropriate for a BLS ambulance.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.05	Each local EMS Agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to the arrival of the responding unit at the scene, including all dispatch intervals and driving time.	✓	✓	✓	As part of the system review that would result in the development of an RFP for the Fresno County EOA, the EMS Agency reduced response times in the metropolitan areas of the EOA and also created a suburban zone.	Continue to find opportunities to increase the level of service throughout the EMS region
4.06	All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.	✓	✓	✓	This past year, the EMS Agency engaged providers to update the required equipment list for ambulances and first responders.	Continue to find opportunities to increase the level of service throughout the EMS region

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.12	The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster	☑	☑	☐	In 2017, in response to wild fires, the EMS agency worked with providers to send a strike team of ambulances to the Napa/Sonoma fires. In addition, at the request of Mountain Valley EMS, the CCEMSA was asked to respond to the Mariposa fires due to inability for MVEMS to access the area. It worked very well.	Assure that the EMS system is prepared for disaster response.
4.14	The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.	☑	☑	☐	The EMS Agency and providers have been involved in large multi-disciplinary trainings that involved training in ICS.	Assure that the EMS system is prepared for disaster response

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.19	<p>Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&amp;SC, shall develop an EMS transportation plan which addresses:</p> <ul style="list-style-type: none"> <li>a) Minimum standards for transportation services</li> <li>b) Optimal transportation system efficiency and effectiveness; and</li> <li>c) Use of a competitive process to ensure system optimization.</li> </ul>	✓	✓	✓	<p>In 2016, the EMS agency developed a request for proposals that would be released as a competitive bid process for the Fresno County EOA. The RFP was developed through significant community input, as well as, first responder agencies and hospitals. Two providers participated in the process and the contract was awarded. The new provider agreement starts Jan 1, 2018.</p>	<p>Continue to find opportunities to increase the level of service throughout the EMS region</p>
4.22	<p>The local EMS agency shall periodically evaluate the design of exclusive operating areas.</p>	✓	✓	✓	<p>Each time an RFP is developed for an EOA, the system is evaluated for its effectiveness.</p>	<p>Continue to find opportunities to increase the level of service throughout the EMS region</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.04 / 5.13	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.	✓	✓	✓	The designation of Valley Children's Hospital as a Level II Pediatric trauma Center was a significant addition to the EMS system and also for Central California.	Continue to work with local area hospitals for integration into the EMS system.
5.05	<p>The local EMS agency shall encourage hospitals to prepare for mass casualty management.</p> <p>The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.</p>	✓	✓	✓	The EMS Agency has worked extensively with hospitals, long term care facilities and large clinics on disaster preparedness. The EMS Agency has become the "go-to" agency for disaster training and advice.	Continue to work with local area hospitals for integration into the EMS system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.06	The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers	☑	☑	☑	In partnership with the Hospital Preparedness Program, the EMS Agency work with the hospitals on an evacuation plan and process.	Continue to work with local area hospitals for integration into the EMS system.
5.14	In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	☑	☑	☑	The EMS agency has been working with system participants on the development of a prehospital stroke system. It is anticipated that a stroke system will be implemented in the 3 <sup>rd</sup> qtr of 2018.	Continue to work with local area hospitals for integration into the EMS system

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11	The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including specific information which is required for quality assurance/quality improvement and system evaluation.	☑	☑	☐	In 2016, the EMS agency worked with its trauma centers to replace an old trauma registry data system. After a review of data systems the trauma centers and EMS agency implemented a new system that will provide needed reports and data that can be used to evaluate the system.	Continue to work with local area hospitals for integration into the EMS system.

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: Central California EMS Agency

Reporting Year: 2017

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

1. Percentage of population served by each level of care by county:

County: Fresno

a. Basic Life Support (BLS)	<u>14.4%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>85.5%</u>

County: Kings

a. Basic Life Support (BLS)	<u>0.6%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>99.4%</u>

County: Madera

a. Basic Life Support (BLS)	<u>1.5%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>98.5%</u>

County: Tulare

a. Basic Life Support (BLS)	<u>9.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>90.9%</u>

Table 2 - System Organization & Management (cont.)

2. Type of agency a.\*  
 a - Public Health Department  
 b - County Health Services Agency \*Fresno County Department of Public Health under contract to Kings, Madera and Tulare Counties  
 c - Other (non-health) County Department  
 d - Joint Powers Agency  
 e - Private Non-profit Entity
3. The person responsible for day-to-day activities of EMS agency reports to: d.  
 a - Public Health Officer  
 b - Health Services Agency Director/Administrator  
 c - Board of Directors  
 d - Other: Fresno - Director of Public Health;  
Kings - Public Health Director;  
Madera - Director of Public Health,  
Tulare - Health Agency Director
4. Indicate the non-required functions which are performed by the agency

Implementation of exclusive operating areas	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of STEMI centers	Yes
Designation of Stroke centers	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	Yes
Operation of oversight of EMS dispatch center	Yes
Non-medical disaster planning	Yes
Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes
Administration of local EMS training/certification of EMS Dispatchers, MICNs and Base Hospital Physicians	Yes
Assist with the training of Emergency Resident Physicians and National Park Ranger (ParkMedic) Program	Yes

**Table 2 - System Organization & Management (cont.)**

**5. EXPENSES**

Salaries and benefits (all but contract personnel)	<u>\$2,095,074</u>
Contract Services (e.g. medical director)	<u>\$138,920</u>
Operations (e.g. copying, postage, facilities)	<u>\$40,711</u>
Travel, Education, Garage	<u>\$29,288</u>
Fixed assets	<u>\$55,000</u>
Indirect expenses (overhead)	<u>\$0</u>
Ambulance subsidy (Separate budget from EMS Agency)	<u>\$220,000</u>
EMS Fund payments to physicians/hospital	<u>Managed by each County</u>
Dispatch center operations (non-staff)	<u>\$1,966,335</u>
Training program operations	<u>\$103,510</u>
Other:	<u>\$0</u>
<b>TOTAL EXPENSES</b>	<b><u>\$4,648,838</u></b>

**Table 2 - System Organization & Management (cont.)**

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	-0-
Preventive Health and Health Services (PHHS) Block Grant	-0-
Office of Traffic Safety (OTS)	-0-
State general fund	<u>\$407,041</u>
County general fund	-0-
Other local tax funds (e.g., EMS district)	-0-
County contracts (e.g. multi-county agencies)	<u>\$124,326</u>
Certification fees	<u>\$69,921</u>
Training program approval fees	-0-
Training program tuition/Average daily attendance funds (ADA)	<u>\$288,800</u>
Job Training Partnership ACT (JTPA) funds/other payments	-0-
Base hospital application fees	-0-
Base hospital designation fees	-0-
Trauma center application fees	-0-
Trauma center designation fees	-0-
Pediatric facility approval fees	-0-
Pediatric facility designation fees	-0-
Other critical care center application fees	-0-
Type: <u>n/a</u>	
Other critical care center designation fees	-0-
Type: <u>n/a</u>	
Ambulance service/vehicle fees	-0-
Contributions	-0-
EMS Fund (SB 12/612)*	<u>\$130,000</u>
Other grants: HPP	<u>\$56,127</u>
Other fees: <u>Dispatch Services</u>	<u>\$2,096,482</u>
Other (specify): <u>Other Public Health Funding</u>	<u>\$1,476,141</u>
 <b>TOTAL REVENUE</b>	 <b><u>\$4,648,838</u></b>

**Table 2 - System Organization & Management (cont.)**

**7. Fee structure for FY 2016-17**

           We do not charge any fees

  X   Our fee structure is:

First responder certification	<u>-0-</u>			
EMS dispatcher certification	<u>\$63</u>			
EMT certification	<u>\$124</u>			
EMT recertification	<u>\$80</u>			
EMT-defibrillation certification	<u>-0-</u>			
EMT-defibrillation recertification	<u>-0-</u>			
Advanced EMT certification	<u>-0-</u>			
Advanced EMT recertification	<u>-0-</u>			
Paramedic accreditation	<u>\$65</u>			
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$48</u>			
MICN/ARN recertification	<u>\$48</u>			
EMT training program approval	<u>-0-</u>			
EMT-Advanced training program approval	<u>-0-</u>			
Paramedic training program approval	<u>-0-</u>			
MICN/ARN training program approval	<u>-0-</u>			
Base physician certification/recertification	<u>\$36</u>			
Base hospital designation	<u>-0-</u>			
Trauma center application	<u>-0-</u>			
Trauma center designation	<u>-0-</u>			
Pediatric facility approval	<u>-0-</u>			
Pediatric facility designation	<u>-0-</u>			
Other critical care center application	<u>-0-</u>			
Type: <u>n/a</u>				
Other critical care center designation	<u>-0-</u>			
Type: <u>n/a</u>				
	<u>Fresno</u>	<u>Kings</u>	<u>Madera</u>	<u>Tulare</u>
Ambulance service license	<u>\$221</u>	<u>\$0</u>	<u>\$0</u>	<u>\$100</u>
Ambulance vehicle permits	<u>\$30</u>	<u>\$0</u>	<u>\$0</u>	<u>\$25</u>
Other: Paramedic Training Tuition	<u>\$6,047</u>			
Other: MICN Training Tuition	<u>\$261</u>			

**Table 2 - System Organization & Management (cont.)**

EMS System: Central California EMS Agency

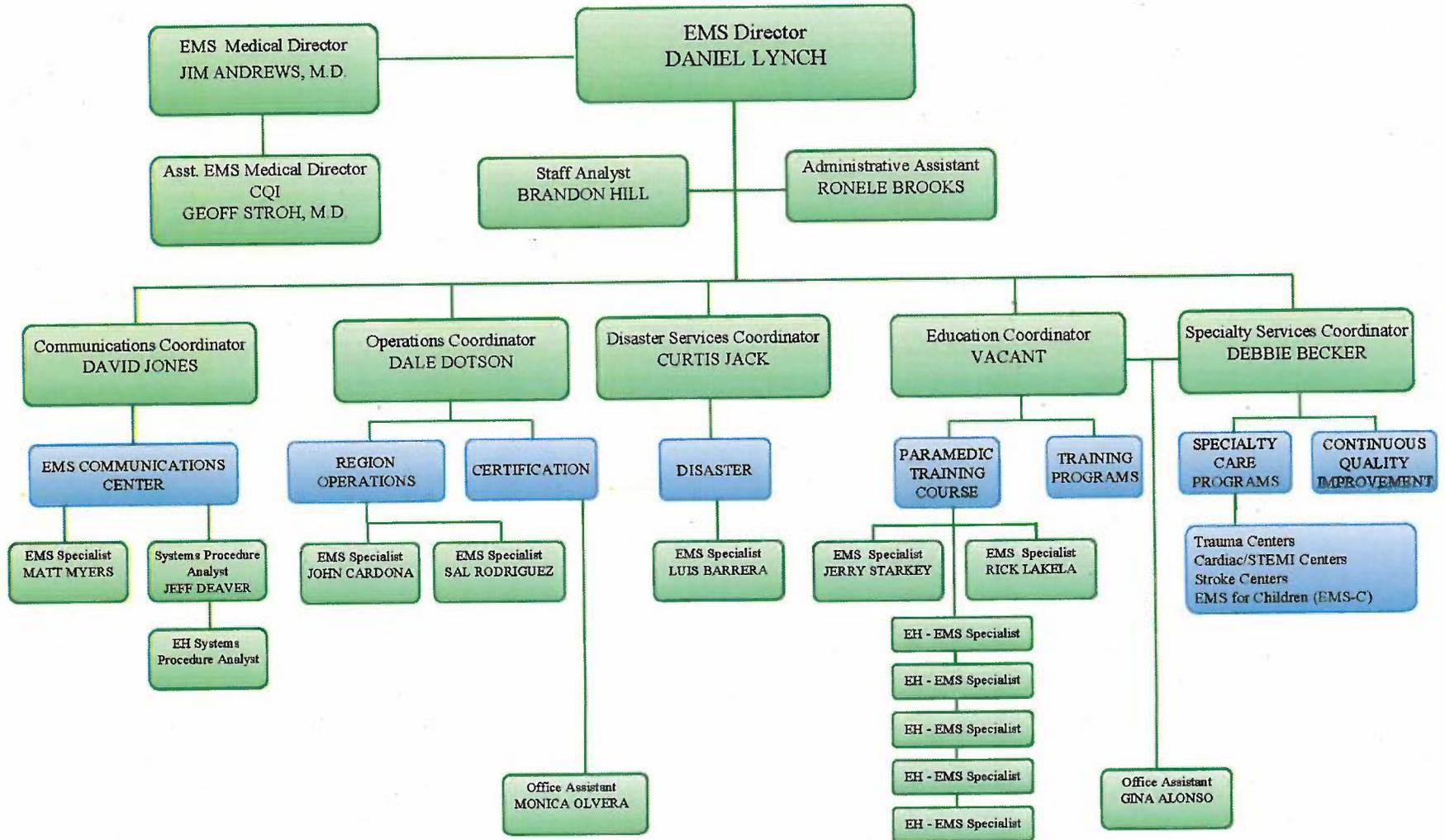
Reporting Year: 2016

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Director	1	\$48.96hr	87.3%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	N/A				
ALS Coord./ Field Coord./ Trng Coord.	Senior EMS Specialist	4	\$35.34/hr	87.3%	
Program Coord./ Field Liaison (Non-clinical)	EMS Specialist	3	\$32.13/hr	87.3%	
Trauma Coord.	Included in other job				
Med. Director	EMS Medical Director	1	Contract	Contract	
Other MD/ Med. Consult./ Trng. Med. Dir.	Assistant EMS Medical Director	1	Contract	Contract	

**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	EMS Specialist	1	\$32.13/hr	87.3%	
Data Evaluator/ Analyst	Staff Analyst	1	\$20.46/hr	82.1%	
QA/QI Coordinator	Senior EMS Specialist	1	\$35.34/hr	87.3%	
IT/GIS Support	Systems Procedures Analyst (IT)	1	\$38.56/hr	83.3%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Secretary IV	1	\$22.63/hr	86.9%	
Other Clerical	Office Assistant III	2	\$15.64/hr	86.9%	

# Central California EMS Agency



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

EMS System: Central California EMS Agency

Reporting Year: 2016

NOTE: Table 3 is to be reported by agency.

	EMT	Paramedic	MICN	EMS Dispatchers	Base Physician
Total certified	905		160	52	67
Number newly certified this year	294		49	21	39
Number recertified this year	611		111	31	28
Total number of accredited personnel on July 1 of the reporting year		773			
a) formal investigations	0	1	0	0	0
b) probation	0	0	0	0	0
c) suspensions	0	1	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Early defibrillation:
  - a) Number of EMT authorized to use AEDs 3004
  - b) Number of public safety (defib) certified (non-EMT) 160
  
3. Do you have an EMR training program? No

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Central California EMS Agency  
 County: Fresno County  
 Reporting Year: 2016

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>13</u>   |
| 2. Number of secondary PSAPs   | <u>2</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?<br><u>The Fresno County EMS Communications Center</u> |   |
| 7. Who is your primary dispatch agency for an EMS disaster?<br><u>The Fresno County EMS Communications Center</u>            |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency   |   |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u>   |   |
| 2. <u>County Command – Linknet TX: 465.025 (136.5) RX: 460.025 (136.5)</u>   |   |
| b. Other methods <u>Local and state interoperability channels</u>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Central California EMS Agency  
 County: Kings County  
 Reporting Year: 2016

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>4</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>0</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?<br><u>The Fresno County EMS Communications Center</u> |   |
| 7. Who is your primary dispatch agency for a EMS disaster?<br><u>The Fresno County EMS Communications Center</u>             |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency   |   |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u>   |   |
| 2. <u>County Command – XKI-INTEROP TX: 465.075 (146.2) RX: 460.075 (136.5)</u>   |   |
| b. Other methods <u>Local and state interoperability channels</u>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Central California EMS Agency  
 County: Madera County  
 Reporting Year: 2016

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>3</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>0</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?<br><u>The Fresno County EMS Communications Center</u> |   |
| 7. Who is your primary dispatch agency for a EMS disaster?<br><u>The Fresno County EMS Communications Center</u>             |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency   |   |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u>   |   |
| 2. <u>County Command – Madera SO 3 TX: 159.165 (156.7) RX: 151.070 (156.7)</u>   |   |
| b. Other methods <u>Local and state interoperability channels</u>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Central California EMS Agency  
 County: Tulare County  
 Reporting Year: 2016

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>8</u>  |
| 2. Number of secondary PSAPs  | <u>1</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?<br><u>The Tulare County Consolidated Ambulance Dispatch Center</u> |   |
| 7. Who is your primary dispatch agency for a EMS disaster?<br><u>The Tulare County Consolidated Ambulance Dispatch Center</u>             |   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency  |   |
| 1. <u>EMS Command - Med 10 TX: 467.975 (146.2) RX: 462.975 (114.8)</u>  |   |
| 2. <u>County Command – XTU-Command TX:458.975 (131.8) RX:453.975 (114.8)</u>  |   |
| b. Other methods <u>Local and state interoperability channels</u>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: Central California EMS Agency

Reporting Year: 2016

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 32

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5 min	15 min	Best effort	Measured by area
Early defibrillation responder	5 min	15 min	Best Effort	Measured by area
Advanced life support responder	5 min	15 min	Best Effort	Measured by area
Transport Ambulance				
Fresno (90% Performance)	9 min	20 min	45 min	Measured by area
Kings (90% Performance)	8 min	15 min	60 min	Measured by area
Madera (95% Performance)	10 min	20 min	60 min	Measured by area
Tulare (95% Performance)	10 min	20 min	60 min	Measured by area

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

EMS System: Central California EMS Agency

Reporting Year: 2016

NOTE: Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- |  |                |
|--|----------------|
| a) Number of patients meeting trauma registry criteria                                 | <u>6633</u>    |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>671</u>     |
| c) Number of major trauma patients transferred to a trauma center                      | <u>276</u>     |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | <u>Unknown</u> |

**Emergency Departments**

Total number of emergency departments:

- |   |          |
|---|----------|
| a) Number of referral emergency services      | <u>2</u> |
| b) Number of standby emergency services       | <u>4</u> |
| c) Number of basic emergency services         | <u>6</u> |
| d) Number of comprehensive emergency services | <u>4</u> |

**Receiving Hospitals**

- |  |          |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>3</u> |
| 2. Number of base hospitals with written agreements      | <u>3</u> |

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2016

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Refer to Fresno County CCP List - attached
  - b. How are they staffed? Multi-agency staffing - as necessary
  - c. Do you have a supply system for supporting them for 72 hours?      yes X      no \_\_\_\_
  
2. CISD  
Do you have a CISD provider with 24 hour capability?      yes \_\_\_\_      no X
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes \_\_\_\_      no X
  - b. For each team, are they incorporated into your local response plan?      yes \_\_\_\_      no X
  - c. Are they available for statewide response?      yes \_\_\_\_      no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_\_      no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes \_\_\_\_      no X
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no \_\_\_\_
  - d. Do you have the ability to do decontamination in the field?      yes X      no \_\_\_\_

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X      no \_\_\_\_
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 15



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**

**Fresno County Casualty Collection Points (CCP)**

Clovis	Clark Intermediate School 902 Fifth Street (@ Clovis Avenue)
Coalinga	West Hills College 300 W Cherry Lane (@ Elm Street)
Firebaugh	Los Deltas High School Morris Kyle Drive (@ Hwy 33)
Fowler	Fowler High School 701 E Main Street (@ Adams)
Fresno	Fresno District Fairgrounds East Kings Canyon Road (@ Maple)  Chandler Air Field Kearney Blvd and Thorne Avenue  Fresno Air Terminal 5175 East Clinton (@ Chestnut Ave)
Kerman	Kerman Union High School 205 S First Street (@ Stanislaus Street)
Kingsburg	Kingsburg High School 1900 18th Avenue (@ Sierra)  Kingsburg City Yard Kern Street and Freeway 99
Mendota	McCabe Elementary School Derrick and Quince
Orange Cove	Citrus Junior High School 222 Fourth Street (@ Adams)
Parlier	Parlier Community Center 1100 Parlier Avenue (@ Mendocino)
Reedley	Reedley College 995 N Reed Avenue (@ Manning)
Sanger	Sanger Fire Department Jensen Avenue and West
Selma	Selma High School 3125 Wright Street (@ Floral)  Jackson Elementary School 2220 Huntsman (@ Wright)

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2016

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Refer to Kings County CCP List - attached
  - b. How are they staffed? Multi-agency staffing - as necessary
  - c. Do you have a supply system for supporting them for 72 hours?      yes X      no
  
2. CISD
 

Do you have a CISD provider with 24 hour capability?      yes           no X
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes           no X
  - b. For each team, are they incorporated into your local response plan?      yes           no X
  - c. Are they available for statewide response?      yes           no X
  - d. Are they part of a formal out-of-state response system?      yes           no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes           no X
  - b. At what HazMat level are they trained?      n/a
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no
  - d. Do you have the ability to do decontamination in the field?      yes X      no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X      no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      4



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**

**Kings County Casualty Collection Points (CCP)**

Avenal	Avenal High School 601 E Mariposa
Corcoran	Corcoran Unified High School Whittler and Sixth Street
Hanford	Kings County Fairgrounds Tenth Avenue (@ Hanford-Armona Road)
Lemoore	Lemoore Unified High School Bush Street and Lemoore Street

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2016

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Refer to Madera County CCP List - attached
  - b. How are they staffed? Multi-agency staffing - as necessary
  - c. Do you have a supply system for supporting them for 72 hours?      yes X      no
  
2. CISD
 

Do you have a CISD provider with 24 hour capability?      yes           no X
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes           no X
  - b. For each team, are they incorporated into your local response plan?      yes           no X
  - c. Are they available for statewide response?      yes           no X
  - d. Are they part of a formal out-of-state response system?      yes           no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes           no X
  - b. At what HazMat level are they trained?      n/a
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no
  - d. Do you have the ability to do decontamination in the field?      yes X      no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X      no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      3



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**

**Madera County Casualty Collection Points (CCP)**

**Cities**

Bass Lake	Bass Lake Elementary School Road 222 and North Shore Road
Chowchilla	Gudgels Aero-Ag Service Chowchilla Airport 800 S Third Street (@ Avenue 25)
	Dairyland School 12861 Avenue 18 □ (@ Road 19)
Madera	Madera County Health Department 14215 Road 28 (@ Avenue 14)
	Madera Community Hospital 27600 Avenue 13 □ (@ Hwy 99)
	National Guard Armory 701 E Yosemite Avenue (@ Flume)
	Madera High School 200 S L Street (@ Sixth Street)
	Jefferson Junior high School 1407 Sunset (@ Foster)
	Madera Airport 4020 Aviation Drive (@ Avenue 17)
Oakhurst	Oakhurst Elementary School Road 427 and Road 426

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2016

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Throughout Tulare County
  - b. How are they staffed? Multi-agency staffing - as necessary
  - c. Do you have a supply system for supporting them for 72 hours?      yes X      no
  
2. CISD
 

Do you have a CISD provider with 24 hour capability?      yes           no X
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes           no X
  - b. For each team, are they incorporated into your local response plan?      yes           no X
  - c. Are they available for statewide response?      yes           no X
  - d. Are they part of a formal out-of-state response system?      yes           no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes           no X
  - b. At what HazMat level are they trained?      n/a
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no
  - d. Do you have the ability to do decontamination in the field?      yes X      no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X      no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      9



**TABLE 8: RESOURCE DIRECTORY**

Reporting Year: 2016

**Response/Transportation/Providers**

County: Fresno Provider: American Ambulance Response Zone: Fresno EOA

Address: 2911 E Tulare Avenue Number of Ambulance Vehicles in Fleet: 81  
Fresno, CA 93721

Phone Number: 559-443-5900 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 42

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	X CCT	<input type="checkbox"/> Water
					X IFT	

<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

160,297 Total number of responses  
64,905 Number of emergency responses  
95,392 Number of non-emergency responses

118,215 Total number of transports  
4,932 Number of emergency transports  
113,283 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno      **Provider:** Auberry Volunteer Fire Department      **Response Zone:** Auberry District

**Address:** PO Box 191      **Number of Ambulance Vehicles in Fleet:** 0  
Auberry, CA 93602

**Phone Number:** 559-855-4084      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

**County:** Fresno **Provider:** Bald Mountain Vol. Fire Department **Response Zone:** Bald Mtn. Fire Dist.

**Address:** 41967 Auberry Road  
Auberry, CA 93602

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-855-8443

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

County: Fresno Provider: California Highway Patrol Response Zone: Central Valley

Address: 3770 N. Pierce Number of Ambulance Vehicles in Fleet: 1  
Fresno, CA 93727

Phone Number: 559-448-4121 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

106 Total number of responses  
106 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Clovis City Fire Department Response Zone: City of Clovis

Address: 1233 5<sup>th</sup> Street  
Clovis, CA 9312

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-324-2200

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

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

6,101 Total number of responses  
6,101 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Coalinga City Fire Department Response Zone: Zone C

Address: 300 Elm Street  
Coalinga, CA 93210

Number of Ambulance Vehicles in Fleet: 9

Phone Number: 559-935-1652

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

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>		
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2593 Total number of responses  
1146 Number of emergency responses  
1447 Number of non-emergency responses

1864 Total number of transports  
74 Number of emergency transports  
1790 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Firebaugh City Fire Department **Response Zone:** City of Firebaugh

**Address:** 1575 11<sup>th</sup> Street  
Firebaugh, CA 93622

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-659-2061

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>		
			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Fowler City Fire Department Response Zone: City of Fowler

Address: 128 S. 5<sup>th</sup> Street Number of Ambulance Vehicles in Fleet: 0  
Fowler, CA 93625

Phone Number: 559-659-2061 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Fresno City Fire Department **Response Zone:** City of Fresno

**Address:** 911 H Street  
Fresno, CA 93721

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-621-4000

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

22,584 Total number of responses  
22,584 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Fresno County Fire Prot. Dist. Response Zone: County FPD

Address: 210 S Academy Avenue Number of Ambulance Vehicles in Fleet: 0  
Sanger, CA 93657

Phone Number: 559-493-4300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

6,744 Total number of responses  
6,744 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

County: Fresno

Provider: Hume Lake Vol. Fire Department

Response Zone: Hume Lake Christian Camp

Address: 64144 Hume Lake Road  
Hume, CA 93628

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-305-7576

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

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

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Huntington Lake VFD **Response Zone:** Huntington FPD

**Address:** 334 Shaw Avenue, Suite 135 **Number of Ambulance Vehicles in Fleet:** 0  
Clovis, CA 93612

**Phone Number:** 559-893-2347 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Kingsburg City Fire Department **Response Zone:** Zone K

**Address:** 1460 Marion Street  
Kingsburg, CA 93631

**Number of Ambulance Vehicles in Fleet:** 3

**Phone Number:** 559-935-1652

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

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1120 Total number of responses  
453 Number of emergency responses  
667 Number of non-emergency responses

785 Total number of transports  
33 Number of emergency transports  
752 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Laton Volunteer Fire Department **Response Zone:** Laton FPD

**Address:** 20799 S Fowler Avenue  
Laton, CA 93242

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-381-1063

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Mountain Valley Vol. Fire Depart. **Response Zone:** Mtn Valley FPD

**Address:** 46694 Chuckwagon Road **Number of Ambulance Vehicles in Fleet:** 0  
Dunlap, CA 93621

**Phone Number:** 559-332-2477 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Public:</b> <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>Not Avail</u> Total number of responses	_____ Total number of transports
<u>Not Avail</u> Number of emergency responses	_____ Number of emergency transports
<u>Not Avail</u> Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Orange Cove City Fire Department Response Zone: Orange Cove FPD

Address: 550 Center Street  
Orange Cove, CA 93646

Phone Number: 559-626-7758

Number of Ambulance Vehicles in Fleet: 0

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

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

401	401	0	Total number of responses	401	Total number of responses
Number of emergency responses	Number of emergency responses	Number of non-emergency responses	Number of emergency transports	Number of emergency transports	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Reedley City Fire Department Response Zone: City of Reedley

Address: 1060 D Street  
Reedley, CA 93656

Phone Number: 559-637-4230

Number of Ambulance Vehicles in Fleet: 0

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

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

Total number of responses	<u>527</u>
Number of emergency responses	<u>527</u>
Number of non-emergency responses	<u>0</u>

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

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

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Sanger City Fire Department Response Zone: Zone 1

Address: 601 West Avenue  
Sanger, CA 93657

Phone Number: 559-637-4230

Number of Ambulance Vehicles in Fleet: 3

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

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

Total number of responses <u>3187</u> Number of emergency responses <u>1290</u> Number of non-emergency responses <u>1897</u>	Total number of transports <u>2198</u> Number of emergency transports <u>92</u> Number of non-emergency transports <u>2106</u>
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**Air Ambulance Services**

Total number of responses _____ Number of emergency responses _____ Number of non-emergency responses _____	Total number of transports _____ Number of emergency transports _____ Number of non-emergency transports _____
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**Table 8: Resource Directory**

Reporting Year: 2016

Response/Transportation/Providers

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

County: Fresno Provider: Selma Fire Department Response Zone: Zone G

Address: 2857 A Street  
Selma, CA 93662

Phone Number: 559-891-2211

Number of Ambulance Vehicles in Fleet: 3

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

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

4894	Total number of responses	3842	Total number of transports
1982	Number of emergency responses	160	Number of emergency transports
2912	Number of non-emergency responses	3682	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

Response/Transportation/Providers

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

County: Fresno Provider: Sequoia Safety Council Response Zone: Zone J

Address: 500 E 11<sup>th</sup> Street  
Reedley, CA 93662

Phone Number: 559-891-2211

Number of Ambulance Vehicles in Fleet: 6

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

<b>Written Contract:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Medical Director:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Level of Service:</b> X Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> X ALS <input type="checkbox"/> LALS <input type="checkbox"/> X 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> X IFT <input type="checkbox"/> Water <input type="checkbox"/>
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<b>Ownership:</b> X Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Not for Profit	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

5315	Total number of responses	4251	Total number of transports
2152	Number of emergency responses	177	Number of emergency transports
3163	Number of non-emergency responses	4074	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Shaver Lake Vol. Fire Department Response Zone: Shaver Lake FPD

Address: 41344 Tollhouse Road  
Shaver Lake, CA 93664

Phone Number: 559-841-3211

Number of Ambulance Vehicles in Fleet: 0

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

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

Total number of responses	<u>36</u>	Total number of transports	<u>          </u>
Number of emergency responses	<u>36</u>	Number of emergency transports	<u>          </u>
Number of non-emergency responses	<u>0</u>	Number of non-emergency transports	<u>          </u>

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Skyline Response Zone: Central Valley

Address: 2911 E Tulare Avenue  
Fresno, CA 93721

Phone Number: 559-346-1025

Number of Ambulance Vehicles in Fleet: 3

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

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

_____	_____
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports
_____	_____

**Air Ambulance Services**

290	213
Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
0	0
Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Kings      Provider: American Ambulance      Response Zone: Kings County EOA

Address: 910 Garner Avenue      Hanford, CA 93230

Phone Number: 559-585-6802

Number of Ambulance Vehicles in Fleet: 16

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

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

Total number of responses	17297
Number of emergency responses	7583
Number of non-emergency responses	9714
Total number of transports	13572
Number of emergency transports	549
Number of non-emergency transports	13023

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Kings  
 Address: 350 W Grangeville Boulevard  
 Hanford, CA 93230  
 Phone Number: 559-585-2545  
 Provider: Hanford City Fire Department  
 Response Zone: City of Hanford  
 Number of Ambulance Vehicles in Fleet: 0  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Total number of responses: 3,416  
 Number of emergency responses: 3,416  
 Number of non-emergency responses: 0

Total number of transports: \_\_\_\_\_  
 Number of emergency transports: \_\_\_\_\_  
 Number of non-emergency transports: \_\_\_\_\_

**Air Ambulance Services**

Total number of responses: \_\_\_\_\_  
 Number of emergency responses: \_\_\_\_\_  
 Number of non-emergency responses: \_\_\_\_\_

Total number of transports: \_\_\_\_\_  
 Number of emergency transports: \_\_\_\_\_  
 Number of non-emergency transports: \_\_\_\_\_

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Kings Provider: Kings County Fire Department Response Zone: Kings County

Address: 280 N Campus Drive  
Hanford, CA 93230

Phone Number: 559-582-8261

Number of Ambulance Vehicles in Fleet: 0

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

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

Total number of responses	<u>2,420</u>
Number of emergency responses	<u>2,420</u>
Number of non-emergency responses	<u>0</u>
<b>Total number of transports</b>	
Number of emergency transports	<u>          </u>
Number of non-emergency transports	<u>          </u>

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

Response/Transportation/Providers

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

County: Kings      Provider: Lemoore City Fire Department      Response Zone: City of Lemoore

Address: 210 Fox Street  
Lemoore, CA 93245

Phone Number: 559-924-6797

Number of Ambulance Vehicles in Fleet: 0

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

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

591	Total number of responses	591	Total number of transports
591	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Air Ambulance Services**

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

County: Kings  
 Provider: Lemoore Naval Air Station  
 Response Zone: Naval Air Station  
 Address: PO Box 1023  
 Lemoore, CA 93245  
 Phone Number: 559-681-6101  
 Number of Ambulance Vehicles in Fleet: 3  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2  
**WE NO LONGER MONITOR THIS AGENCY**  
**This is on Naval Air Station Lemoore**

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

County: Madera  
 Address: 122 Trinity Avenue Chowchilla, CA 93610  
 Phone Number: 559-665-8624  
 Provider: Chowchilla City Police Department  
 Response Zone: City of Chowchilla  
 Number of Ambulance Vehicles in Fleet: 0  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

Air Ambulance Services

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Madera  
 Address: 14225 Road 28  
 Madera, CA 93638  
 Phone Number: 559-665-8624  
 Provider: Madera Co FD/CAL FIRE  
 Response Zone: County of Madera  
 Number of Ambulance Vehicles in Fleet: 0  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Total number of responses	1760
Number of emergency responses	1760
Number of non-emergency responses	0

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

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

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

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

County: Madera Provider: Pistorasi Ambulance Service, Inc. Response Zone: Chowchilla

Address: 113 North R Street Madera, CA 93637

Phone Number: 559-673-8004

Number of Ambulance Vehicles in Fleet: 1

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

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

Total number of responses	2739	Total number of transports	1750
Number of emergency responses	1109	Number of emergency transports	73
Number of non-emergency responses	1630	Number of non-emergency transports	1677

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

County: Madera  
 Provider: Pistorasi Ambulance Service of Response Zone: Madera Valley  
 Madera, Inc.

Address: 113 North R Street  
 Madera, CA 93637  
 Phone Number: 559-673-8004  
 Number of Ambulance Vehicles in Fleet: 8  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

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

10797	6425	7569	7253
Total number of responses	Number of non-emergency responses	Total number of transports	Number of non-emergency transports
4372	6425	316	7253
Number of emergency responses	Number of non-emergency responses	Number of emergency transports	Number of non-emergency transports

Air Ambulance Services

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

**Table 8: Resource Directory**

Reporting Year: 2016

Response/Transportation/Providers

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

County: Madera Provider: Sierra Ambulance Service Response Zone: Mountain EOA

Address: 40755 Winding Way  
Oakhurst, CA 93644

Phone Number: 559-6423-650

Number of Ambulance Vehicles in Fleet: 6

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

<b>Written Contract:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Medical Director:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Level of Service:</b> X Transport X ALS X 9-1-1 X Ground X Non-Transport X BLS X 7-Digit X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Not for Profit	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4022	Total number of responses	2828	Total number of transports
1620	Number of emergency responses	118	Number of emergency transports
2382	Number of non-emergency responses	2710	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

Country: Tulare Provider: American Ambulance of Visalia Response Zone: Zones 2, 3 and 13

Address: E Noble Avenue Number of Ambulance Vehicles in Fleet: 8

Visalia, CA 93292

Phone Number: 559-730-3015 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

<u>14334</u>	Total number of responses	<u>11528</u>	Total number of transports
<u>6565</u>	Number of emergency responses	<u>522</u>	Number of emergency transports
<u>7769</u>	Number of non-emergency responses	<u>11006</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: California Hot Springs Ambulance Response Zone: Zone 16

Address: 45122 Mahter Meadow Drive Number of Ambulance Vehicles in Fleet: 1

California Hot Springs, CA 93207

Phone Number: 559-733-6544 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Not available  
 Total number of responses  
0 Number of emergency responses  
0 Number of non-emergency responses

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Camp Nelson Volunteer Ambulance Response Zone: Zone 14

Address: 1500 A Nelson Drive Number of Ambulance Vehicles in Fleet: 1

Camp Nelson, CA 93208

Phone Number: 559-747-8233 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X ALS      X 9-1-1      X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>26</u>	Total number of responses	<u>20</u>	Total number of transports
<u>23</u>	Number of emergency responses	<u>4</u>	Number of emergency transports
<u>3</u>	Number of non-emergency responses	<u>16</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Dinuba City Fire Department Response Zone: Zone 1

Address: 496 E Tulare Number of Ambulance Vehicles in Fleet: 4  
Dinuba, CA 93618

Phone: \_\_\_\_\_ Average Number of Ambulances on Duty  
 Number: 559-591-5931 At 12:00 p.m. (noon) on Any Given Day: 2

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

3911 Total number of responses  
 1584 Number of emergency responses  
 2327 Number of non-emergency responses

3026 Total number of transports  
 126 Number of emergency transports  
 2900 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Exeter District Ambulance Response Zone: Zones 3, 5, 8, 13

Address: 302 E Palm Street Number of Ambulance Vehicles in Fleet: 4  
Exeter, CA 93221

Phone Number: 559-594-5250 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

<u>3621</u>	Total number of responses	<u>2751</u>	Total number of transports
<u>1466</u>	Number of emergency responses	<u>115</u>	Number of emergency transports
<u>2155</u>	Number of non-emergency responses	<u>2636</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Farmersville City Fire Department Response Zone: City of Farmersville

Address: 909 W Visalia Road Number of Ambulance Vehicles in Fleet: 0  
Farmersville, CA 93223

Phone: \_\_\_\_\_ Average Number of Ambulances on Duty: 0  
 Number: 559-747-0791 At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

**Air Ambulance Services**

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Imperial Ambulance Response Zone: Zones 8, 9

Address: 22 N Cottage Number of Ambulance Vehicles in Fleet: 6

Porterville, CA 93257

Phone Number: 559-784-8500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

9860 Total number of responses  
 3992 Number of emergency responses  
 5868 Number of non-emergency responses

8120 Total number of transports

339 Number of emergency transports

7781 Number of non-emergency transports

**Air Ambulance Services**

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

Total number of transports

Number of emergency transports

Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Sierra LifeStar Ambulance Response Zone: Zones 8, 9

Address: 234 N M Street Number of Ambulance Vehicles in Fleet: 6  
Tulare, CA 93274

Phone Number: 559-688-2550 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

<u>7820</u> Total number of responses	<u>6130</u> Total number of transports
<u>3166</u> Number of emergency responses	<u>256</u> Number of emergency transports
<u>4654</u> Number of non-emergency responses	<u>5874</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Lindsay Department Response Zone: City of Lindsay

Address: 185 N Gale Hill Number of Ambulance Vehicles in Fleet: 0

Lindsay, CA 93247

Phone Number: 559-562-2511 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Not Avail          Total number of transports  
 Not Avail          Number of emergency transports  
 Not Avail          Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Tulare City Fire Department Response Zone: City of Tulare

Address: 800 S Blackstone Number of Ambulance Vehicles in Fleet: 0

Tulare, CA 93257

Phone Number: 559-684-4290 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

1986 Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 1986 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 0 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses  
 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Tulare County Fire Department Response Zone: County of Tulare

Address: 907 W Visalia Road Number of Ambulance Vehicles in Fleet: 0

Farmersville, CA 93223

Phone Number: 559-747-8233 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

2941 Total number of responses  
 2941 Number of emergency responses  
 0 Number of non-emergency responses

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Orange Cove City Fire Department Response Zone: Orange Cove FPD

Address: 550 Center Street Number of Ambulance Vehicles in Fleet: 0  
Orange Cove, CA 93646

Phone Number: 559-626-7758 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Reedley City Fire Department Response Zone: City of Reedley

Address: 1060 D Street Number of Ambulance Vehicles in Fleet: 0

Reedley, CA 93656

Phone Number: 559-637-4230 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Sanger City Fire Department **Response Zone:** Zone I

**Address:** 601 West Avenue  
Sanger, CA 93657

**Number of Ambulance Vehicles in Fleet:** 3

**Phone Number:** 559-637-4230

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

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<b><u>Ownership:</u></b> X Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3187 Total number of responses  
1290 Number of emergency responses  
1897 Number of non-emergency responses

2198 Total number of transports  
92 Number of emergency transports  
2106 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Selma Fire Department Response Zone: Zone G

Address: 2857 A Street  
Selma, CA 93662

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 559-891-2211

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

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4894 Total number of responses  
1982 Number of emergency responses  
2912 Number of non-emergency responses

3842 Total number of transports  
160 Number of emergency transports  
3682 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Fresno Provider: Sequoia Safety Council Response Zone: Zone J

Address: 500 E 11<sup>th</sup> Street Number of Ambulance Vehicles in Fleet: 6  
Reedley, CA 93662

Phone Number: 559-891-2211 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Not for Profit	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

5315 Total number of responses  
2152 Number of emergency responses  
3163 Number of non-emergency responses

4251 Total number of transports  
177 Number of emergency transports  
4074 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Shaver Lake Vol. Fire Department **Response Zone:** Shaver Lake FPD

**Address:** 41344 Tollhouse Road  
Shaver Lake, CA 93664

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-841-3211

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

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Skylife **Response Zone:** Central Valley

**Address:** 2911 E Tulare Avenue **Number of Ambulance Vehicles in Fleet:** 3  
Fresno, CA 93721

**Phone Number:** 559-346-1025 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>		
			X Transport <input type="checkbox"/> Non-Transport	X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	X 9-1-1 X 7-Digit X CCT X IFT <input type="checkbox"/> Ground X Air <input type="checkbox"/> Water

<b><u>Ownership:</u></b> <input type="checkbox"/> Public X Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> X Rotary X Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Kings **Provider:** American Ambulance **Response Zone:** Kings County EOA

**Address:** 910 Garner Avenue **Number of Ambulance Vehicles in Fleet:** 16  
Hanford, CA 93230

**Phone Number:** 559-585-6802 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			X Transport	X ALS	X 9-1-1	X Ground
			<input type="checkbox"/> Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	X CCT	<input type="checkbox"/> Water
					X IFT	

<b><u>Ownership:</u></b> <input type="checkbox"/> Public X Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

17297 Total number of responses  
7583 Number of emergency responses  
9714 Number of non-emergency responses

13572 Total number of transports  
549 Number of emergency transports  
13023 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Kings **Provider:** Hanford City Fire Department **Response Zone:** City of Hanford

**Address:** 350 W Grangeville Boulevard **Number of Ambulance Vehicles in Fleet:** 0  
Hanford, CA 93230

**Phone Number:** 559-585-2545 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>	
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
			<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3,416 Total number of responses  
3,416 Number of emergency responses  
0 Number of non-emergency responses

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Kings **Provider:** Kings County Fire Department **Response Zone:** Kings County

**Address:** 280 N Campus Drive **Number of Ambulance Vehicles in Fleet:** 0  
Hanford, CA 93230

**Phone Number:** 559-582-8261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
	<input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District			

**Transporting Agencies**

2,420 Total number of responses  
2,420 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Kings Provider: Lemoore City Fire Department Response Zone: City of Lemoore

Address: 210 Fox Street  
Lemoore, CA 93245

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-924-6797

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

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

County: Kings Provider: Lemoore Naval Air Station Response Zone: Naval Air Station

Address: PO Box 1023  
Lemoore, CA 93245

Number of Ambulance Vehicles in Fleet: 3

**WE NO LONGER MONITOR THIS AGENCY  
This is on Naval Air Station Lemoore**

Phone Number: 559-681-6101

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

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

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

County: Madera Provider: Chowchilla City Police Department Response Zone: City of Chowchilla

Address: 122 Trinity Avenue Number of Ambulance Vehicles in Fleet: 0  
Chowchilla, CA 93610

Phone Number: 559-665-8624 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Madera Provider: Madera Co FD/CAL FIRE Response Zone: County of Madera

Address: 14225 Road 28 Number of Ambulance Vehicles in Fleet: 0  
Madera, CA 93638

Phone Number: 559-665-8624 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
		<input type="checkbox"/> County <input type="checkbox"/> Fire District		

**Transporting Agencies**

1760 Total number of responses  
1760 Number of emergency responses  
0 Number of non-emergency responses

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Madera **Provider:** Pistorosi Ambulance Service, Inc. **Response Zone:** Chowchilla

**Address:** 113 North R Street **Number of Ambulance Vehicles in Fleet:** 1  
Madera, CA 93637

**Phone Number:** 559-673-8004 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>	
			X Transport <input type="checkbox"/> Non-Transport	X ALS X BLS <input type="checkbox"/> LALS
				X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT X IFT
				X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<b><u>Ownership:</u></b> <input type="checkbox"/> Public X Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2739 Total number of responses  
1109 Number of emergency responses  
1630 Number of non-emergency responses

1750 Total number of transports  
73 Number of emergency transports  
1677 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

County: Madera

Provider: Pistoresi Ambulance Service of Madera, Inc. Response Zone: Madera Valley

Address: 113 North R Street  
Madera, CA 93637

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 559-673-8004

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

10797 Total number of responses  
4372 Number of emergency responses  
6425 Number of non-emergency responses

7569 Total number of transports  
316 Number of emergency transports  
7253 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Madera Provider: Sierra Ambulance Service Response Zone: Mountain EOA

Address: 40755 Winding Way  
Oakhurst, CA 93644

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 559-6423-650

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

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<b><u>Ownership:</u></b> X Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>4022</u> Total number of responses	<u>2828</u> Total number of transports
<u>1620</u> Number of emergency responses	<u>118</u> Number of emergency transports
<u>2382</u> Number of non-emergency responses	<u>2710</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** American Ambulance of Visalia **Response Zone:** Zones 2, 3 and 13

**Address:** E Noble Avenue  
Visalia, CA 93292

**Number of Ambulance Vehicles in Fleet:** 8

**Phone Number:** 559-730-3015

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

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					X IFT	

<b><u>Ownership:</u></b> <input type="checkbox"/> Public X Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

14334 Total number of responses  
6565 Number of emergency responses  
7769 Number of non-emergency responses

11528 Total number of transports  
522 Number of emergency transports  
11006 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare      **Provider:** California Hot Springs Ambulance      **Response Zone:** Zone 16

**Address:** 45122 Mahter Meadow Drive  
California Hot Springs, CA 93207

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 559-733-6544

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

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

<u>Not available</u> Total number of responses	<u>0</u>	Total number of transports
<u>0</u> Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** Camp Nelson Volunteer Ambulance **Response Zone:** Zone 14

**Address:** 1500 A Nelson Drive **Number of Ambulance Vehicles in Fleet:** 1  
Camp Nelson, CA 93208

**Phone Number:** 559-747-8233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Not for Profit	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>26</u> Total number of responses	<u>20</u> Total number of transports
<u>23</u> Number of emergency responses	<u>4</u> Number of emergency transports
<u>3</u> Number of non-emergency responses	<u>16</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** Dinuba City Fire Department **Response Zone:** Zone 1

**Address:** 496 E Tulare  
Dinuba, CA 93618

**Number of Ambulance Vehicles in Fleet:** 4

**Phone Number:** 559-591-5931

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>		
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3911 Total number of responses  
1584 Number of emergency responses  
2327 Number of non-emergency responses

3026 Total number of transports  
126 Number of emergency transports  
2900 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Exeter District Ambulance Response Zone: Zones 3, 5, 8, 13

Address: 302 E Palm Street Number of Ambulance Vehicles in Fleet: 4  
Exeter, CA 93221

Phone Number: 559-594-5250 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

3621 Total number of responses  
1466 Number of emergency responses  
2155 Number of non-emergency responses

2751 Total number of transports  
115 Number of emergency transports  
2636 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare      **Provider:** Farmersville City Fire Department      **Response Zone:** City of Farmersville

**Address:** 909 W Visalia Road  
Farmersville, CA 93223

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-747-0791

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

County: Tulare Provider: Imperial Ambulance Response Zone: Zones 8, 9

Address: 22 N Cottage  
Porterville, CA 93257

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 559-784-8500

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

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

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

9860 Total number of responses  
3992 Number of emergency responses  
5868 Number of non-emergency responses

8120 Total number of transports  
339 Number of emergency transports  
7781 Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** Lindsay Department **Response Zone:** City of Lindsay

**Address:** 185 N Gale Hill  
Lindsay, CA 93247 **Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-562-2511 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

<u>Not Avail</u> Total number of responses	_____ Total number of transports
<u>Not Avail</u> Number of emergency responses	_____ Number of emergency transports
<u>Not Avail</u> Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare      **Provider:** Tulare City Fire Department      **Response Zone:** City of Tulare

**Address:** 800 S Blackstone  
Tulare, CA 93257

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 559-684-4290

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

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

1986    Total number of responses  
1986    Number of emergency responses  
0        Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** Tule River Fire Department **Response Zone:** Tule River Indian Res.

**Address:** 340 N Reservation Road  
Portersville, CA 93257

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 559-747-8233

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

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

Not Avail Total number of responses  
Not Avail Number of emergency responses  
Not Avail Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare      **Provider:** Visalia City Fire Department      **Response Zone:** City of Visalia

**Address:** 309 S Johnson      **Number of Ambulance Vehicles in Fleet:** 0  
Visalia, CA 93291

**Phone Number:** 559-734-8116      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

9019 Total number of responses  
9019 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2016

**Response/Transportation/Providers**

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

**County:** Tulare      **Provider:** Visalia City Fire Department      **Response Zone:** City of Visalia

**Address:** 309 S Johnson      **Number of Ambulance Vehicles in Fleet:** 0  
Visalia, CA 93291

**Phone Number:** 559-734-8116      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

9019 Total number of responses  
9019 Number of emergency responses  
0 Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Fresno County Exclusive Operating Area
<b>Name of Current Provider(s):</b> American Ambulance
<p><b>Area or subarea (Zone) Geographic Description:</b>          The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), and Kingsburg Service Area (Zone K).</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) – <u>Exclusive</u></b>          Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p><b>Type:</b> Emergency Ambulance  <b>Level:</b> 9-1-1 and 7-digit response, ALS Ambulance, Critical Care Transport, ALS Interfacility Transports, and Stand-by services with transport authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>Since 1984, the Fresno County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1984 which awarded a three year contract. A second competitive procurement process was initiated in 1986 which awarded a five year contract with an additional 4 year extension to the provider. A third competitive bid process in 1997 was also implemented and ended on December 2007. After a competitive bid process in 2007, a five-year contract was awarded and implemented on January 1, 2008 that included one optional five-year extension. In 2017 a competitive bid process was completed and an new exclusive ambulance agreement was implemented on January 1, 2018. Prior to each procurement process, all request for proposals were submitted and approved by the State EMS Authority.</p>

**EMS PLAN**

**AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Coalinga City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> Fresno County Ambulance Zone C is located in southwestern Fresno County and includes the Cities of Coalinga and Huron, and the unincorporated areas surrounding these cities. It borders the County of Kings on the south and east, the Counties of San Luis Obispo and Monterey on the west, and the Fresno County Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone C is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone C is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Fresno County Ambulance Zone C is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Fresno County Exclusive Operating Area
<b>Name of Current Provider(s):</b> American Ambulance
<p><b>Area or subarea (Zone) Geographic Description:</b>          The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), and Kingsburg Service Area (Zone K).</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) – <u>Exclusive</u></b>          Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p><u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, Critical Care Transport, ALS Interfacility Transports, and Stand-by services with transport authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.          Since 1984, the Fresno County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1984 which awarded a three year contract. A second competitive procurement process was initiated in 1986 which awarded a five year contract with an additional 4 year extension to the provider. A third competitive bid process in 1997 was also implemented and ended on December 2007. After a competitive bid process in 2007, a five-year contract was awarded and implemented on January 1, 2008 that included one optional five-year extension. In 2017 a competitive bid process was completed and an new exclusive ambulance agreement was implemented on January 1, 2018. Prior to each procurement process, all request for proposals were submitted and approved by the State EMS Authority.</p>

**EMS PLAN**

**AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Coalinga City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> Fresno County Ambulance Zone C is located in southwestern Fresno County and includes the Cities of Coalinga and Huron, and the unincorporated areas surrounding these cities. It borders the County of Kings on the south and east, the Counties of San Luis Obispo and Monterey on the west, and the Fresno County Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone C is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone C is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Fresno County Ambulance Zone C is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone G (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Selma City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone G is located in central Fresno County and includes the Cities of Selma and Fowler and the western portion of the City of Parlier. It also includes the unincorporated areas surrounding these cities. It borders Ambulance Zone K on the south, the Reedley Exclusive Operating Area on the east, and the Fresno County Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone G is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone G is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Fresno County Ambulance Zone G is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Fresno County – Ambulance Zone G (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Selma City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> Fresno County Ambulance Zone G is located in central Fresno County and includes the Cities of Selma and Fowler and the western portion of the City of Parlier. It also includes the unincorporated areas surrounding these cities. It borders Ambulance Zone K on the south, the Reedley Exclusive Operating Area on the east, and the Fresno County Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone G is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone G is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Fresno County Ambulance Zone G is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Fresno County – Ambulance Zone I (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Sanger City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> Fresno County Ambulance Zone I is located in central Fresno County and includes the Cities of Sanger, the communities of Del Rey, Centerville and Minkler, and includes the unincorporated areas surrounding these areas. It borders Ambulance Zone G and the Reedley Exclusive Operating Area on the South, and the Fresno County Exclusive Operating area on the north, west and east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone I is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone I is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Fresno County Ambulance Zone I is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone K (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Kingsburg City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone K is located in south Fresno County and includes the Cities of Kingsburg and the unincorporated areas surrounding this area. It borders Ambulance Zone G on the north, the County of Tulare on the South, and the Fresno County Exclusive Operating area on the north and west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	<p>Include intent of local EMS agency and Board of Supervisors action.</p> <p>Fresno County Ambulance Zone K is a <b><u>non-exclusive</u></b> operating area.</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Fresno County Ambulance Zone K is a non-exclusive operating area.</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>Fresno County Ambulance Zone K is a non-exclusive operating area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone N (Non-Exclusive Operating Area) - <b>ELIMINATED</b>
<b>Name of Current Provider(s):</b>	<b><u>This Ambulance Zone was eliminated on January 1, 2018 and was included the Fresno EOA and the competitive bid process</u></b>
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone N is located in north-central Fresno County and includes the Cities of Kerman, the communities of Biola and Rolinda. This area includes the unincorporated areas surrounding this area, which includes the county islands in the north west area of the City of Fresno. It is bordered by the County of Madera on the north and the Fresno County Exclusive Operating area on the south, east, and west. The border is the boundary of the North Central Fire Protection District. The eastern border of this ambulance zone changes as the City of Fresno annexes areas of Ambulance Zone N. When that occurs, the annexed portion is automatically included in the Fresno County Exclusive Operating Area.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone N is a <b><u>non-exclusive</u></b> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone N is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	If <b><u>Grandfathered</u></b> , 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 <b><u>Competitively determined</u></b> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Fresno County Ambulance Zone N is a non-exclusive operating area. Fresno County Ambulance Zone N was included in the competitive bid process for the Fresno County Exclusive Operating Area and will be added to the Area effective January 1, 2018.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Kings County Exclusive Operating Area
<b>Name of Current Provider(s):</b> American Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> The Kings County Exclusive Operating Area includes the entire County of Kings excluding the Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and the Lemoore Naval Air Station Service Area (Zone 04).
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u></b> Include intent of local EMS agency and Board of Supervisors action.  Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the exclusive operating area to a single ground emergency ambulance service and ground advanced life support service.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS"; or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, ALS IFT
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Since 1995, the Kings County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1995 which awarded a five year contract. A new competitive process was implemented in 2000, with the selection of American Ambulance for a 5 year initial agreement and a potential extension of one additional 5-year period. The contract was effective November 1, 2000 through October 31, 2010. A new competitive bid process was conducted in 2010 and the RFP was submitted and approved by the State EMS Authority as an amendment to the EMS plan. American Ambulance was chosen to continue as the exclusive provider under a new 5 year agreement beginning November 1, 2010 through October 31, 2015. The exclusive agreement also contains an option for one 5-year extension upon approval by the EMS Agency and County.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Central California EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Kings County Ambulance Zone 01</p>
<p><b>Name of Current Provider(s):</b> American Ambulance</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> The Kings County Ambulance Zone 01 is located on the northern border of Kings County, immediately adjacent to the Fresno County community of Riverdale. This area is Bordered on the south by the Kings River, which allows quicker response times from Fresno County. It contains only a rural area of Kings County and does not include any incorporated areas.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>          Include intent of local EMS agency and Board of Supervisors action.</p> <p>Kings County Ambulance Zone 1 is a <b><u>non-exclusive</u></b> area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Kings County Ambulance Zone 1 is a non-exclusive area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>Kings County Ambulance Zone 1 is a non-exclusive area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Kings County Ambulance Zone 03
<b>Name of Current Provider(s):</b> Kingsburg City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> The Kings County Ambulance Zone 03 is located on the north-eastern border of Kings County and Fresno County, which is immediately adjacent to the Fresno County City of Kingsburg. This area is Bordered on the south by the Kings County EOA Zone 09 and 02, Tulare County on the East, and Fresno County on the west and north. The area contains a rural/unincorporated area of Kings County.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Kings County Ambulance Zone 3 is a <u>non-exclusive</u> area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Kings County Ambulance Zone 3 is a non-exclusive area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Kings County Ambulance Zone 3 is a non-exclusive area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Kings County Ambulance Zone 04
<b>Name of Current Provider(s):</b> United States - Naval Air Station-Lemoore
<b>Area or subarea (Zone) Geographic Description:</b> The Kings County Ambulance Zone 04 is the geographical area and jurisdiction of the federal government installation – Naval Air Station –Lemoore. It is border by the Kings County EOA on the north, east and South, and is bordered by Fresno County on the west.
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>  <small>Include intent of local EMS agency and Board of Supervisors action.</small></p> <p>Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station – Lemoore</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p>Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</small></p> <p>Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Madera County – Chowchilla Area Ambulance Zone
<b>Name of Current Provider(s):</b> Pistoresi Ambulance Service, Inc.
<p><b>Area or subarea (Zone) Geographic Description:</b>                  The Madera County – Chowchilla Area Ambulance Zone is located in the northwestern Madera County and includes the City of Chowchilla, the communities of Fairmead, Dairyland, and the unincorporated areas surrounding these communities. It borders the Madera Area Zone on the south, the County of Merced on the west, and the Madera County Mountain Exclusive Operating area on the north.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>                  Include intent of local EMS agency and Board of Supervisors action.</p> <p>The Madera County – Chowchilla Area Ambulance Zone is <b>non-exclusive</b> operating area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>                  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>The Madera County – Chowchilla Area Ambulance Zone is <b>non-exclusive</b> operating area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>                  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.</p>

**NOTE:** This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Madera County – Madera Area Ambulance Zone
<b>Name of Current Provider(s):</b> Pistoresi Ambulance Service of Madera, Inc.
<b>Area or subarea (Zone) Geographic Description:</b> Madera County – Madera Area is located in the southwestern Madera County and includes the City of Madera and the communities of Madera/Bonadelle Ranchos, Rolling Hills, Eastside Acres, Raymond, and the unincorporated areas surrounding these communities. It borders the County of Fresno on the south and east, the Madera County – Chowchilla Area on the North, and the Madera County Mountain Exclusive Operating area on the northeast.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Madera County – Madera Area Ambulance Zone is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Madera County – Madera Area Ambulance Zone is a <u>non-exclusive</u> operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.

**NOTE:** This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones or areas which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Madera County Mountain Exclusive Operating Area
<b>Name of Current Provider(s):</b> Sierra Ambulance Service, Inc
<p><b>Area or subarea (Zone) Geographic Description:</b>          The Madera County Mountain Exclusive Operating Area includes the north-eastern portion of Madera County. It includes the communities of Oakhurst, Ahwahnee, Coarsegold, North Fork, Bass Lake, and O'Neals. It borders the Counties of Mariposa on the northwest, Mono on the northeast, and Fresno on the east. The southern border of the Mountain EOA is adjacent to the south-western area of Madera County, which is a non-exclusive response area.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u></b></p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Madera County Mountain Exclusive Operating Area to a single emergency ground ambulance service. By creating the Mountain EOA, it is the intent of the Local EMS Agency, at the recommendation of the Madera County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity.  <u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>The EMS Agency, at the recommendation of the Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Sierra Ambulance Service is a non-profit community owned service which was established in 1964. Sierra Ambulance Service has operated in the geographical area of the Mountain EOA since that time without interruption. In 1985, Sierra Ambulance Service evolved from Limited Advanced Life Support (EMT-II) to Advanced Life Support (Paramedic). Since 1964, Sierra Ambulance Service has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Mountain EOA. On occasion, other ambulance providers respond into the Sierra Ambulance Service area when needed for mutual aid assistance. There has been no change in the ownership of Sierra ambulance, nor has the geographical area of their service area changed.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 13
<b>Name of Current Provider(s):</b> Exeter District Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 13 is located in north-central Tulare County and includes the community of Badger, Hartland, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 3 and 4 on the south, Ambulance Zone 1 on the west, Fresno County on the north, and Mono County/Kings Canyon National Park on the east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 13 is a <b>non-exclusive</b> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 13 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 13 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 1 (Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Dinuba City Fire Department
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 1 is located in the northwest portion of Tulare County. This zone includes the City of Dinuba, the communities of Cutler and Orosi, and the unincorporated areas surrounding these communities. Ambulance Zone 1 is bordered by Fresno County on the north, Tulare County Ambulance Zone 10 on the west, Tulare County Ambulance Zone 3 and 13 on the east, and ambulance Zone 2 on the south..</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u></b>  Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 1 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition.</p> <p><u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Dinuba City Fire Department was established in 1909 and has been the sole provider of ambulance services in the geographical response area without interruption. In 1978, Dinuba's ambulance services evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 2007. On occasion, other ambulance providers respond into the Dinuba's response area when needed for mutual aid assistance. There has been no change in the ownership of Dinuba City Fire Department's ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 2
<b>Name of Current Provider(s):</b> American Ambulance of Visalia
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 2 is located in the northwest portion of Tulare County. This zone includes the City of Visalia, the communities of Goshen and Tagus, and the unincorporated areas surrounding these communities. Ambulance Zone 2 is bordered by Tulare County Ambulance Zone 10 and 1 on the north, Tulare County Ambulance Zone 5 on the east, Tulare County Ambulance Zone 6 on the south, and the County of Kings on the west.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) -</b></p> <p>Tulare County Ambulance Zone 2 is a <b>non-exclusive</b> operating area. After the departure of Mobile Life Support on September 1, 2016, The EMS Agency notified the County and ambulance providers that Ambulance Zone 2 was no longer an exclusive operating area due to a change in manner and scope.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>Tulare County Ambulance Zone 2 is a non-exclusive operating area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>Tulare County Ambulance Zone 2 is a non-exclusive operating area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 3
<b>Name of Current Provider(s):</b> Exeter District Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 3 is located in north-central Tulare County and includes the Cities of Woodlake and the communities of Lemon Cove, Badger, and the unincorporated areas surrounding these area. It borders Ambulance Zone 5 on the south, Ambulance Zone 4 on the east, Ambulance Zone 13 on the north, and Ambulance Zone 1 and 2 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 3 is a <b>non-exclusive</b> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 3 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 3 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 4
<b>Name of Current Provider(s):</b>	American Ambulance of Visalia Exeter District Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 4 is located in the northeast portion of Tulare County. This zone includes the community of Three Rivers and the unincorporated areas surrounding this community. Ambulance Zone 4 is bordered by Tulare County Ambulance Zone 13 on the north, Tulare County Ambulance Zone 5 and 3 on the west, Tulare County Ambulance Zone 9, 14, and 17 on the south, and the Sequoia National Park/Mono County on the east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Tulare County Ambulance Zone 4 is a <b>non-exclusive</b> operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity
	Tulare County Ambulance Zone 4 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.
	Tulare County Ambulance Zone 3 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 5 (Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Exeter District Ambulance Service
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 5 is located in the central portion of Tulare County. This zone includes the cities of Exeter and Farmersville, and the unincorporated areas surrounding these cities. Ambulance Zone 5 is bordered by Tulare County Ambulance Zone 3 on the north, Tulare County Ambulance Zone 2 on the west, Tulare County Ambulance Zone 8 on the south, and Tulare County Ambulance Zone 9 on the on the east.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u></b>  Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 5 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity  <u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Exeter District Ambulance is a non-profit community owned ambulance service, which was established in 1977. Exeter has operated in the same geographical area of the Ambulance Zone 5 since that time without interruption. In 1978, Exeter evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 2007. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Exeter District Ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 6
<b>Name of Current Provider(s):</b> Sierra LifeStar Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 6 is located in the southwestern portion of Tulare County. This zone includes the cities of Tulare and the unincorporated areas surrounding these city. Ambulance Zone 6 is bordered by Tulare County Ambulance Zone 2 on the north, Tulare County Ambulance Zone 8 on the east, Tulare County Ambulance Zone 7 on the south, and the County of Kings on the west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>  Tulare County Ambulance Zone 6 is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity  The Tulare County Ambulance Zone 6 is non-exclusive
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  The Tulare County Ambulance Zone 6 is non-exclusive

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 7
<b>Name of Current Provider(s):</b> Sierra LifeStar Ambulance Service
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 7 is located in the southwestern portion of Tulare County. This zone includes the cities of Pixley and Earlimart and the unincorporated areas surrounding these cities. Ambulance Zone 7 is bordered by Tulare County Ambulance Zone 6 on the north, Tulare County Ambulance Zone 9 on the east, Tulare County Ambulance Zone 12 on the south, and the County of Kings on the west.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>  Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 7 is a <b><u>non-exclusive</u></b> operating area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>The Tulare County Ambulance Zone 7 is non-exclusive</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>The Tulare County Ambulance Zone 7 is non-exclusive.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 8
<b>Name of Current Provider(s):</b>	Exeter District Ambulance Imperial Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 8 is located in central Tulare County and includes the City of Lindsay and the unincorporated areas surrounding these area. It borders Ambulance Zone 5 on the north, Ambulance Zone 9 on the east, Ambulance Zone 9 on the south, and Ambulance Zone 6 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 8 is a <b>non-exclusive</b> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 8 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 8 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 9
<b>Name of Current Provider(s):</b> Imperial Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 9 is located in central Tulare County and includes the City of Porterville, the communities of Springville, Terra Bella, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 8 and 4 on the north, Ambulance Zone 14 and 16 on the east, Kern County on the south, and Ambulance Zone 6, 7, and 12 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 9 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 9 is a <u>non-exclusive</u> operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 9 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 10
<b>Name of Current Provider(s):</b> Kingsburg City Fire Department
<p><b>Area or subarea (Zone) Geographic Description:</b>            Tulare County Ambulance Zone 10 is located in the northwestern portion of Tulare County. This zone includes the community of Traver, and the unincorporated areas surrounding this area. Ambulance Zone 10 is bordered by Fresno County on the north, Tulare County Ambulance Zone 1 on the east, Tulare County Ambulance Zone 2 on the south, and the County of Kings on the west.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>             Tulare County Ambulance Zone 10 is a <b><u>non-exclusive</u></b> operating area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>            Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity             Tulare County Ambulance Zone 10 is a non-exclusive operating area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>            If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.             Tulare County Ambulance Zone 10 is a non-exclusive operating area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 12
<b>Name of Current Provider(s):</b> Delano Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 12 is located in the southwestern portion of Tulare County. This zone includes the unincorporated areas north of the County of Kern. Ambulance Zone 12 is bordered by Tulare County Ambulance Zone 7 on the north, Tulare County Ambulance Zone 9 on the east, the County of Kern on the south, and the County of Kings on the west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>  Tulare County Ambulance Zone 12 is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity  Tulare County Ambulance Zone 12 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 12 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 18
<b>Name of Current Provider(s):</b> Sierra National Forrest / Sequoia National Park Ridgecrest Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 18 is located in southeastern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 17 on the north, the County of Mono on the east, County of Kern on the south, and Ambulance Zone 14, 15, and 16 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 18 is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 18 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 18 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 14
<b>Name of Current Provider(s):</b> Imperial Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 14 is located in central Tulare County and includes the wilderness area of the Sierra National Forrest and includes the Tule River Indian Reservation. It borders Ambulance Zone 9 and 4 on the north, Ambulance Zone 17 and 18 on the east, Ambulance Zone 16 and 18 on the south, and Ambulance Zone 9 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 14 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 14 is a <u>non-exclusive</u> operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 14 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Central California EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 15</p>
<p><b>Name of Current Provider(s):</b> Imperial Ambulance</p>
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 15 is located in southern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 16 on the north, Ambulance Zone 18 on the east, Kern County on the south, and Ambulance Zone 16 on the west</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>  Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 15 is a non-exclusive operating area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Tulare County Ambulance Zone 15 is a <u>non-exclusive</u> operating area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>Tulare County Ambulance Zone 15 is a non-exclusive operating area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 16 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Imperial Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Tulare County Ambulance Zone 16 is located in southern Tulare County and includes the unincorporated rural area of Tulare County and the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 14 on the north, Ambulance Zone 18 on the east, Ambulance Zone 15 on the south, and Ambulance Zone 9 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 16 is a <u>non-exclusive</u> operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 16 is a non-exclusive operating area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  Tulare County Ambulance Zone 16 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 17
<b>Name of Current Provider(s):</b> Sierra National Forrest / Sequoia National Park
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Tulare County Ambulance Zone 17 is located in east-central Tulare County and includes the wilderness area of the Sierra National Forrest and Sequoia National Park. It borders Ambulance Zone 4 on the north, the County of Mono on the east, Ambulance Zone 18 on the south, and Ambulance Zone 14 on the west</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>          Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 17 is a <b><u>non-exclusive</u></b> operating area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Tulare County Ambulance Zone 17 is a non-exclusive operating area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.</p> <p>Tulare County Ambulance Zone 17 is a non-exclusive operating area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Fresno County - Reedley Exclusive Operating Area (Ambulance Zone J)
<b>Name of Current Provider(s):</b> Sequoia Safety Council
<b>Area or subarea (Zone) Geographic Description:</b> The Reedley Exclusive Operating Area is located in southeastern Fresno County and includes the Cities of Reedley, Orange Cove, the eastern portion of the City of Parlier, and the communities of Squaw Valley, Dunlap, Miramonte, and Pinehurst. It borders the County of Tulare on the South, Sequoia and Kings Canyon National Parks on the east, Fresno County Ambulance Zone G (non-exclusive) on the west, and Fresno County Ambulance Zone I (non-exclusive) on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u></b> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Reedley Exclusive Operating Area to a single emergency ground ambulance service. By creating the Reedley EOA in Fresno County, it is the intent of the Local EMS Agency, at the recommendation of the Fresno County Board of Supervisors, to sustain the current level of medical standards and performance.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity <b>Type:</b> Emergency Ambulance <b>Level:</b> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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.  The EMS Agency, at the recommendation of the Fresno County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.  Sequoia Safety Council is a non-profit community owned service, which was established in 1953. Sequoia Safety Council has operated in the geographical area of the Reedley EOA since that time without interruption. In 1986, Sequoia Safety Council evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 1987. Since 1953, Sequoia Safety Council has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Reedley EOA in Fresno County. On occasion, other ambulance providers respond into the Sequoia Safety Council's response area when needed for mutual aid assistance. There has been no change in the ownership of Sequoia Safety Council, nor has the geographical area of their service area changed.

**TABLE 9: RESOURCE DIRECTORY**

Facilities

Reporting Period: 2016

County: Fresno County

Facility: Adventist Medical Center – Reedley

Telephone Number: (559) 638-8155

Address: 372 W Cypress Ave, Reedley, CA 93654

<b>Written Contract:</b>	<b>Service:</b>	<b>Base Hospital:</b>	<b>Burn Center:</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b>	<b>If Trauma Center – What Level:</b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b>STEMI Center:</b>	<b>Stroke Center:</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** Adventist Medical Center – Selma

**Telephone Number:** (559) 891-1000

**Address:** 1141 Rose Ave, Selma, CA 93662

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b><u>Pediatric Critical Care Center<sup>4</sup></u></b> <b><u>EDAP<sup>5</sup></u></b> <b><u>PICU<sup>6</sup></u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>4</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>5</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>6</sup> Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** Clovis Community Medical Center

**Telephone Number:** (559) 324-4000

**Address:** 2755 Herndon Ave, Clovis, CA 93611

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>7</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>8</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>9</sup> Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** Coalinga Regional Medical Center

**Telephone Number:** (559) 935-6400

**Address:** 1191 Phelps, Coalinga, CA 93210

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>10</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>11</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>12</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>10</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>11</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>12</sup> Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** Community Regional Medical Center

**Telephone Number:** (559) 459-6000

**Address:** 2823 Fresno Street, Fresno, CA 93721

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>13</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>14</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>15</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** Kaiser Permanente – Fresno      **Telephone Number:** (559) 448-4500

**Address:** 7300 N Fresno Street, Fresno, CA 93720

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b><u>Pediatric Critical Care Center<sup>16</sup></u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
<b><u>EDAP<sup>17</sup></u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II
<b><u>PICU<sup>18</sup></u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>16</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>17</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>18</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** St. Agnes Medical Center

**Telephone Number:** (559) 450-3000

**Address:** 1303 E Herndon Ave, Fresno, CA 93720

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>19</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b>EDAP<sup>20</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>PICU<sup>21</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>19</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>20</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>21</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Fresno County

**Facility:** Veterans Administration Hospital

**Telephone Number:** (559) 225-6100

**Address:** 2615 E Clinton Ave, Fresno, CA 93703

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b><u>Pediatric Critical Care Center</u></b> <sup>22</sup> <b><u>EDAP</u></b> <sup>23</sup> <b><u>PICU</u></b> <sup>24</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>22</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>23</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>24</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

Reporting Period: 2016

County: Kings County

Facility: Adventist Medical Center – Hanford

Telephone Number: (559) 582-9000

Address: 115 Mall Drive, Hanford, CA 93230

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>25</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>26</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>27</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>25</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>26</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>27</sup> Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Madera County

**Facility:** Valley Children's Hospital      **Telephone Number:** (559) 353-3000

**Address:** 9300 Valley Children's Place, Madera, CA 93636

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>28</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>EDAP<sup>29</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>PICU<sup>30</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>28</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>29</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>30</sup> Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

Facilities

Reporting Period: 2016

County: Madera County

Facility: Madera Community Hospital

Telephone Number: (559) 675-5555

Address: 1250 E Almond Ave., Madera, CA 93637

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Pediatric Critical Care Center<sup>31</sup></b> <b>EDAP<sup>32</sup></b> <b>PICU<sup>33</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>31</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>32</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>33</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2016

**County:** Tulare County

**Facility:** Kaweah Delta Medical Center

**Telephone Number:** (559) 624-2000

**Address:** 400 W Mineral King Ave., Visalia, CA 93291

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>34</sup></b> <b>EDAP<sup>35</sup></b> <b>PICU<sup>36</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>34</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>35</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>36</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

Facilities

Reporting Period: 2016

County: Tulare County

Facility: Sierra View Medical Center Telephone Number: (559) 784-1110

Address: 465 W Putnum Ave, Porterville, CA 93257

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>37</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>38</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>39</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center – What Level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>37</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>38</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>39</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: RESOURCE DIRECTORY**

Facilities

Reporting Period: 2016

County: Tulare County

Facility: Tulare Regional Medical Center

Telephone Number: (559) 688-0821

Address: 869 N Cherry, Tulare, CA. 93274

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>40</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>41</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>42</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>40</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>41</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>42</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Fresno County

Reporting Year: 2016

Training Institution:	<u>Alert Medic/Reedley Volunteer Fire Dept</u>	Telephone Number:	<u>559-456-6006</u>
Address:	<u>2750 N Clovis Ave #105</u>		
	<u>Fresno, CA 93727</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$550</u>	Initial training:	<u>          </u>
Refresher:	<u>\$100</u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>1/31/20</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>          </u>

Training Institution:	<u>American Ambulance/Coalinga Fire Dept</u>	Telephone Number:	<u>559-443-5900</u>
Address:	<u>2911 E Tulare Ave</u>		
	<u>Fresno, CA 93721</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$1050</u>	Initial training:	<u>          </u>
Refresher:	<u>          </u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>6/30/18</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>

\*Open to general public or restricted to certain personnel only.  
 \*\* Indicate whether EMT, A-EMT, 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: Fresno County

Reporting Year: 2016

Training Institution:	<u>CSU Fresno</u>	Telephone Number:	<u>559-278-4014</u>
Address:	<u>2345 E San Ramon</u> <u>Fresno, CA 93740</u>		
Student Eligibility*:	<u>Enrolled Student</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>n/a</u>	Initial training:	_____
Refresher:	<u>n/a</u>	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	<u>6/30/18</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	_____
		Continuing Education:	_____

Training Institution:	<u>Central California EMS Agency</u>	Telephone Number:	<u>559-600-3387</u>
Address:	<u>1221 Fulton Mall</u> <u>Fresno, CA 93721</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$6047</u>	Initial training:	_____
Refresher:	<u>n/a</u>	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	<u>1/31/2022</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	_____
		Continuing Education:	_____

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

\*\* Indicate whether EMT, A-EMT, 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: Fresno County

Reporting Year: 2016

Training Institution:	<u>Fresno City College</u>	Telephone Number:	<u>559-265-5776</u>
Address:	<u>2930 E Annadale</u> <u>Fresno, CA 93706</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/Unit</u>	Initial training:	<u>          </u>
Refresher:	<u>n/a</u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>6/30/18</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>

Training Institution:	<u>Fresno County Fire Protection District</u>	Telephone Number:	<u>559-485-7500</u>
Address:	<u>210 S Academy</u> <u>Sanger, CA 93657</u>		
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>n/a</u>	Initial training:	<u>          </u>
Refresher:	<u>n/a</u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>6/30/18</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>          </u>

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

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

Training Institution: Fresno Unified School District Telephone Number: 559-457-6000  
 Address: 2500 Stanislaus  
Fresno, CA 93721

Student Eligibility\*: General Public \*\*Program Level EMT  
 Cost of Program:  
 Basic: \$/unit Number of students completing training per year:  
 Refresher: n/a Initial training: \_\_\_\_\_  
 Refresher: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_  
 Expiration Date: 6/30/18  
 Number of courses:  
 Initial training: 1  
 Refresher: 1  
 Continuing Education: \_\_\_\_\_

Training Institution: Kingsburg Fire Department Telephone Number: 559-897-5475  
 Address: 1460 Marion Street  
Kingsburg, CA 93631

Student Eligibility\*: Employee \*\*Program Level EMT  
 Cost of Program:  
 Basic: n/a Number of students completing training per year:  
 Refresher: n/a Initial training: \_\_\_\_\_  
 Refresher: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_  
 Expiration Date: 6/30/18  
 Number of courses:  
 Initial training: 1  
 Refresher: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_

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

\*\* Indicate whether EMT, A-EMT, 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: Fresno County

Reporting Year: 2016

Training Institution:	<u>Sequoia Safety Council / Orange Cove Fire Department</u>		Telephone Number:	<u>559-638-9995</u>
Address:	<u>500 Center Street</u>			
	<u>Orange Cove, CA 93631</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$750</u>	Initial training:		
	Refresher: <u>\$150</u>	Refresher:		
		Continuing Education:		
		Expiration Date:		<u>8/31/18</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>1</u>
		Continuing Education:		

Training Institution:	<u>Selma City Fire Department</u>		Telephone Number:	<u>559-896-2511</u>
Address:	<u>2861 A Street</u>			
	<u>Selma, CA 93662</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>n/a</u>	Initial training:		
	Refresher: <u>n/a</u>	Refresher:		
		Continuing Education:		
		Expiration Date:		<u>6/30/18</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>1</u>
		Continuing Education:		

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

\*\* Indicate whether EMT, A-EMT, 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:** Fresno County

**Reporting Year:** 2016

fcli

Training Institution:	<u>Hume Lake Fire Department</u>		Telephone Number:	<u>559-335-2000</u>
Address:	<u>64144 Hume Lake Road</u>			
	<u>Hume, CA 93628</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:		Number of students completing training per year:	
	Basic: <u>\$150</u>		Initial training:	<u>          </u>
	Refresher: <u>n/a</u>		Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>11/30/21</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>          </u>

Training Institution:	<u>National University</u>		Telephone Number:	<u>559-256-4982</u>
Address:	<u>20 River Park Place</u>			
	<u>Fresno, CA 93711</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:		Number of students completing training per year:	
	Basic: <u>\$750</u>		Initial training:	<u>          </u>
	Refresher: <u>n/a</u>		Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>03/31/21</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>          </u>

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Fresno County

Reporting Year: 2016

fcli

Training Institution:	<u>Valley ROP</u>		Telephone Number:	<u>559-876-2122</u>
Address:	<u>1305 Q Street</u>			
	<u>Sanger, CA 93657</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>\$150</u>	Number of students completing training per year:		
	Refresher: <u>n/a</u>	Initial training:	<u>          </u>	
		Refresher:	<u>          </u>	
		Continuing Education:	<u>          </u>	
		Expiration Date:	<u>06/30/20</u>	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	<u>2</u>	
		Continuing Education:	<u>          </u>	

Training Institution:	<u>Fowler High School / ROP</u>		Telephone Number:	<u>559-834-6160</u>
Address:	<u>701 East Main Street</u>			
	<u>Fowler, CA 93625</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>\$750</u>	Number of students completing training per year:		
	Refresher: <u>n/a</u>	Initial training:	<u>          </u>	
		Refresher:	<u>          </u>	
		Continuing Education:	<u>          </u>	
		Expiration Date:	<u>10/31/20</u>	
		Number of courses:		
		Initial training:	<u>2</u>	
		Refresher:	<u>2</u>	
		Continuing Education:	<u>          </u>	

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Kings County

Reporting Year: 2016

Training Institution:	<u>Hanford City Fire Department</u>		Telephone Number:	<u>559-585-2545</u>
Address:	<u>350 West Grangeville</u>			
	<u>Hanford, CA 93230</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>n/a</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>          </u>
			Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>6/30/18</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>

Training Institution:	<u>Kings County Fire Department</u>		Telephone Number:	<u>559-582-3211</u>
Address:	<u>280 Campus Drive</u>			
	<u>Hanford, CA 93230</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>n/a</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>          </u>
			Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>6/30/18</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>          </u>

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

\*\* Indicate whether EMT, A-EMT, 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: Kings County

Reporting Year: 2016

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3759</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u>                    </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>2/28/18</u> In process
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3759</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u>                    </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>6/30/18</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

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

\*\* Indicate whether EMT, A-EMT, 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: Kings County

Reporting Year: 2016

Training Institution:	<u>Naval Air Station – Lemoore</u>		Telephone Number:	<u>559-998-1707</u>
Address:	<u>767 Franklin Ave</u>			
	<u>Lemoore, CA 93246</u>			
Student Eligibility*:	<u>NAS Personnel</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: \$	Number of students completing training per year:	
		Refresher: \$	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>6/30/20</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	

Training Institution:	<u>Lemoore Vol Fire Dept</u>		Telephone Number:	<u>559-924-6797</u>
Address:	<u>210 Fox Street</u>			
	<u>Lemoore, CA 93245</u>			
Student Eligibility*:	<u>Fire Personnel</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: \$	Number of students completing training per year:	
		Refresher: \$	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>6/30/18</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	

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

\*\* Indicate whether EMT, A-EMT, 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: Madera County

Reporting Year: 2016

Training Institution:	<u>Madera Adult School</u>		Telephone Number:	<u>559-675-4425</u>
Address:	<u>26355 Ave 13</u>			
	<u>Madera, CA 93637</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$200</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>          </u>
			Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>6/30/18</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>          </u>

Training Institution:	<u>Minarets Adult Education</u>		Telephone Number:	<u>559-658-1052</u>
Address:	<u>33144 Road 233</u>			
	<u>North Fork, CA 93643</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$500</u>	Number of students completing training per year:	
	Refresher:	<u>\$150</u>	Initial training:	<u>          </u>
			Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>8/31/20</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>5</u>
			Continuing Education:	<u>          </u>

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

\*\* Indicate whether EMT, A-EMT, 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: Tulare County

Reporting Year: 2016

Training Institution:	<u>College of the Sequoias</u>	Telephone Number:	<u>559-730-3732</u>
Address:	<u>915 S Mooney Blvd</u> <u>Visalia, CA 93277</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u>                    </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>10/31/19</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

Training Institution:	<u>Dinuba City Fire Department</u>	Telephone Number:	<u>559-591-5931</u>
Address:	<u>496 E Tulare Ave</u> <u>Dinuba, CA 93618</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$600</u>	Initial training:	<u>                    </u>
Refresher:	<u>\$250</u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>6/30/21</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

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

\*\* Indicate whether EMT, A-EMT, 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: Tulare County

Reporting Year: 2016

Training Institution:	<u>Porterville College</u>	Telephone Number:	<u>559-791-2321</u>
Address:	<u>900 S Main Street</u> <u>Porterville, CA 93257</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u>          </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>10/31/19</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>          </u>

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

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

Training Institution:	<u>Tulare County Fire Department</u>	Telephone Number:	<u>559-802-9805</u>
Address:	<u>835 S Akers</u> <u>Visalia, CA 93277</u>		
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$</u>	Initial training:	<u>          </u>
Refresher:	<u>\$</u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>8/31/21</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>          </u>

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: Fresno County

Reporting Year: 2016

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/>		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	Federal		
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

County: Kings County

Reporting Year: 2016

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/>		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	Federal		
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

**TABLE 11: RESOURCES DIRECTORY – Dispatch Agency**

County: Madera County

Reporting Year: 2016

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

County: Tulare County

Reporting Year: 2012

Name:	<u>Tulare County Consolidated Dispatch Center</u>		Primary Contact:	<u>Doug Woods</u>	
Address:	<u>125 North N Street</u>				
	<u>Tulare, CA 93274</u>				
Telephone Number:	<u>559-687-3314</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>16</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			