

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



October 10, 2018

Ms. Victoria Pinette, Regional Executive Director  
Sierra-Sacramento Valley EMS Agency  
5995 Pacific Street  
Rocklin, CA 95677

Dear Ms. Pinette:

This letter is in response to Sierra-Sacramento Valley EMS Agency's 2018 EMS Plan Update submission to the EMS Authority on July 3, 2018.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Sierra-Sacramento Valley EMS Agency's 2018 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

Sierra-Sacramento Valley EMS Agency received its last full plan approval for its 2012 plan submission, and its last annual plan update for its 2017 plan submission.

Historically, we have received EMS Plan submissions from Sacramento County for the following years:

- 1997
- 1999
- 2002
- 2005
- 2007
- 2009-2012
- 2014
- 2017

Health and Safety Code (HSC) § 1797.254 states:

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

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

### III. Analysis of EMS System Components:

Following are comments related to Sierra-Sacramento Valley EMS Agency's 2018 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- |  | Not                      |   |
|--|--------------------------|---|
| Approved                               | Approved                 |   |
| A. <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 Sierra-Sacramento Valley EMS Agency, please find enclosed the EMS Authority's determination of the exclusivity of Sierra-Sacramento Valley 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> |
| G. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

#### **IV. Conclusion:**

Based on the information identified, Sierra-Sacramento Valley EMS Agency's 2018 EMS Plan Update is approved.

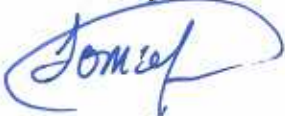
Pursuant to HSC § 1797.105(b):

*"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:**

Sierra-Sacramento Valley EMS Agency's 2019 EMS Plan Update will be due on or before October 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

[illegible]



[illegible]



SIERRA-  
SACRAMENTO  
VALLEY  
EMERGENCY  
MEDICAL SERVICES  
AGENCY

5995 Pacific Street  
Rocklin, CA 95677

Phone: 916-625-1702  
Fax: 916-625-1730  
[www.ssvems.com](http://www.ssvems.com)

Redding Office

2775 Bechelli Ln.  
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Glenn

July 6, 2018

Lisa Galindo  
EMS Systems Division

S-SV EMS Plan Update:

Lisa,

Attached for your review is the 2018 S-SV EMS Plan update to the plan submitted in 2017.

To aid you in your review, I have listed the tables below and indicated which items required updating:

1. EMS Plan Summary – Updated.
2. Table 1 – Reviewed with no update required.
3. Progress/Objectives Chart – Reviewed with no update required.
4. Table 2 – Reviewed and updated with current budget and fee schedules
5. Table 3 – Reviewed and updated with current information.
6. Table 4 – Reviewed and updated with current information.
7. Table 5 – Reviewed with no updates needed.
8. Table 6 – Reviewed and updated with current information.
9. Table 7 – Reviewed with no updates needed.
10. Table 8 – Reviewed with multiple updates for formatting and 911 information activity.
11. Table 9 – Reviewed with multiple updates for formatting and information.
12. Table 10 - Reviewed with no update needed.
13. Table 11 – Reviewed with no update needed.
14. Ambulance Zone Summary Form – No update needed.

The S-SV EMS Quality Improvement plan is also being submitted as part of this update.

Please let me know if your or any EMSA staff members have any questions regarding the EMS Plan update.

I would also like to thank you for working with me so closely on this plan update, your assistance is very much appreciated.

Sincerely,

John Christopher Lord, RN, BS-EMS, MICP  
Associate Director  
S-SV EMS

cc: Vickie Pinette, Executive EMS Director

## **Annual EMS System Report**

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Yuba, Colusa, Butte, Shasta, Siskiyou, Tehama and Glenn. The counties have delegated all California Health and Safety Code, Division 2.5 and Code of Regulations local EMS Agency responsibilities to the S-SV EMS Agency.

The Governing Board of Directors for the Joint Powers Agency consists of a County Supervisor from each of the member counties. The EMS system in these counties has been developed through a partnership between the EMS Agency, 9-1-1 public services answering points, EMS dispatch centers, first responder/basic life support (BLS) fire departments, advanced life support (ALS) fire departments and BLS and ALS private ambulance providers, base hospital and receiving hospitals, emergency medical technicians (EMT-I), paramedics, nurses and physicians who provide the care to the sick and injured within our system.

These ten counties encompass an area of some 22,000 square miles with a resident population of approximately 1,350,925 people. The region ranges from remote rural areas to large urban centers. Extremes of weather are characteristic of the area, which encompasses the Sierra Nevada Mountains, the Cascade Mountain range and the heat of the Sacramento Valley region. Interstate 5, traverses Sacramento through Colusa, Glenn, Tehama, Shasta and Siskiyou counties for 350 miles. This is a highly traveled interstate that runs north and south through the counties. Some of the areas are densely populated and others are fairly remote with less population. Interstate 80 runs through Placer and Nevada Counties to the east and Highway 49 also runs through Nevada County. Highway 99 & 70 also traverses through Butte, Sutter and Yuba Counties through farmlands to urban areas.

The mission of the Sierra-Sacramento Valley EMS (S-SV EMS) Agency is to provide local EMS agency services and EMS leadership through a cooperative teamwork approach to member counties. Local EMS agency services include the major responsibilities of system monitoring/oversight, medical control, policy/procedure development and implementation, monitor compliance of law/regulations, certification/accreditation of EMS personnel, EMS planning and education. Our mission is accomplished through the democratic consensus building process utilizing input from diverse representatives of EMS providers, hospitals, physicians and the public.

S-SV EMS updates its Pre-Hospital Care Policy Manual twice a year in January and June. We have our policy manual on our website and we also have a smaller printed version that is available for purchase. You can also download the policy manual application on your cell phone or tablet using Apple or Android applications.

S-SV EMS to date has designated seven trauma centers as Level II, Level III and Level IV throughout the region.

S-SV EMS has attached Policy #505-A which lists all of the hospitals in our ten county region with the level of care/designation. S-SV EMS has five designated STEMI centers and ten designated Stroke Receiving Centers. Rideout Hospital (now Adventist Health Rideout) was re-designated as a STEMI receiving center and was purchased by Adventist Health in 2018. In late 2017 Colusa Regional Medical Center was re-opened under new ownership and management. In early 2017 S-SV EMS was contacted by representatives from Glenn County indicating their desire to move county LEMSA responsibility to S-SV EMS. On July 1, 2017 following Glenn BOS direction and S-SV JPA Board approval, Glenn County joined the S-SV EMS LEMSA Region.

S-SV EMS conducts a series of clinical and Quality Improvement meetings as outlined below:

1. STEMI QI (twice per/year)
2. Medical Control Committee (six per/year)
3. Regional CQI (three per/year)
4. Trauma QI (twice per/year)
5. EMS Aircraft QI (three per/year)

S-SV is also an active participant in county EMCC and EMAG meetings which serves as advisory committee/groups to the LEMSA.

S-SV EMS has reorganized some of the EMS Agencies job assignments to address needs of the EMS region and cross training of some job responsibilities in the clinical investigation areas. The Redding S-SV Associate Director continues in his dual position as RDMHS. Approval of CE Programs and EMT and Paramedic Programs continue throughout the region along with renewals of the programs every four years. S-SV EMS is conducting audits of the approved CE Provider Programs randomly throughout the region. Our agency is currently using Image Trend as the prehospital data system as it complies with the EMSA statewide data system.

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

Reporting Year: 2018 – S-SV EMS - Placer, Nevada, Yuba, Sutter, Butte, Tehama, Shasta, Siskiyou, Colusa, Glenn

A. Basic Life Support (BLS)	<u>0</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>100</u> %
2. Type of agency	
a) Public Health Department	
b) County Health Services Agency	
c) Other (non-health) County Department	
<b>d) Joint Powers Agency</b>	
e) Private Non-Profit Entity	
f) Other: _____	
3. The person responsible for day-to-day activities of the EMS agency reports to	
a) Public Health Officer	
b) Health Services Agency Director/Administrator	
<b>c) Board of Directors</b>	
d) Other: _____	
4. Indicate the non-required functions which are performed by the agency:	
Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>n/a</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>n/a</u>

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

Continuing education	<u>x</u>
Personnel training	<u>n/a</u>
Operation of oversight of EMS dispatch center	<u>n/a</u>
Non-medical disaster planning	<u>n/a</u>
Administration of critical incident stress debriefing team (CISD)	<u>n/a</u>
Administration of disaster medical assistance team (DMAT)	<u>n/a</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>n/a</u>
Other: _____	
Other: _____	
Other: _____	

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

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$1,069,883
Contract Services (e.g. medical director)	1,107,523
Operations (e.g. copying, postage, facilities)	309,762
Travel	69,784
Fixed assets	0
Indirect expenses (overhead)	0
Ambulance subsidy	300,000
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other: _____	0
Other: _____	0
Other: _____	0
<b>TOTAL EXPENSES</b>	<b>\$2,856,952</b>



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

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ 0
Office of Traffic Safety (OTS)	0
State general fund	581,907
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	611,420
Certification fees	40,000
Training program approval fees	4000
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
 Trauma center designation fees	 211,369
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	
Type: STEMI	50,000
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	0
Other grants: RDMHS, HPP	555,886
Other fees: Air Dispatch	65,050
Other (specify): Misc/Interest/ALS Application	737,320
<b>TOTAL REVENUE</b>	<b>\$ 2,856,952</b>

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

**7. Fee structure**

       We do not charge any fees

  X   our fee structure is:

First responder certification		\$ 28.00
EMS dispatcher certification		N/A
EMT-I certification		28.00 + 75.00
EMT-I recertification		28.00 + 37.00
EMT-defibrillation certification		N/A
EMT-defibrillation recertification		N/A
AEMT- certification		28.00+75.00
AEMT- recertification		28.00+37.00
EMT-P accreditation		100.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		100.00
MICN/ARN recertification		100.00
EMT-I training program approval		1,000.00
EMT-II training program approval		N/A
EMT-P training program approval		5,000.00
MICN/ARN training program approval		N/A
Base hospital application		N/A
Base hospital designation		N/A
Trauma center application		N/A
Trauma center designation	Level I & II	20,000
Trauma Center designation	Level III & IV	10,000
Pediatric facility approval		N/A
Pediatric facility designation		N/A
Other critical care center application		
Type: STEMI	Initial	20,000
	Annual	10,000
Ambulance service licence		
Ambulance vehicle permits	Initial	500.00
	Renewal	500.00
Other: CE Approval		100.00
Other: Helicopter Approval	Initial	5,000
	Annual	5,000

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

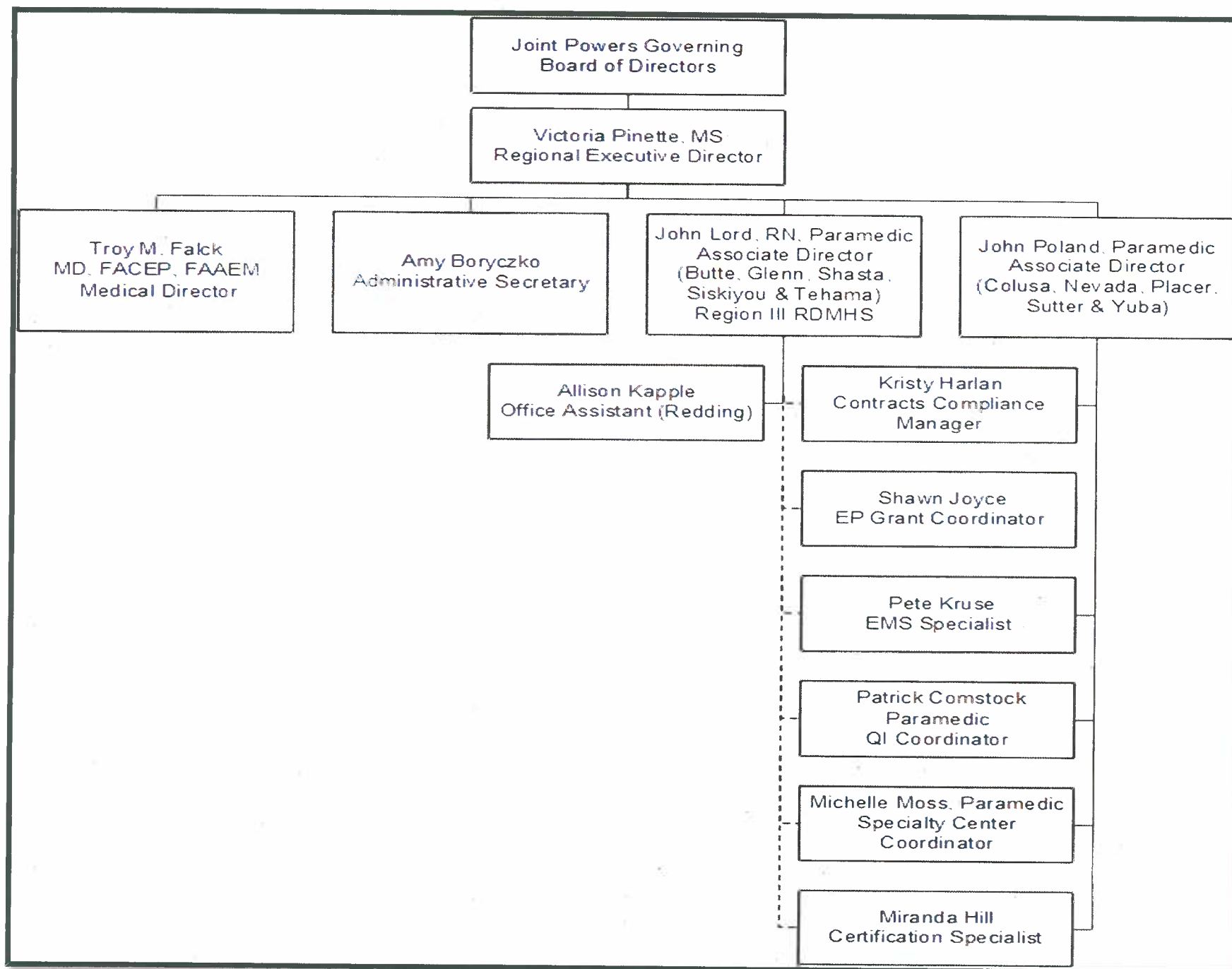
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Regional Executive Director	1	116,204	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Regional Executive Director	2	8,034	41%	
ALS Coord/Field Coord/ Training Coordinator	Quality Improvement/Education Coordinator				
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	.5	106,000		Contract position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Emergency Preparedness/Disaster Coordinator	1	75,546	41%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Data Analyst				Vacated in 12/31/2015
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Secretary	1	48,870	41%	
Other Clerical	Certification Specialist	.5	16,961	41%	
Other	Contract Compliance Monitor	1	67,961	41%	
Other	Clerical Support	.75	24,750	41%	
Other	RDMHS	1	76,548	41%	
Other	Information Technology Analyst	1	100,000		Contract

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure



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

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2018

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	3,600	13	1,200	612	0
Number newly certified this year	480	1	140	127	0
Number recertified this year	1228	8	355	101	0
Total number of accredited personnel on July 1 of the reporting year					
a) formal investigations	18	0	13	0	N/A
b) probation	7	0	N/A	0	N/A
c) suspensions	1	0	0	0	N/A
d) revocations	2	0	0	0	N/A
e) denials	0	0	0	0	N/A
f) denials of renewal	0	0	0	0	N/A
g) no action taken					

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Butte

Reporting Year: 2018

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

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?  
Butte County SO & Fire
7. Who is your primary dispatch agency for a disaster?  
Butte County SO & Fire
8. Do you have an operational area disaster communication system? X Yes ☐ No
  - a. Radio primary frequency see attached list
  - b. Other methods Web EOC, EMSsystems, med net, warn system, CAHAN
  - c. Can all medical response units communicate on the same disaster communications system? X Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? X Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? X Yes ☐ No
    - 1) Within the operational area? X Yes ☐ No
    - 2) Between operation area and the region and/or state? X Yes ☐ No

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Glenn

Reporting Year: 2018

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?  
Glenn County SO & Fire (Enloe Med-Com)
7. Who is your primary dispatch agency for a disaster?  
Glenn County SO & Fire
8. Do you have an operational area disaster communication system? X Yes ☐ No
  - a. Radio primary frequency see attached list
  - b. Other methods Web EOC, EMSsystems, med net, warn system, CAHAN
  - c. Can all medical response units communicate on the same disaster communications system? X Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? X Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? X Yes ☐ No
    - 1) Within the operational area? X Yes ☐ No
    - 2) Between operation area and the region and/or state? X Yes ☐ No



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

EMS System: Sierra-Sacramento Valley EMS

County: Colusa

Reporting Year: 2018

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

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</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 emergencies?<br><u>Colusa County SO</u>                          |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Colusa County SO</u>                                      |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Colusa County SO</u>   |   |
| b. Other methods <u>EMSsystems, med net, warn system CHAN</u>  |   |
| 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: Sierra-Sacramento Valley EMS

County: Nevada

Reporting Year: 2018

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

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>4</u>  |
| 2. Number of secondary PSAPs   | <u>2</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>2</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 emergencies?<br><u>Nevada County SO &amp; GVECC</u>              |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Nevada County SO</u>                                      |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Nevada County SO</u>   |   |
| b. Other methods <u>EMSsystems, med net, warn system, CAHAN</u>  |   |
| 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: Sierra-Sacramento Valley EMS

County: Placer

Reporting Year: 2018

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

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>6</u>  |
| 2. Number of secondary PSAPs   | <u>2</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>2</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 emergencies?<br><u>See attached table PCSO, GVECC</u>            |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>PCSO</u>  |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Placer County Fire/Law</u>   |   |
| b. Other methods <u>Web EOC, EMSsystems, med net, warn system, CAHAN</u>   |   |
| 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: Sierra-Sacramento Valley EMS

County: Shasta

Reporting Year: 2018

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

- |  |                                   |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>2</u>                          |
| 2. Number of secondary PSAPs   | <u>1</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>2</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 emergencies?<br><u>Shascom 530-245-6500 Redding CA</u>           |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Shascom 530-245-6500 Redding CA</u>                       |                                   |
| 8. Do you have an operational area disaster communication system?  | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Colusa County SO</u>   |                                   |
| b. Other methods <u>EMSsystems, med net, warn system CHAN</u>  |                                   |
| c. Can all medical response units communicate on the same disaster communications system?                              | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | X 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? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | X Yes <input type="checkbox"/> No |

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Siskiyou

Reporting Year: 2018

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

1. Number of primary Public Service Answering Points (PSAP) 5
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?  
Siskiyou County Sheriff 530-842-8300 Yreka CA
7. Who is your primary dispatch agency for a disaster?  
Siskiyou County Sheriff
8. Do you have an operational area disaster communication system? X Yes ☐ No
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods Web EOC, EMSsystems, med net, warn system, CAHAN
  - c. Can all medical response units communicate on the same disaster communications system? X Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? X Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? X Yes ☐ No
    - 1) Within the operational area? X Yes ☐ No
    - 2) Between operation area and the region and/or state? X Yes ☐ No

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

EMS System: Sierra-Sacramento Valley EMS

County: Sutter

Reporting Year: 2018

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

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Sutter County SO &amp; City of Yuba</u>       |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Sutter County So</u>                                      |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Sutter County Fire &amp; Law</u>   |   |
| b. Other methods <u>Med net &amp; CAHAN</u>  |   |
| 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: Sierra-Sacramento Valley EMS

County: Tehama

Reporting Year: 2018

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

1. Number of primary Public Service Answering Points (PSAP) 4
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?  
Tehama County Sheriff 530-529-7900 Red Bluff CA
7. Who is your primary dispatch agency for a disaster?  
Tehama County Sheriff 530-529-7900 Red Bluff CA
8. Do you have an operational area disaster communication system? X Yes ☐ No
  - a. Radio primary frequency Colusa County SO
  - b. Other methods EMSystems, med net, warn system CHAN
  - c. Can all medical response units communicate on the same disaster communications system? X Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? X Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? X Yes ☐ No
    - 1) Within the operational area? X Yes ☐ No
    - 2) Between operation area and the region and/or state? X Yes ☐ No

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Yuba

Reporting Year: 2018

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

1. Number of primary Public Service Answering Points (PSAP)	<u>3</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>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>1</u>
6. Who is your primary dispatch agency for day-to-day emergencies? <u>Yuba County SO &amp; GVECC City of Marysville</u>	
7. Who is your primary dispatch agency for a disaster? <u>Yuba County SO</u>	
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency <u>Yuba County Fire/Law</u>	
b. Other methods <u>CAHAN, EMSsystems, Mednet</u>	
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



## Med-Net Repeater Frequency and Tone Outline

**Butte, Colusa, Shasta, Siskiyou, Tehama Counties**

*Note: Routine use of Tone 7 by aircraft or by units in their customary response areas is strongly discouraged.*

Repeater Site	County	Med Channel	Primary Local Tone	Secondary Regional Tone
Butte Hall, CSU (owned by Enloe Hosp.)	Butte	4	13	13
Bloomer Hill (owned by First Responder)	Butte	1	13	13
Bloomer Hill	Butte	3	13	7
Bloomer Hill	Butte	8	13	7
Antelope Mountain	Siskiyou	3	3	7
Grey Butte	Siskiyou	1	3	7
Bunchgrass	Shasta	8	6	7
Bass Mountain	Shasta	4	14	7
Southfork Mountain	Shasta	2	14	7
Southfork Mountain (SHASCOM Disp)	Shasta	10	14	7
Shasta Bally	Shasta	3	14	7
West Prospect Peak	Shasta	1	6	7
Mahogany	Siskiyou	8	3	7
Mt. Bradley	Siskiyou	7	3	7
Tuscan Butte	Tehama	5	14	7

UHF Med Channel Name	Tx	Rx	CA Tone Plan	
			CA CTCSS	CTCSS Freq
Med 1	468.0000	463.0000	1	110.9
Med 2	468.0250	463.0250	2	123.0
Med 3	468.0500	463.0500	3	131.8
Med 4	468.0750	463.0750	4	136.5
Med 5	468.1000	463.1000	5	146.2
Med 6	468.1250	463.1250	6	156.7
Med 7	468.1500	463.1500	7	167.9
Med 8	468.1750	463.1750	8	103.6
Med 9	467.9500	462.9500	9	100.0
Med 10 (Dispatch)	467.9750	462.9750	10	107.2
VHF Med Channel Name	TX	RX	11	114.8
Med Alpha (HEAR)(VMED28)	155.3400	155.3400	12	127.3
Med Bravo	155.3250	155.3250	13	141.3
Med Charlie	155.3550	155.3550	14	151.4
Med Delta	155.3850	155.3850	15	162.2
Med Echo	155.4000	155.4000	16	192.8
CALCORD (CACORD) Tone 6 (156.7)	156.0750	156.0750		
TX & RX				
STAR (Southern Trinity Area Rescue) Tone 14(151.4)	151.1000	155.8050		

# Receiving Facility Frequency and Tone Guide

Butte, Colusa, Shasta, Siskiyou, Tehama Counties

Receiving Facility	City / County	Recorded ED Line (*** Not Recorded)	Primary Med CH	Secondary CH (Tone)
Orchard Hospital	Gridley / Butte Co.	530-846-9068	Med 8 (13)	
Colusa Regional Medical Center	Colusa / Colusa Co.	530-458-5898	Med 2 (13)	
Glenn Medical Center	Willows / Glenn Co.	530-934-1800	Med 2 (13)	463.000 Dispatch
Enloe Medical Center	Chico / Butte	530-332-7417	Med 4 (13) ED	Med 2 (13) Dispatch
Fairchild Medical Center	Yreka / Siskiyou	530-841-6259	Med 3 (3)	
Feather River Hospital	Paradise / Butte	530-877-3325	Med 3 (13)	
Mayers Memorial Hospital	Fall River Mills / Shasta	530-336-6440***	Med 8 (6)	Med 5 (6)
Mercy Med Center - Mt. Shasta	Mt Shasta / Siskiyou	530-926-1108	Med 7 (3)	Med 3 (3), Med 1 (3)
Mercy Med Center - Redding	Redding / Shasta	530-225-7214	Med 4 (14)	Med 3 (14)
Oroville Medical Center	Oroville / Butte	530-523-8342	Med 8 (13)	
Shasta Regional Medical Center	Redding / Shasta	530-243-4042	Med 2 (14)	Med 3 (14)
St. Elizabeth Community Hospital	Red Bluff / Tehama	530-527-0321		Med 5 (14)

## CHANNEL AND TONE FREQUENCY INFORMATION

UHF Med Channel Name	Tx	Rx	State Tone Plan	
Med 1	468.0000	463.0000	1-110.9	9-100.0
Med 2	468.0250	463.0250	2-123.0	10-107.2
Med 3	468.0500	463.0500	3-131.8	11-114.8
Med 4	468.0750	463.0750	4-136.5	12-127.3
Med 5	468.1000	463.1000	5-146.2	13-141.3
Med 6	468.1250	463.1250	6-156.7	14-151.4
Med 7	468.1500	463.1500	7-167.9	15-162.2
Med 8	468.1750	463.1750	8-103.6	16-192.8
Med 9	467.9500	462.9500		
Med 10 (Dispatch)	467.9750	462.9750		

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

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2018

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	<u>12</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>33</u> %
3.	Total number responses	137,970
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	137,970
	b) Number non-emergency responses (Code 1: normal)	137,970
4.	Total number of transports	100,777
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	100,777
	b) Number of non-emergency transports (Code 1: normal)	100,777

**Early Defibrillation Providers – See attached tables**

5.	Number of public safety defibrillation providers	<u>33</u>
	a) Automated	<u>33</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation providers	<u>35</u>
	a) Automated	<u>0</u>
	b) Manual	

**Air Ambulance Services**

7.	Total number of responses	
	a) Number of emergency responses	574
	b) Number of non-emergency responses	N/A
8.	Total number of transports	
	a) Number of emergency (scene) responses	603
	b) Number of non-emergency responses	N/A

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)**

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

See policy 415.

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance				

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

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2018

**NOTE:** Table 6 is to be reported by agency. See Policy 505, 837, 860 & T-10

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>1499</u>
b) Number of major trauma victims transported directly to a Trauma - Center by ambulance	<u>1431</u>
c) Number of major trauma patients transferred to a trauma center	<u>437</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'	<u>18</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>0</u>
d) Number of comprehensive emergency services	<u>17</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>15</u>

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Butte**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? See attached list
- b. How are they staffed?
- c. Do you have a supply system for supporting them for 72 hours? yes x no
2. CISM  
Do you have a CISM provider with 24 hour capability? yes x no
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 x no
- 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?            4
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes ☐ no ☒
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes ☐ no ☒
7. Are you part of a multi-county EMS system for disaster response? yes ☒ no ☐
8. Are you a separate department or agency? yes ☒ no ☐
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: Colusa

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? **See attached list**
- b. How are they staffed?
- 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 x no \_\_\_\_\_
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 x no \_\_\_\_\_
- 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?            3
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.



5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes ☐ no ☒
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes ☐ no ☐
7. Are you part of a multi-county EMS system for disaster response? yes ☒ no ☐
8. Are you a separate department or agency? yes ☒ no ☐
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Glenn**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? **See attached list**
- b. How are they staffed?
- 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 x no \_\_\_\_\_
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 x no \_\_\_\_\_
- 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?            4
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes \_\_\_ no x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no x
7. Are you part of a multi-county EMS system for disaster response? yes x no \_\_\_
8. Are you a separate department or agency? yes x no \_\_\_
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2018

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **See attached list**

- b. How are they staffed?

- c. Do you have a supply system for supporting them for 72 hours?

yes x no

Do you have a CISM provider with 24 hour capability?

yes x no

a. Do you have any team medical response capability?

yes \_\_\_\_\_ no x

- b. For each team, are they incorporated into your local

yes ☐ no ☒

- response plan?

yes \_\_\_\_\_ no x

- c. Are they available for statewide response?

yes ☐ no ☒

- d. Are they part of a formal out-of-state response system?

yes ☐ no ☒

a. Do you have any HazMat trained medical response teams?

yes x no

- 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

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?

5

3. Have you tested your MCI Plan this year in a:

- a. real event?

yes x no

- b. exercise?

yes   x   no

4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes \_\_\_ no x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no x
7. Are you part of a multi-county EMS system for disaster response? yes x no \_\_\_
8. Are you a separate department or agency? yes x no \_\_\_
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2018

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **See attached list**

- c. Do you have a supply system for supporting them for 72 hours?

yes x no

- Do you have a CISD provider with 24 hour capability?

yes x no       

- a. Do you have any team medical response capability?

yes            no   x  

- yes \_\_\_\_\_ no   x

- yes            no   x

- yes \_\_\_\_\_ no   x

- a. Do you have any HazMat trained medical response teams?

yes x no

- c. Do you have the ability to do decontamination in an

- d. Do you have the ability to do decontamination in the field?

yes   x   no       

yes x no

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?

yes   x   no           

- 
- 10

- yes x no

- yes x no

4. List all counties with which you have a written medical mutual aid agreement.



5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes \_\_\_ no x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no \_\_\_
7. Are you part of a multi-county EMS system for disaster response? yes x no \_\_\_
8. Are you a separate department or agency? yes x no \_\_\_
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Shasta**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? **See attached list**
- b. How are they staffed?
- c. Do you have a supply system for supporting them for 72 hours? yes x no
2. CISM
- Do you have a CISM provider with 24 hour capability? yes x no
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 x no
- 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?            4
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.



5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes \_\_\_ no x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no x
7. Are you part of a multi-county EMS system for disaster response? yes x no \_\_\_
8. Are you a separate department or agency? yes x no \_\_\_
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Siskiyou**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **See attached list**
  - b. How are they staffed?
  - 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 x no \_\_\_\_\_
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 x no \_\_\_\_\_
  - 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?            5
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x      no
  - b. exercise?      yes   x      no
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes ☐ no ☒
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes ☐ no ☒
7. Are you part of a multi-county EMS system for disaster responses? yes ☒ no ☐
8. Are you a separate department or agency? yes ☒ no ☐
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

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

EMS System: **Sierra-Sacramento Valley EMS Agency**

County: **Sutter**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? See attached list
- b. How are they staffed?
- c. Do you have a supply system for supporting them for 72 hours? yes x no
2. CISM
- Do you have a CISM provider with 24 hour capability? yes x no
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 x no
- 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?            5
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes ☐ no ☒
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes ☐ no ☒
7. Are you part of a multi-county EMS system for disaster response? yes ☒ no ☐
8. Are you a separate department or agency? yes ☒ no ☐
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Sight planning guide and Operational Area guide.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Tehama**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? See attached list
- b. How are they staffed?
- 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 x no
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 x no
- 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?            3
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x      no
  - b. exercise?      yes   x      no
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes \_\_\_ no x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no x
7. Are you part of a multi-county EMS system for disaster response? yes x no \_\_\_
8. Are you a separate department or agency? yes x no \_\_\_
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Yuba**

Reporting Year: 2018

## SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
- a. Where are your CCPs located? See attached list
- b. How are they staffed?
- 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 x no \_\_\_\_\_
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 x no \_\_\_\_\_
- 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?            4
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.



5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes \_\_\_ no x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no x
7. Are you part of a multi-county EMS system for disaster response? yes x no \_\_\_
8. Are you a separate department or agency? yes x no \_\_\_
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

S-SV EMS currently has a Field Treatment Site planning guide and Operational Area guide.

**Table 8: Resource Directory**Reporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: 49er Fire Response Zone: Nevada Zone 2Address: PO Box 354 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Grass Valley, CA 95945-0354Phone Number: 530-265-4431 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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**\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Placer **Provider:** AMR **Response Zone:** Placer Zone 3

**Address:** 6101 Pacific St **Number of Ambulance Vehicles in Fleet:** 26  
Rocklin, CA 95677-3487

**Phone** **Average Number of Ambulances on Duty**  
**Number:** 916563-0704 **At 12:00 p.m. (noon) on Any Given Day:** 12

<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 checked="" 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				

**Transporting Agencies**

32,992 Total number of responses  
32,992 Number of emergency responses  
NA Number of non-emergency responses

24,633 Total number of transports  
24,633 Number of emergency transports  
NA 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: 2018

## Response/Transportation/Providers

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

County: Shasta Provider: AMR Shasta Response Zone: Zone 3

Address: 4451 Caterpillar Road Suite 1  
Redding, CA 96003-1493

Number of Ambulance Vehicles in Fleet: 11

Phone Number: 530-241-2323

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 7

<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 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 checked="" type="checkbox"/> IFT
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<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

18,461 Total number of responses  
18,461 Number of emergency responses  
NA Number of non-emergency responses

13,353 Total number of transports  
13,353 Number of emergency transports  
NA 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Anderson FPD Response Zone: Zone 3Address: 1925 Howard St  
Anderson, CA 96007-3340

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-379-6699Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Arbuckle FPD Response Zone: Colusa Zone 1Address: PO Box 727  
Arbuckle, CA 95912-0727

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-476-2231Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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**\_\_\_\_ 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: 2018

## Response/Transportation/Providers

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

County: Placer Provider: Auburn Fire Response Zone: Placer Zone 3

Address: 1225 Lincoln Way  
Auburn, CA 95603-5004

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-823-4211

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

<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

\_\_\_\_\_ 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: 2018

## Response/Transportation/Providers

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

County: Yuba Provider: Beale AFB Ambulance Response Zone: Yuba Zone2

Address: 6451 B St Number of Ambulance Vehicles in Fleet: 2  
Beale AFB, CA 95903-1708

Phone Number: 530-634-8672 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"/> 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><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 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 checked="" 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

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

136 Total number of transports  
136 Number of emergency transports  
NA 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Bear Valley Indian FPD Response Zone: Colusa Zone 1Address: PO Box 127  
Stonyford, CA 95979-0127

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-963-3231Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Yuba **Provider:** Bi-County Ambulance **Response Zone:** Yuba Zone1**Address:** PO Box 3130  
Yuba City, CA 95992-3130 **Number of Ambulance Vehicles in Fleet:** 17**Phone Number:** 530-674-2780 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<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 checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<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**
20,762 Total number of responses  
20,762 Number of emergency responses  
NA Number of non-emergency responses

16,261 Total number of transports  
16,261 Number of emergency transports  
NA 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: 2018

## Response/Transportation/Providers

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

County: Shasta Provider: Burney Fire Response Zone: Zone 2

Address: 37072 Hwy 299 E  
Burney, CA 96013-4126

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-335-2212

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 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
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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

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

429 Total number of transports  
429 Number of emergency transports  
NA 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: 2018

## Response/Transportation/Providers

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

**County:** Butte **Provider:** Butte County EMS Inc. **Response Zone:** Butte Zone1

**Address:** 333 Huss Dr Suite 100  
Chico, CA 95928-8242 **Number of Ambulance Vehicles in Fleet:** 24

**Phone Number:** 530-879-5512 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<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 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 checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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

29,397 Total number of responses  
29,397 Number of emergency responses  
NA Number of non-emergency responses

21,445 Total number of transports  
21,445 Number of emergency transports  
NA 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Butte Valley Ambulance Response Zone: Zone 1Address: 104 N Railroad  
Dorris, CA 96023 Number of Ambulance Vehicles in Fleet: 2Phone Number: 530-397-2105 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 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 type="checkbox"/> IFT	
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<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**

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

92 Total number of transports  
92 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: CAL Fire Colusa Response Zone: Colusa Zone 1Address: 1199 big Tree Number of Ambulance Vehicles in Fleet: 0  
St Helena, CA 94574-9711Phone Number: 707-994-2441 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 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 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 checked="" 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: CAL Fire Response Zone: Zone 3Address: 6105 Airport Rd  
Redding, CA 96002-9422 Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-224-2460 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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 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 checked="" 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer, Nevada, Yuba, Provider: CALSTAR Response Zone: Placer Zones 1,2,3 Nevada Zones 2,3 Yuba Zone 1,2Address: 13750 Lincoln Wy Number of Ambulance Vehicles in Fleet: 13  
Auburn, CA 95603-3276Phone Number: 530-887-0569 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

<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 type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></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**         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**131 Total number of responses  
131 Number of emergency responses  
0 Number of non-emergency responses130 Total number of transports  
130 Number of emergency transports  
0 Number of non-emergency transports



**Table 8: Resource Directory**Reporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: CAL Fire Siskiyou Response Zone: Siskiyou Zone 1-6Address: PO Box 128  
Yreka, CA 96097-0128Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-842-3516Average 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 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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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> <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input checked="" type="checkbox"/> State</td><td><input type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<input type="checkbox"/> City	<input type="checkbox"/> County	<input checked="" 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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Tehama Provider: Capay Fire Response Zone: Tehama Zone 1Address: 50 4th Ave  
Orland, CA 95963-9512 Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-865-2070 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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<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	
<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 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Colusa Fire Response Zone: Colusa Zone 1Address: 750 Market st  
Colusa, CA 95932-2327

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-458-7721Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Cottonwood Fire Response Zone: Zone 3Address: PO Box 618 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Cottonwood, CA 96022-0681Phone Number: 530-347-4737 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Dobbins Oregon House Fire Response Zone: Yuba Zone1Address: PO Box 164 Number of Ambulance Vehicles in Fleet: 0  
Oregon House, CA 95962-0164Phone Number: 530-675-2343 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**

\_\_\_\_\_ 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: 2018

## Response/Transportation/Providers

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

County: Nevada Provider: Donner Summit Water District Response Zone: Nevada Zone 1

Address: 53823 Sherrit Ln.  
Soda Springs, CA 95728

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-426-9239

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1, 2 are staffed during high call volume

<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 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>water district</u>	<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 -- NO NUMBERS REPORTED

272 Total number of responses  
227 Number of emergency responses  
45 Number of non-emergency responses

237 Total number of transports  
224 Number of emergency transports  
13 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Dorris FD Response Zone: Zone 4Address: PO Box 786  
Dorris, CA 96023-0786

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-397-2121Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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 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																

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Dunsmuir Fire Response Zone: Zone 4Address: PO Box 196  
Dunsmuir, CA 96025-0196

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-235-2551Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input checked="" type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Dutch Flat Fire Response Zone: Placer Zone 3Address: PO Box 83  
Dutch Flat, CA 95714-0083 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-389-2287 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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**\_\_\_\_\_  
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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Butte, Colusa **Provider:** Enloe Flightcare Chico **Response Zone:** Colusa Zone 1, Butte Zone 1, 2**Address:** 1531 Esplanade  
Chico, CA 95926-3310**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 530-680-2428**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 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 checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water

<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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></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**

\_\_\_\_\_ 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**

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

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

# Table 8: Resource Directory

Reporting Year: 2018

## Response/Transportation/Providers

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

County: Siskiyou Provider: Etna Ambulance Response Zone: Zone 2

Address: 450 Main st  
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-467-3331

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 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
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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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>City/twon of ETNA ownship</u>	<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

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

235 Total number of transports  
235 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Fall River Mills Fire Response Zone: Zone 1Address: PO Box 582  
Fall River Mills, CA 96028-0582

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-336-6117Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018

## Response/Transportation/Providers

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

County: Yuba Provider: Foothill Fire Response Zone: Yuba Zone1

Address: PO Box 332 Number of Ambulance Vehicles in Fleet: 0  
Brownsville, CA 95919-0332

Phone Number: 530-675-2343 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

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Foresthill Fire Response Zone: Placer Zone 1Address: PO Box 557 Number of Ambulance Vehicles in Fleet: 3  
Foresthill, CA 95631-0557Phone Number: 530-389-2287 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 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	
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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**

<u>369</u>	Total number of responses	<u>290</u>	Total number of transports
<u>369</u>	Number of emergency responses	<u>290</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Tehama Provider: Gerber Volunteer FD Response Zone: Tehama Zone 1Address: 327 San Benito Ave  
Gerber, CA 96035-2100Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-385-1549Average 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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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> <table><tr><td><input checked="" type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Grass Valley Fire Response Zone: Nevada Zone 2Address: 125 E. Main St  
Grass Valley, CA 95945-6505

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone  
Number: 530-274-4370Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<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	
<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**\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Butte Provider: Gridley Fire Response Zone: Butte Zone2Address: 47 East Gridley Road  
Gridley, CA 95948-2603

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-846-5711Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Happy Camp Ambulance Response Zone: Zone 3Address: 38 Park Way or PO Box 596  
Happy Camp, CA 96039 Number of Ambulance Vehicles in Fleet: 2Phone Number: 530-493-2643 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> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>				<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 checked="" type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<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 checked="" type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																			
		<input 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**

<u>339</u>	Total number of responses
<u>339</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

<u>138</u>	Total number of transports
<u>138</u>	Number of emergency transports
<u>0</u>	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: 2018

**Response/Transportation/Providers**

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

**County:** Shasta **Provider:** Happy Valley Fire **Response Zone:** Zone, 3

**Address:** 17441 Palm Ave  
Anderson, CA 96007-8241

**Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_

**Phone Number:** 530-357-2345

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

<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>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Transport  <input checked="" type="checkbox"/> Non-Transport         </div> <div> <input type="checkbox"/> ALS  <input checked="" type="checkbox"/> BLS  <input type="checkbox"/> LALS         </div> <div> <input checked="" type="checkbox"/> 9-1-1  <input type="checkbox"/> 7-Digit  <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </div> <div> <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water         </div> </div>	
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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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Higgins Fire Response Zone: Nevada Zone 2Address: 10106 Combie Road  
Auburn, CA 95602-8901

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-274-4370Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Lincoln Fire Response Zone: Placer Zone 3Address: 472 E St  
Lincoln, CA 95648-1836

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 916-645-4040Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yuba **Provider:** Linda Fire **Response Zone:** Yuba Zone1

**Address:** 1286 Scales Ave **Number of Ambulance Vehicles in Fleet:** 0  
Marysville, CA 95901-6117

**Phone Number:** 530-743-1553 **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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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> <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Loma Rica/Browns Valley Fire Response Zone: Yuba Zone1Address: PO Box 8153  
Marysville, CA 95901-8403Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-749-2316Average 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

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Marysville Fire Response Zone: Yuba Zone1Address: 107 Ninth St  
Marysville, CA 95901-5305 Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-741-6622 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Maxwell FPD Response Zone: Colusa Zone 1Address: 260 Oak St  
Maxwell, CA 95955-9998

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-458-7230Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018

## Response/Transportation/Providers

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

County: Shasta Provider: Mayers Memorial Hospital Ambulance (SEMSA Run) Response Zone: Zone 1

Address: PO Box 459 Number of Ambulance Vehicles in Fleet: 2  
Fall River Mills, CA 96028-0459

Phone Number: 530-336-5511 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 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 checked="" type="checkbox"/> IFT
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<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

<u>76</u> Total number of responses	<u>54</u> Total number of transports
<u>76</u> Number of emergency responses	<u>54</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Siskiyou **Provider:** McCloud Community Services District **Response Zone:** Siskiyou Zone 4**Address:** 220 W. Minnesota Ave  
McCloud, CA 96057 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-964-2017 **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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input checked="" 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**
30 Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses

30 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Shasta **Provider:** Mercy Ambulance Service **Response Zone:** Zone, 3

**Address:** 2175 Rosaline Ave **Number of Ambulance Vehicles in Fleet:** 7  
Redding, CA 96001-2549

**Phone Number:** 530-245-4847 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<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 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				

**Transporting Agencies**

7,835 Total number of responses  
7,835 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

6,473 Total number of transports  
6,473 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Montague Fire Response Zone: Siskiyou Zone 5Address: PO Box 281 Number of Ambulance Vehicles in Fleet: 0  
Montague, CA 96064-0281Phone Number: 530-459-5343 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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<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	
<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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: MT Shasta Ambulance Response Zone: Siskiyou ZoneAddress: PO Box 1030 or physical address 1020 Oak Street  
Mt Shasta, CA 96067-1030 Number of Ambulance Vehicles in Fleet: 10Phone Number: 530-926-7546 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<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 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 checked="" type="checkbox"/> CCT <input checked="" 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 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**2,917 Total number of responses  
2,917 Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses2,068 Total number of transports  
2,068 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Mt Shasta Fire Response Zone: Siskiyou Zone 5Address: 305 N. Mt Shasta Blvd  
Mt Shasta, CA 96067-2231 Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-926-7546 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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<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	
<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 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Nevada City Fire Response Zone: Nevada Zone 2Address: 317 Broad St  
Nevada City, CA 95959-2405

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-265-2351Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<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	
<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 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**\_\_\_\_ 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: 2018

## Response/Transportation/Providers

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

County: Placer Provider: North Tahoe Fire Response Zone: Placer Zone 4

Address: PO Box 5879  
Tahoe City, CA 96145-5879

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-583-6913

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

<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 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 checked="" 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

## Transporting Agencies

1,199 Total number of responses  
1,199 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

887 Total number of transports  
887 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Northstar Fire Response Zone: Placer Zone 4Address: PO Box 210  
Truckee, CA 96160-0210

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-562-1212Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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> <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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																		
<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> <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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> <table><tr><td><input type="checkbox"/> Auxiliary Rescue</td></tr><tr><td><input type="checkbox"/> Air Ambulance</td></tr><tr><td><input type="checkbox"/> ALS Rescue</td></tr><tr><td><input type="checkbox"/> BLS Rescue</td></tr></table>	<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> ALS Rescue	<input type="checkbox"/> BLS Rescue					
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				
<input type="checkbox"/> Auxiliary Rescue																				
<input type="checkbox"/> Air Ambulance																				
<input type="checkbox"/> ALS Rescue																				
<input type="checkbox"/> BLS Rescue																				

**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: 2018

## Response/Transportation/Providers

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

County: Butte Provider: Oroville City Fire Response Zone: Butte Zone1

Address: 2055 Lincoln St  
Oroville, CA 95966-5325

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-538-2480

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

<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 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

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Butte **Provider:** Paradise Fire (contracting with CALFire) **Response Zone:** Butte Zone1**Address:** 767 Birch St  
Paradise, CA 95969-4634**Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_**Phone Number:** 530-872-6264**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<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> <div> <input type="checkbox"/> Transport           <input type="checkbox"/> ALS           <input checked="" type="checkbox"/> 9-1-1           <input checked="" type="checkbox"/> Ground         </div> <div> <input checked="" type="checkbox"/> Non-Transport           <input checked="" type="checkbox"/> BLS           <input type="checkbox"/> 7-Digit           <input type="checkbox"/> Air         </div> <div> <input type="checkbox"/> LALS           <input type="checkbox"/> CCT           <input type="checkbox"/> Water         </div> <div> <input type="checkbox"/> IFT         </div>	
<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 checked="" 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

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Penn Valley Fire Response Zone: Nevada Zone 3Address: 18989 Lake Forest Dr  
Penn Valley, CA 95946-8819Number of Ambulance Vehicles in Fleet: 3Phone Number: 530-432-2630Average 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"/> 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><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**798 Total number of responses  
798 Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses621 Total number of transports  
621 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Penryn Fire Response Zone: Placer Zone 3Address: PO Box 219  
Penryn, CA 95663-0219 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 916-663-3389 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: PHI Response Zone: Shasta Zone 1,2,3Address: 5900 Old Oregon Trail  
Redding, CA 96002-9330Number of Ambulance Vehicles in Fleet: 1Phone Number: 530-221-0646Average 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 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><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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></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**

\_\_\_\_\_ 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

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

# Table 8: Resource Directory

Reporting Year: 2018

## Response/Transportation/Providers

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

County: Placer Provider: Placer Hills Fire Response Zone: Placer Zone 3

Address: PO Box 308  
Meadow Vista, CA 95722-0308

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-878-0405

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

<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> <div> <input type="checkbox"/> Transport           <input checked="" type="checkbox"/> ALS           <input checked="" type="checkbox"/> 9-1-1           <input checked="" type="checkbox"/> Ground         </div> <div> <input checked="" type="checkbox"/> Non-Transport           <input type="checkbox"/> BLS           <input type="checkbox"/> 7-Digit           <input type="checkbox"/> Air         </div> <div> <input type="checkbox"/> LALS           <input type="checkbox"/> CCT           <input type="checkbox"/> Water         </div> <div> <input type="checkbox"/> IFT         </div>
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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

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Sutter Provider: Pleasant Grove Fire Response Zone: Sutter Zone 1Address: 3100 Howsley Number of Ambulance Vehicles in Fleet: 0  
Pleasant Grove, CA 95668-9723Phone Number: 530-655-3937 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 checked="" 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**

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

**Air Ambulance Services**

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

**Table 8: Resource Directory**Reporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Colusa **Provider:** Princeton FPD **Response Zone:** Colusa Zone 1**Address:** PO Box 176  
Princeton, CA 95970-0176 **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_**Phone Number:** 530-439-2235 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sutter, Yuba, Shasta, Butte, Tehama, Colusa**Provider:** REACH 5 & REACH 7**Response Zone:** Sutter Zone 1, Yuba Zone 1, Shasta Zone 3, Tehama Zone 1**Address:** 2360 Becker Blvd**Number of Ambulance Vehicles in Fleet:** 2Santa Rosa, 95403-8270**Phone****Number:** 707-324-2400**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> <div> <input checked="" type="checkbox"/> Transport    <input checked="" type="checkbox"/> ALS    <input checked="" type="checkbox"/> 9-1-1    <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> BLS    <input type="checkbox"/> 7-Digit    <input checked="" type="checkbox"/> Air  <input type="checkbox"/> LALS    <input type="checkbox"/> CCT    <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </div>	
<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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**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**

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

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

**Table 8: Resource Directory**Reporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Tehama Provider: Red Bluff Fire Response Zone: Tehama Zone 1Address: 555 Washington St Suite C  
Red Bluff, CA 96080-3441Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-527-1126Average 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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<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	
<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 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Redding Fire Response Zone: Zone, 3Address: PO Box 496071 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Redding, CA 96049-6071Phone Number: 530-225-2418 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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 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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada / Placer Provider: REMSA CareFlight Response Zone: Nev Zone 1,2,3,4 Placer 4Address: 450 Edison Way  
Reno, NV 89502-4117Number of Ambulance Vehicles in Fleet: 2Phone Number: 775-858-5700Average 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> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input checked="" type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input checked="" type="checkbox"/> IFT	
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground																	
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" 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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing																
<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue																				

**Transporting Agencies -- NUMBERS NOT REPORTED**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Rocklin Fire Response Zone: Placer Zone 3Address: PO Box 1380  
Rocklin, CA 95677-7380

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 916-632-4150Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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> <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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																		
<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> <table><tr><td><input checked="" type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Roseville Fire Response Zone: Placer Zone 3Address: 401 Oak St Suite 402  
Roseville, CA 95678-2655

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 916-774-5844Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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	

<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**

9,000 Total number of responses  
8,8600 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Sacramento River FPD Response Zone: Colusa Zone 1Address: 235 Market St  
Colusa, CA 95932-2730 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-439-2235 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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> <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018

## Response/Transportation/Providers

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

**County:** Shasta **Provider:** Shasta County Fire **Response Zone:** Zone 2, 3

**Address:** 875 Cypress Ave **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_  
Redding, CA 96001-2719

**Phone Number:** 530-225-2418 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<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 checked="" 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

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Shasta Lake FPD Response Zone: Zone 1Address: 4126 Ashby Ct  
Shasta Lake, CA 96019-9215

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 530-336-5511Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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	
<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>  <table><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> County</td></tr><tr><td><input type="checkbox"/> State</td><td><input checked="" type="checkbox"/> Fire District</td></tr><tr><td><input type="checkbox"/> Federal</td><td></td></tr></table>		<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									
<input type="checkbox"/> City	<input type="checkbox"/> County																			
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District																			
<input type="checkbox"/> Federal																				

**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: 2018

## Response/Transportation/Providers

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

County: Nevada Provider: Sierra Nevada Ambulance Response Zone: Nevada Zone 2

Address: 13120 Loma Rica Dr Number of Ambulance Vehicles in Fleet: 10  
Grass Valley, CA 95945-8434

Phone Number: 530-265-2351 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<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 checked="" type="checkbox"/> IFT
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<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

<u>6,841</u> Total number of responses	<u>5,778</u> Total number of transports
<u>6,841</u> Number of emergency responses	<u>5,778</u> 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: 2018

## Response/Transportation/Providers

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

**County:** Placer **Provider:** South Placer Fire **Response Zone:** Placer Zone 2

**Address:** 6900 Eureka Road **Number of Ambulance Vehicles in Fleet:** 3

Granite Bay, CA 95746-6531

**Phone Number:** 916-791-7059 **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 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
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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

<u>1,441</u> Total number of responses	<u>1,229</u> Total number of transports
<u>1,441</u> Number of emergency responses	<u>1,229</u> 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: 2018

## Response/Transportation/Providers

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

**County:** Placer **Provider:** Squaw Valley Fire **Response Zone:** Nevada Zone 4

**Address:** PO Box 2522 **Number of Ambulance Vehicles in Fleet:** 0  
Olympic Valley, CA 96146-2522

**Phone Number:** 530-583-6111 **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	
<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

## Transporting Agencies

250 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tehama **Provider:** St. Elizabeth's Ambulance **Response Zone:** Tehama Zone 1**Address:** 2550 Sister Mary Columba Dr  
Red Bluff, CA 96080-4327 **Number of Ambulance Vehicles in Fleet:** 7**Phone Number:** 530-529-8318 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<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 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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<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**
6,268 Total number of responses  
6,268 Number of emergency responses  
\_\_\_\_ Number of non-emergency responses

5,122 Total number of transports  
5,122 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sutter **Provider:** Sutter County Fire **Response Zone:** Sutter Zone 1**Address:** 1130 Civic Center Blvd Suite A  
Yuba City, CA 95993-3009**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-822-7400**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 checked="" 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**

\_\_\_\_\_ 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: 2018

## Response/Transportation/Providers

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

**County:** Nevada **Provider:** Truckee Fire **Response Zone:** Nevada Zone 4

**Address:** PO Box 2768 **Number of Ambulance Vehicles in Fleet:** 6  
Truckee, CA 96160-2768

**Phone Number:** 530-414-6871 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<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 checked="" 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

1,385 Total number of responses  
1,385 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

936 Total number of transports  
936 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Yuba **Provider:** Wheatland Fire **Response Zone:** Yuba Zone1**Address:** PO Box 395  
Wheatland, CA 95692-0395**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-633-2930**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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Colusa **Provider:** Williams FPD **Response Zone:** Colusa Zone 1**Address:** PO Box 755  
Williams, CA 95987--0755**Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_**Phone Number:** 530-473-2269**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<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**

\_\_\_\_\_ 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: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sutter **Provider:** Yuba City Fire **Response Zone:** Sutter Zone 1**Address:** 824 Clark Ave  
Yuba City, CA 95991-4330**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-741-4691**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 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**

\_\_\_\_\_ 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

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Butte County

**Area or subarea (Zone) Name or Title:**

CSA #37

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Butte County EMS LLC

**Area or subarea (Zone) Geographic Description :**

Biggs Gridley Area

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc. Emergency Ambulance, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Transportation

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

A competitive bid was conducted and on November 9, 2012 at the S-SV EMS Agency JPA Board of Directors meeting the Board determined that Butte County EMS submitted the proposal that best served the county.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Butte County

**Area or subarea (Zone) Name or Title:** Butte County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Butte County EMS LLC

**Area or subarea (Zone) Geographic Description** Butte County lies between the Sierra Nevada Mountain Range and the Cascade Range. Butte County is watered by the Feather River and the Sacramento River. Butte Creek and Big Chico Creek are additional perennial streams, both tributary to the Sacramento. The county has a total area of 1,677.11 square miles, of which 1,639.49 square miles (or 97.76%) is land and 37.62 square miles (or 2.24%) is water.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc. Emergency Ambulance, 9-1-1 Emergency Response, 7-Digit Emergency Response, IFT-ALS, ALS Transportation

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

A competitive bid was conducted and on November 9, 2012 at the S-SV EMS Agency JPA Board of Directors meeting the Board determined that Butte County EMS submitted the proposal that best served the county.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Colusa County

**Area or subarea (Zone) Name or Title:**

Zone 1

Colusa County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Enloe Ambulance Service

**Area or subarea (Zone) Geographic Description:**

Colusa County

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive Colusa County

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 4/26/2018

**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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b>
Sierra-Sacramento Valley
<b>Area or Subarea (Zone) Name or Title:</b>
Glenn County, Zone 1
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>
Orland Community Ambulance Association dba Westside Ambulance Association
<b>Area or Subarea (Zone) Geographic Description:</b>
All of Glenn County north of county road 33
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> <small>Include intent of local EMS agency and board action.</small>
Exclusive
<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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Emergency Ambulance Service, 911 emergency ambulance transport, 7-digit emergency ambulance transport
<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.</small>  <small>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>
Grandfathered



Date: 4/26/2018

**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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

**Sierra-Sacramento Valley**

**Area or Subarea (Zone) Name or Title:**

**Glenn County, Zone 2**

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

**Enloe Ambulance**

**Area or Subarea (Zone) Geographic Description:**

**All of Glenn County south of county road 33**

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Non-Exclusive**

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 4/26/2018

**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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley

**Area or Subarea (Zone) Name or Title:**

Glenn County, Zone 1

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Orland Community Ambulance Association dba Westside Ambulance Association

**Area or Subarea (Zone) Geographic Description:**

All of Glenn County north of county road 33

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive**

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

911 emergency ambulance transport, 7-digit emergency ambulance transport

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**Grandfathered**

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Sierra-Sacramento Valley EMS Agency - Nevada County
<b>Area or subarea (Zone) Name or Title:</b> Zone 1 – Donner Summit
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Donner Summit Public Utility district
<b>Area or subarea (Zone) Geographic Description:</b> Donner Summit
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
<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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response,
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Uninterrupted ambulance transport service since 1979 documented by patient care reports and statements of EMT-Is employed at the time.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Nevada County

**Area or subarea (Zone) Name or Title:**

Zone 2 – Nevada City/Grass Valley

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Sierra-Nevada Hospital Ambulance Service

**Area or subarea (Zone) Geographic Description:**

Grass Valley, Nevada City and surrounding rural areas. Sierra Nevada Rural and Nevada County Consolidated Fire District, Ophir Hill FPD, Highway 49 through Higgins FPD to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines Sierra Nevada, those portions of Higgins FPD not contained in the 15 min response zone. Peardale-Chicago Park FPD.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 911 Emergency Response

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Sierra-Nevada Hospital bought Lincoln's ambulance transport service in 1988. Documented renewal of Lincoln's Ambulance permit in board minutes dated 1980. Sierra-Nevada Hospital has been providing ambulance transport since 1988.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Nevada County

**Area or subarea (Zone) Name or Title:**

Zone 3 – Penn Valley

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Penn Valley Fire

**Area or subarea (Zone) Geographic Description:**

Penn Valley proper and Lake Wildwood. Six miles from Grass Valley.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Uninterrupted ambulance transport service since 1977 documented by patient care reports and statements of EMT-Is employed at the time.



Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Nevada County

**Area or subarea (Zone) Name or Title:**

Zone 4 Truckee

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Truckee Fire Protection District

**Area or subarea (Zone) Geographic Description:**

Truckee is located along Interstate 80 in the Sierra Nevada mountains.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Non-Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

**Area or subarea (Zone) Name or Title:**

Zone 1 Foresthill

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Foresthill Fire

**Area or subarea (Zone) Geographic Description:**

Foresthill, Todd Valley Estates, Baker Ranch -Foresthill is located on a broad ridge between the North and Middle Forks of the American River.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Uninterrupted ambulance transport service since 1955 documented by news articles, patient care records and board minutes.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

**Area or subarea (Zone) Name or Title:**

Zone 2 – Granite Bay

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
South Placer Fire District since 1962

**Area or subarea (Zone) Geographic Description:**

Granite Bay is a primarily residential suburb of Sacramento located just east of Roseville and west of Folsom Lake.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Uninterrupted ambulance transport service since 1962 documented by board minutes and newspaper articles.



DATE: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

**Area or subarea (Zone) Name or Title:**

Zone 3 Hwy 80 corridor, Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas.

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
American Medical Response

**Area or subarea (Zone) Geographic Description:**

- I-80 corridor Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas All of the City of Auburn and County area - ½ mile West of Hwy 49 from the City of Auburn to Dry Creek Road. East of Hwy 49 up to and including Interstate 80 North to include Bell Road. In addition, ½ mile East of Hwy 49 from Bell Road to Dry Creek Road.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

See attached affidavit

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

**Area or subarea (Zone) Name or Title:**

Zone 4 North Tahoe

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
North Tahoe Fire Protection District

**Area or subarea (Zone) Geographic Description:** The NTFPD protects an area of 31 square miles on the north and west shores of Lake Tahoe. There are six fire stations within the District which are located in Alpine Meadows, Tahoe City, Homewood, Dollar Hill, Carnelian Bay and Kings Beach, that are staffed by 50 uniformed and support personnel to nearly 20,000 people within the area we serve.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

See attached affidavit – Uninterrupted ambulance service since 1976

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Shasta County

**Area or subarea (Zone) Name or Title:**

Zone 1 – Falls River Mills Area

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Mayers Memorial Hospital Ambulance

**Area or subarea (Zone) Geographic Description:**

From the top of Big Valley Mountain on the Fall River Valley side to the Pit River Bridge on Highway 299E to the junction of SR 89 and the county road which goes through Dana; The Day Road area, the Little Valley area and some of the back roads toward Hat Creek Rim.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-exclusive

**Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Revised 10/18

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Shasta County

**Area or subarea (Zone) Name or Title:**

Zone 2

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Burney Fire

**Area or subarea (Zone) Geographic Description:**

North: Hwy 89 at Davis cutoff

East: Hwy 299 E at the Pit River bridge

Southeast: SR 44 at the Lassen County Line

Southwest: Hwy 44 at the Lassen Park turnoff

South: Hwy 299 E x Halcumb Cemetery

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Shasta County

**Area or subarea (Zone) Name or Title:**

Zone 3

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response, Mercy Ground Ambulance, Shasta Regional Medical Center

**Area or subarea (Zone) Geographic Description:**

North: 1-5 to Pollard Flat; east along Fenders Ferry Rd to Montgomery Creek

East: SR 299E to Fenders Ferry Rd; east of Oak Run and Whitmore to Lassen Park

SR 44 to Lassen Park entrance; approximately 25 miles into the park, Summit

Lake, and southwest to Tehama County Line

South: 1-5 to Tehama County Line, then following Cottonwood Creek

West: Western horn of Shasta County, Platina from Tehama County Line north;

Western boundary of Shasta County, including SR 299 to Buckhorn Summit to the area of Dog Creek Rd. and Trinity Mountain Rd.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.



Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

**Area or subarea (Zone) Name or Title:**

Zone 1 – Butte Valley and surrounding areas

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Butte Valley Ambulance

**Area or subarea (Zone) Geographic Description:**

North: Oregon State Line  
East: Approximately from the West Klamath Wildlife Refuge to toe Modoc Plateau  
South: SR 97 at Grass Lake  
West: Refuge Unit on Highway 161  
And wilderness areas most accessible by ground from those corridors

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

**Area or subarea (Zone) Name or Title:**

Zone 2 Etna and surrounding areas

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Etna Ambulance

**Area or subarea (Zone) Geographic Description:**

North: SR 3 to Forest Mountain Summit  
East: Gazelle-Callahan Road to Gazelle Summit  
South: SR 3 to Scott Mountain Summit  
Southwest: Cecilville Rd. to Cecilville Summit  
West: Sawyers Bar Rd. to Etna Summit  
Northwest: Scott River Rd. to Thompson Creek  
And those wilderness areas best accessed by ground from those corridors

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

**Area or subarea (Zone) Name or Title:**

Zone 3 – Happy Camp and surrounding areas

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Happy Camp Ambulance

**Area or subarea (Zone) Geographic Description:**

North: A line from the Oregon Border at the Del Norte County line to SR 96 at Horse Creek

East: Lines from Horse Creek to Scotts Bar, then southwest

South: SR 96 at Somes Bar

West: A line from the Oregon Border at the Del Norte County line, passing SSW to approximately the latitude of Somes Bar

And those wilderness areas best accessed by road from those corridors

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.



Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

**Area or subarea (Zone) Name or Title:**

Zone 4 – McCloud and surrounding areas

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
McCloud Community Services District

**Area or subarea (Zone) Geographic Description:**

North: Military Pass Road, 1 mile south of Medicine Lake  
East: SR 89 to the Modoc County Line  
South: Southwest Gerard Ridge east of Sims/So Grizzly Peak! SE Ponderosa @ SR 89  
West: Mt. Shasta peak! Snowman Summit / SR 89 at Gerard Ridge  
And those wilderness areas best accessed by ground from those corridors

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

**Area or subarea (Zone) Name or Title:**

Zone 5 Mount Shasta and surrounding areas

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Mt Shasta Ambulance

**Area or subarea (Zone) Geographic Description:**

North: 1-5 to Parks Creek, US 97 to Grass Lake

East: SR 89 to Siskiyou County Line

South: 1-5 at Pollard Flat

West: Mt. Eddy Range

And those wilderness areas best accessed by ground from those corridors

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive. Siskiyou County Board of Supervisors recommended that Nor-Cal EMS proceed to determine the eligibility of Mt. Shasta Ambulance to be grandfathered under 1797.224, H&SC.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency ambulance service, 9-1-1

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The existing ambulance service in this zone will be granted exclusive operating rights under the grandfather clause. Mt. Shasta Ambulance Service has provided ambulance service in County Service Area 5 in the same scope and manner since the required date for grandfathering under 1797.224, H&SC. There have been no other ambulance services operating within this area. Mt Shasta Ambulance became incorporated in November 1981. The corporation continues as the successor organization to the previously existing provider and has continued uninterrupted the emergency transportation service previously provided. The Castella area of Shasta County is served by Mt. Shasta Ambulance, INC. but is not a part of CSA #5 and is not part of this exclusive operational area.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

**Area or subarea (Zone) Name or Title:**

**Zone 6 – Yreka and surrounding areas.**

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Mt Shasta Ambulance service

**Area or subarea (Zone) Geographic Description:**

North: Oregon State Line  
East: West Siskiyou Mountains  
South: 1-5 at Parks Creek  
West: SR 96 to Horse Creek; SR 3 to Fort Jones Rd.  
And those wilderness areas best accessed by ground from those corridors

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Sutter and Yuba Counties

**Area or subarea (Zone) Name or Title:**

Sutter and Yuba County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Bi-County Ambulance

**Area or subarea (Zone) Geographic Description:**

All of Sutter and Yuba Counties

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Sutter County

**Area or subarea (Zone) Name or Title:**

Sutter County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Bi-County Ambulance

**Area or subarea (Zone) Geographic Description:**

All of Sutter County

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.



Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Tehama County

**Area or subarea (Zone) Name or Title:**

Zone 1 Tehama County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
St. Elizabeth Community Hospital Ambulance

**Area or subarea (Zone) Geographic Description:**

All of Tehama county

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.  
Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Yuba County

**Area or subarea (Zone) Name or Title:**

Yuba County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  
Bi-County Ambulance

**Area or subarea (Zone) Geographic Description:**

All of Yuba County

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

10/31/2003 Board action to grant exclusivity pursuant to 1797.224

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.

**Table 9: Resources Directory**

**Facilities**

**County:** Sutter

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Adventist Health Rideout (New Name) **Telephone Number:** 530-749-4511  
**Address:** 726 4<sup>th</sup> St Marysville CA

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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><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 III	
<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory**

**Facilities**

**County:** Colusa

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Colusa Regional Medical Center **Telephone Number:** 530-458-5821  
**Address:** 199 E. Webster St Colusa CA 95932

<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"/> 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
<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><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><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>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: Resources Directory**

**Facilities**

**County:** Butte

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Enloe Medical Center **Telephone Number:** (530) 332-7740  
**Address:** 1531 Esplanade Chico CA 95926

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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><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	
<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory**

**Facilities**

**County:** Siskiyou

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Fairchild Medical Center  
**Address:** 444 Bruce St, Yreka, CA 96097  
**Telephone Number:** (530) 842-4121

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<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><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 type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" 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>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: Resources Directory**

**Facilities**

**County:** Butte

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Feather River Hospital **Telephone Number:** 530-876-7022  
**Address:** 5974 Pentz Rd Paradise CA 95969

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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><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><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory

## Facilities

County: Placer

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Roseville Medical Center  
 Address: 1600 Eureka Road Roseville CA

Telephone Number: 916-784-5390

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<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><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 III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory

## Facilities

County Shasta

**Note:** Complete information for each facility by county. Make copies as need

Facility: Mayers Memorial Hospital

Address: 43563 Hwy 299 E

Fall River Mills CA

Telephone Number:

(530) 336-5511

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<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><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 III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<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						

<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: Resources Directory**

**Facilities**

**County:** Siskiyou

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mercy Medical Center Mt Shasta  
**Address:** 914 Pine St Mt Shasta CA

**Telephone Number:** (530) 926-6111

<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"/> 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>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><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 type="checkbox"/> Level II <input checked="" 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>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: Resources Directory**

**Facilities**

**County:** Shasta

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mercy Medical Center Redding  
**Address:** 2175 Rosaline Ave Redding CA 96001

**Telephone Number:** (530) 225-6000

<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"/> 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
--	--	---	---

<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><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<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: Resources Directory**

**Facilities**

**County:** Butte

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Orchard Hospital (formerly Biggs Gridley Memorial Hospital)

**Telephone Number:** (530) 846-9068

**Address:** 240 Spruce St Gridley CA 95948

<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"/> 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
<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><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 III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<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					

<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: Resources Directory

## Facilities

County: Butte

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Oroville Hospital  
 Address: 2767 Olive Hwy Oroville CA 95966

Telephone Number: (530) 532-8342

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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><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 III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV			
<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory

### Facilities

County: Shasta

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Shasta Regional Medical Center  
Address: 1100 Butte St Redding CA 96001

Telephone Number: (530) 244-5353

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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><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><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory

## Facilities

County: Nevada

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Sierra Nevada Memorial Hospital Telephone Number: (530) 274-6001  
 Address: PO Box 1029 Grass Valley CA

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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><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 III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory**

**Facilities**

**County:** Tehama

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** St. Elizabeth's Memorial Hospital  
**Address:** 2550 Sister Mary Columba Red bluff CA 96080

**Telephone Number:** (530) 529-8000

<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"/> 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
--	--	---	---

<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><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 type="checkbox"/> Level II <input checked="" 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>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: Resources Directory**

**Facilities**

**County:** Placer

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Sutter Auburn Faith Hospital **Telephone Number:** (530) 888-4500  
**Address:** 11815 Education St Auburn Ca 95603

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<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><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 III <input type="checkbox"/> Level II <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<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: Resources Directory

## Facilities

County: Placer

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Roseville Medical Center Telephone Number: (916) 781-1800  
 Address: One Medical Plaza Roseville CA

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input 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: Resources Directory

## Facilities

County: Nevada

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Tahoe Forest Hospital Telephone Number: (530) 582-3208  
 Address: PO Box 759 Truckee CA 96160

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No				
<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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <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 10: APPROVED TRAINING PROGRAMS

County: Butte

Reporting Year: 2018

Training Institution: Butte-Glenn Community College Telephone Number: 530-893-7532  
 Address: 3536 Butte Cam; us Drive  
Oroville, Ca. 95965

Student Eligibility\*: General Public \*\*Program Level EMR

Cost of Program:

Basic: \$184

Refresher:           

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

200

0

0

12/31/1

8

Number of courses:

Initial training:

Refresher:

Continuing Education:

9

0

0

Training Institution: Butte-Glenn Community College Telephone Number: 530-893-7532  
 Address: 3536 Butte Cam; us Drive  
Oroville, Ca. 95965

Student Eligibility\*: General Public \*\*Program Level EMT

Cost of Program:

Basic: \$322

Refresher: \$46

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

1018

0

0

12/31/1

8

Number of courses:

Initial training:

Refresher:

Continuing Education:

5

1

0

Butte-Glenn Community College  
 3536 Butte Cam; us Drive

Oroville, Ca. 95965

Telephone  
Number: 530-893-  
7532

Address:

Student  
Eligibility\*:

General Public

\*\*Program Level

Paramedic

Cost of Program:

Basic \$1656

Refresher:

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

22

0

0

12/31/1

9

Number of courses:

Initial training:

Refresher:

Continuing Education:

1

0

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Siskiyou

Reporting Year: 2018

Training Institution: <u>College of the Siskiyous</u>		Telephone Number: <u>530-938-5512</u>	
Address: <u>800 College Ave</u>			
<u>Weed, Ca 96094</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT-1</u>
	Cost of Program:		
	Basic: <u>\$322</u>	Number of students completing training per year:	
	Refresher: <u>\$46</u>	Initial training:	<u>70</u>
		Refresher:	<u>5</u>
		Continuing Education:	<u>25</u>
		Expiration Date:	<u>2018</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>3</u>

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

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

Training Institution: <u>College of the Siskiyous</u>		Telephone Number: <u>530-938-5512</u>	
Address: <u>800 College Ave</u>			
<u>Weed, CA 96094</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMR</u>
	Cost of Program:		
	Basic: <u>\$184</u>	Number of students completing training per year:	
	Refresher: <u>\$46</u>	Initial training:	<u>60</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>2018</u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>4</u>
		Continuing Education:	<u>0</u>

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

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

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer

Reporting Year: 2018

Training Institution: <u>National College of Technical Instruction</u>		Telephone Number: <u>916.960.6284</u>
Address: <u>333 Sunrise Ave., Ste. 500</u>		
<u>Roseville, CA 95661</u>		
Student Eligibility*: <u>Open</u>	**Program Level <u>All Levels</u>	
Cost of Program:		
Basic: <u>\$40-\$395</u>	Number of students completing training per year:	
Refresher: <u>\$40-\$190</u>	Initial training:	
	Refresher:	
	Continuing Education:	<u>3200</u>
	Expiration Date:	
	Number of courses:	
	Initial training:	
	Refresher:	
	Continuing Education:	<u>245</u>

Blank lines = NA Cannot type on the lines.

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

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

Training Institution: _____		Telephone Number: _____
Address: _____		
_____		
Student Eligibility*: _____	**Program Level _____	
Cost of Program:		
Basic: _____	Number of students completing training per year:	
Refresher: _____	Initial training:	
	Refresher:	
	Continuing Education:	
	Expiration Date:	
	Number of courses:	
	Initial training:	
	Refresher:	
	Continuing Education:	

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

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

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer

Reporting Year: 2018

Training Institution: National College of Technical Instruction  
Address: 333 Sunrise Ave., Ste. 500  
Roseville, CA 95661

Telephone Number: 916.960.6284

Student Eligibility\*: Open

Cost of Program:

Basic: \$9750.00

Refresher: \_\_\_\_\_

\*\*Program Level Paramedic

Number of students completing training per year:

Initial training:

90

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Initial training:

3

Refresher:

Continuing Education:

Blank lines = NA

Cannot type on the lines.

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

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

Training Institution: National College of Technical Instruction  
Address: 333 Sunrise Ave., Ste. 500  
Roseville, CA 95661

Telephone Number: 916.960.6284

Student Eligibility\*: Open

Cost of Program:

Basic: \$1875.00

Refresher: \_\_\_\_\_

\*\*Program Level EMT

Number of students completing training per year:

Initial training:

45

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Blank lines = NA Cannot type on the lines.

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Placer

**Reporting Year:** 2018

Initial training: \_\_\_\_\_

Refresher: \_\_\_\_\_

Continuing Education: \_\_\_\_\_

5  
\_\_\_\_\_  
\_\_\_\_\_

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

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

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou

Reporting Year: 2018

Training Institution: National College of Technical Instruction – College of the Siskiyou Telephone Number: \_\_\_\_\_  
 Address: 800 College Ave.  
Weed, CA 96094

Student Eligibility\*: Open Cost of Program: \_\_\_\_\_ \*\*Program Level Paramedic

Basic: \$1656 Number of students completing training per year: \_\_\_\_\_  
 Refresher: \_\_\_\_\_ Initial training: 28  
 Continuing Education: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Number of courses: \_\_\_\_\_  
 Initial training: 1  
 Refresher: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_

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

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

Training Institution: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Student Eligibility\*: \_\_\_\_\_ Cost of Program: \_\_\_\_\_ \*\*Program Level \_\_\_\_\_

Basic: \_\_\_\_\_ Number of students completing training per year: \_\_\_\_\_  
 Refresher: \_\_\_\_\_ Initial training: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Number of courses: \_\_\_\_\_  
 Initial training: \_\_\_\_\_  
 Refresher: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_

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

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

# TABLE 11: DISPATCH AGENCY

County: Butte County

Reporting Year: 2018

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

Name:	<u>Paradise Police Department</u>		Primary Contact:	<u>Meghan McGee</u>	
Address:	<u>5595 Black Olive Drive</u>				
	<u>Paradise, CA</u>				
Telephone Number:	<u>(530) 872-6241</u>				
Written Contract:	Medical Director:	<input 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 type="checkbox"/> Disaster			
			<u>66</u> EMD Training	<u>      </u> EMT-D	<u>n/a</u> ALS
			<u>n/a</u> BLS	<u>n/a</u> LALS	<u>n/a</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: _____				

Name:	_____		Primary Contact:	_____	
Address:	_____				
	_____				
Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster			
			<u>      </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 type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				



County: Butte

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Written Contract: ☐ Yes ☐ No

Medical Director: ☐ Yes ☐ No

☐ Day-to-Day

☐ Disaster

Number of Personnel Providing Services: \_\_\_\_\_

\_\_\_\_\_ EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS

\_\_\_\_\_ BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other

Ownership: ☐ Public ☐ Private

If Public: ☐ Fire ☐ Law ☐ Other

Explain: \_\_\_\_\_

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

**TABLE 11: DISPATCH AGENCY**

**County:** \_\_\_\_\_

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

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

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

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

# TABLE 11: DISPATCH AGENCY

County: Yuba/Sutter

Reporting Year: 2018

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

Name:	<u>Bi-County Ambulance INC</u>		Primary Contact:	<u>Ronald Welch</u>
Address:	<u>1700 Poole Blvd</u>			
	<u>Yuba City, CA 95993-2610</u>			
Telephone Number:	<u>(530) 674-2780</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>n/a</u> EMD Training	<u>n/a</u> EMT-D
			<u>n/a</u> BLS	<u>75</u> ALS
Ownership:		If Public:	<u>n/a</u> LALS	<u>n/a</u> Other
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire		
		<input type="checkbox"/> Law	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"/> Other		
		Explain: _____		

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

# TABLE 11: DISPATCH AGENCY

County: Placer County Reporting Year: 2018

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

Name:	<u>American Medical Response</u>		Primary Contact:	<u>Rich Silva</u>
Address:	<u>1041 Fee Drive</u>			
	<u>Sacramento, CA 95815-3908</u>			
Telephone Number:	<u>(916) 563-0600</u>			
Written Contract:	Medical Director:	<input 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 type="checkbox"/> Disaster		
			<u>66</u> EMD Training	<u>n/a</u> EMT-D
			<u>n/a</u> BLS	<u>n/a</u> LALS
Ownership:	If Public:		<u>n/a</u> ALS	<u>n/a</u> Other
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire			
	<input type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			
			If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

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

# TABLE 11: DISPATCH AGENCY

County: Butte

Reporting Year: 2018

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

Name:	<u>Chico Police &amp; Fire Dispatch</u>		Primary Contact:	<u>Nancy Wilson</u>
Address:	<u>1460 Humboldt Road</u>			
	<u>Chico, CA 95928-9111</u>			
Telephone Number:	<u>(530) 895-4911</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
			<u>n/a</u> EMD Training <u>n/a</u> EMT-D <u>n/a</u> ALS	
			<u>n/a</u> BLS <u>n/a</u> LALS Other: <u>Fire &amp; Police</u>	
			<u>dispatching only caller transferred to Butte County EMS if pre-</u>	
			<u>arrival is needed</u>	
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other Explain:		
			If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

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

County: Butte

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Written Contract: ☐ Yes ☐ No

Medical Director: ☐ Day-to-Day ☐ Disaster

☐ Yes ☐ No

Number of Personnel Providing Services: \_\_\_\_\_

\_\_\_\_\_ EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS

\_\_\_\_\_ BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other

Ownership: ☐ Public ☐ Private

If Public: ☐ Fire ☐ Law ☐ Other

Explain: \_\_\_\_\_

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

# TABLE 11: DISPATCH AGENCY

County: Colusa

Reporting Year: 2018

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

Name:	<u>Colusa County Sheriff's Office</u>		Primary Contact:	<u>Lt. Russ Jones</u>
Address:	<u>929 Bridge Street</u>			
	<u>Colusa, CA 95932-2837</u>			
Telephone Number:	<u>(530) 458-0200</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <b>0</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:		<u>n/a</u> EMD Training	<u>n/a</u> EMT-D
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<u>n/a</u> BLS	<u>n/a</u> ALS
	<input checked="" type="checkbox"/> Law		<u>n/a</u> LALS	<u>n/a</u> Other
	<input checked="" type="checkbox"/> Other		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<b><u>Consolidated PSAP</u></b>			

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

# TABLE 11: DISPATCH AGENCY

County: Nevada

Reporting Year: 2018

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

Name:	<u>Grass Valley Police Department</u>		Primary Contact:	<u>GVPD Lt. Alex Gammelgard</u>
Address:	<u>129 S. Auburn Street</u>			<u>NCSO Dispatch Mike Walsh</u>
	<u>Grass Valley, CA 95945-6501</u>			
Telephone Number:	<u>(530) 265-7880</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <b>18</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:			<u>n/a</u> EMD Training	<u>n/a</u> EMT-D
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public:		<u>n/a</u> BLS	<u>n/a</u> ALS
	<input type="checkbox"/> Fire		<u>n/a</u> LALS	<u>n/a</u> Other
	<input checked="" type="checkbox"/> Law		If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input type="checkbox"/> Other			
	Explain: _____			

Name:	<u>Dispatch Center</u>		Primary Contact:	<u>NCSO Dispatch Mike Walsh</u>
Address:	<u>950 Maidu Ave</u>			
	<u>Nevada City, CA 95959-8600</u>			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:			_____ EMD Training	_____ EMT-D
<input type="checkbox"/> Public <input type="checkbox"/> Private	If Public:		_____ BLS	_____ LALS
	<input type="checkbox"/> Fire			_____ ALS
	<input type="checkbox"/> Law		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"/> Other			
	Explain: _____			



# TABLE 11: DISPATCH AGENCY

County: Siskiyou

Reporting Year: 2018

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

Name:	<u>Mt. Shasta Police Department</u>		Primary Contact:	<u>Kelly Stenmark</u>
Address:	<u>303 N. Mt. Shasta Blvd</u>			
	<u>Mt. Shasta, CA 96067-2231</u>			
Telephone Number:	<u>(530) 926-7540</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <u>0</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:	<u>0</u> EMD Training	<u>0</u> EMT-D
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	<u>0</u> BLS	<u>0</u> ALS
		<input checked="" type="checkbox"/> Law	<u>0</u> LALS	<u>0</u> Other
		<input type="checkbox"/> Other		
		Explain: _____	If Public: <input checked="" type="checkbox"/> City ___ County ___ State ___ Fire District ___ Federal	

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

# TABLE 11: DISPATCH AGENCY

County: Butte

Reporting Year: 2018

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

Name:	<u>Paradise Police Department</u>		Primary Contact:	<u>Meghan McGee</u>
Address:	<u>5595 Black Olive Drive</u>			
	<u>Paradise, CA 95969-4606</u>			
Telephone Number:	<u>(530) 872-6241</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <u>0</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:			<u>n/a</u> EMD Training	<u>n/a</u> EMT-D <u>n/a</u> ALS
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public:		<u>n/a</u> BLS	<u>n/a</u> LALS <u>n/a</u> Other
	<input type="checkbox"/> Fire		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input checked="" type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

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

# TABLE 11: DISPATCH AGENCY

County: Placer

Reporting Year: 2018

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

Name:	<u>Placer County Sheriff's Office</u>		Primary Contact:	<u>Christopher Herren</u>
Address:	<u>2929 Richardson Drive Suite 1</u>			
	<u>Auburn, CA 95603-2615</u>			
Telephone Number:	<u>(530) 886-5350</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire			
	<input checked="" type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:			
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire			
	<input type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

# TABLE 11: DISPATCH AGENCY

County: Placer

Reporting Year: 2018

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

Name:	<u>Rocklin Police Department</u>		Primary Contact:	<u>Sandi Bumpus</u>
Address:	<u>4000 Rocklin Road</u>			
	<u>Rocklin, CA 95677</u>			
Telephone Number:	<u>(916) 625-5400</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:		<u>17</u> EMD Training <u>n/a</u> EMT-D <u>17</u> ALS	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<u>n/a</u> BLS <u>n/a</u> LALS <u>n/a</u> Other	
	<input checked="" type="checkbox"/> Law		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input type="checkbox"/> Other			
	Explain: _____			

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

# TABLE 11: DISPATCH AGENCY

County: Placer

Reporting Year: 2018

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

Name:	<u>Roseville Police/Fire Dispatch</u>		Primary Contact:	<u>Katie Braverman</u>
Address:	<u>1051 Junction Blvd.</u>			
	<u>Roseville, CA 95678-7191</u>			
Telephone Number:	<u>(916) 774-5000</u>			
Written Contract:	Medical Director:	<input 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 type="checkbox"/> Disaster		
Ownership:	If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire			
	<input checked="" type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:			
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire			
	<input type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

# TABLE 11: DISPATCH AGENCY

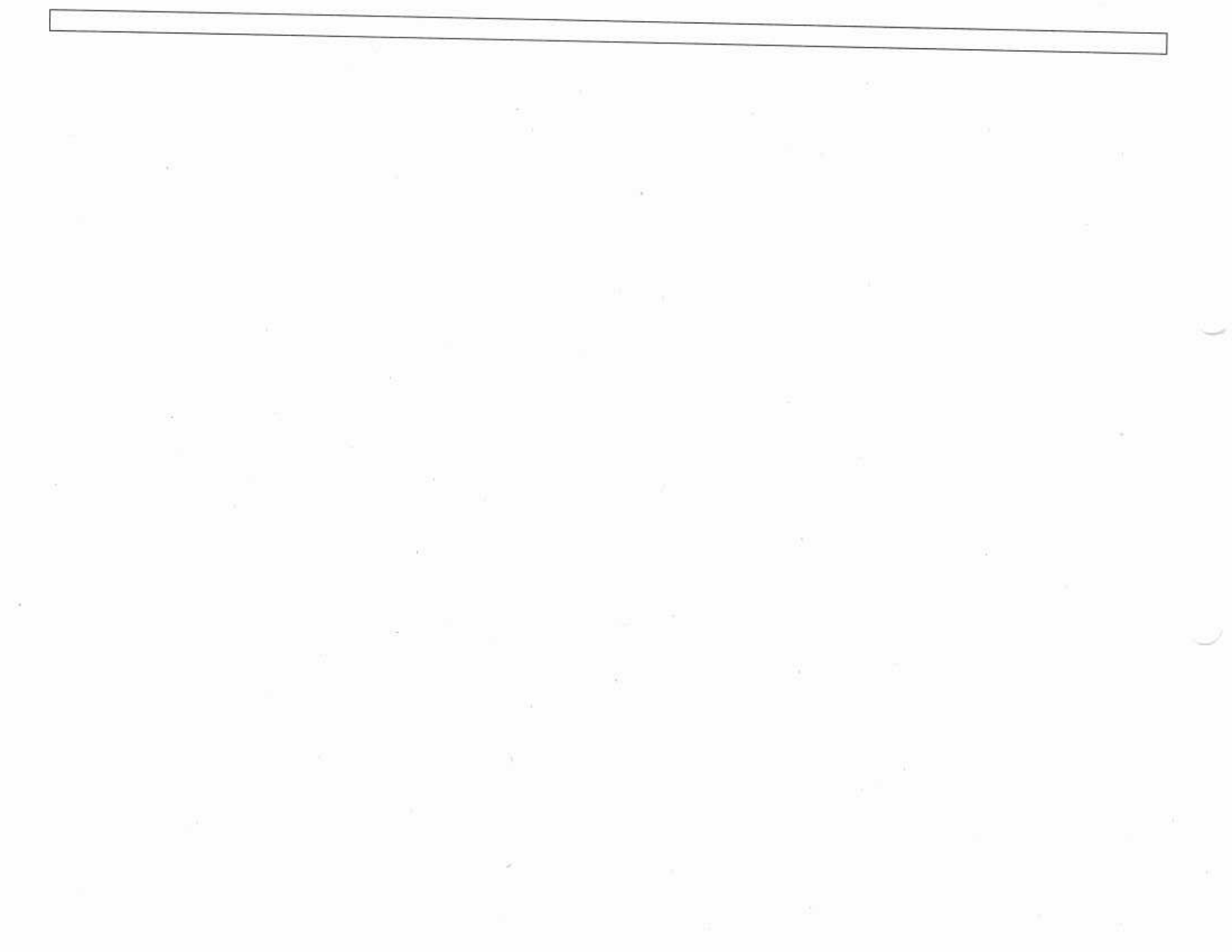
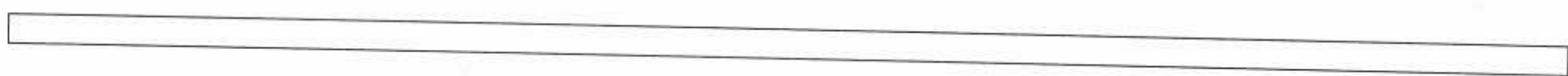
County: Shasta County

Reporting Year: 2018

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

Name:	<u>ShasCom</u>		Primary Contact:	<u>James Divis</u>
Address:	<u>3101 South St.</u>			
	<u>Redding, CA 96001-2379</u>			
Telephone Number:	<u>(530) 245-6500</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <u>n/a</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster		
Ownership:			<u>n/a</u> EMD Training	<u>n/a</u> EMT-D
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			<u>n/a</u> BLS	<u>n/a</u> ALS
	If Public:		<u>n/a</u> LALS	<u>n/a</u> Other
	<input checked="" type="checkbox"/> Fire		If Public: <input checked="" 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"/> Law			
	<input type="checkbox"/> Other			
	Explain:			
	Consolidated 911			
	Dispatch Center JPA			

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



# TABLE 11: DISPATCH AGENCY

County: Sutter

Reporting Year: 2018

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

Name:	<u>Sutter County Sheriff's Office</u>		Primary Contact:	<u>Sheriff J. Paul Parker</u>
Address:	<u>1077 Civic Center Blvd.</u>			
	<u>Yuba City, CA 95993-3002</u>			
Telephone Number:	<u>(530) 822-7307</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:		<u>13</u> EMD Training <u>n/a</u> EMT-D <u>13</u> ALS	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<u>13</u> BLS <u>13</u> LALS <u>n/a</u> Other	
	<input checked="" type="checkbox"/> Law		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 type="checkbox"/> Other			
	Explain: _____			

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



**County:** Siskiyou

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Written Contract: ☐ Yes ☐ No  
Medical Director: ☐ Yes ☐ No ☐ Day-to-Day ☐ Disaster  
Number of Personnel Providing Services: \_\_\_\_\_  
\_\_\_\_\_ EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS  
\_\_\_\_\_ BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other

Ownership: ☐ Public ☐ Private  
If Public: ☐ Fire ☐ Law ☐ Other  
Explain: \_\_\_\_\_  
If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

# TABLE 11: DISPATCH AGENCY

County: Yuba

Reporting Year: 2018

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

Name:	<u>Yuba County Sheriff's Department</u>		Primary Contact:	<u>Glenda Hyde</u>
Address:	<u>215 5<sup>th</sup> Street Suite 150</u>			
	<u>Marysville, CA 95901-5737</u>			
Telephone Number:	<u>(530) 749-7777</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:	If Public:		<u>n/a</u> EMD Training	<u>n/a</u> EMT- <u>n/a</u> ALS
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<u>n/a</u> BLS	<u>n/a</u> LALS <u>15</u> Other: <b><u>Dispatching Services</u></b>
	<input checked="" type="checkbox"/> Law		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 type="checkbox"/> Other			
	Explain: _____			

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