

EMERGENCY MEDICAL SERVICES AUTHORITY

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(916) 322-4336 FAX (916) 322-1441



March 9, 2020

Ms. Victoria Pinette, 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 2019 EMS Plan submission to the EMS Authority on October 24, 2019.

I. Introduction and Summary:

The EMS Authority has concluded its review of Sierra-Sacramento Valley EMS Agency's 2019 EMS Plan and has approved the plan.

II. History and Background:

Sierra-Sacramento Valley EMS Agency received its last plan approval for its 2018 plan submission.

Historically, we have received EMS Plan submissions from Sierra-Sacramento Valley EMS Agency for the following years:

- 1997
- 1999
- 2002
- 2005
- 2007
- 2009-2012
- 2014
- 2017-2018

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, regulations, and case law, consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

The following are comments related to Sierra-Sacramento Valley EMS Agency's 2019 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, 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, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

- | | | |
|--|--------------------------|--|
| 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 2019 EMS Plan is approved.

Ms. Victoria Pinette, Executive Director

March 9, 2020

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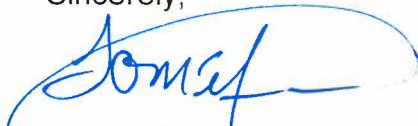
Pursuant to HSC § 1797.105(b):

"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 next EMS Plan will be due on or before March 31, 2021. 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

2019 SSV EMS Plan
Transportation Component
Approved

[illegible]

2019 SSV EMS Plan
Transportation Component
Approved

[illegible]

Executive Summary

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. There are seven stroke centers and six STEMI receiving centers.

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 GUIDELINE

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINE

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARD / RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES

C: COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARD /RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARD /RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARD / RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

| | | Does not currently meet standard | Meets minimum standard | Meets recommended guidelines | Short- range plan | Long-range plan |
|---|------------------------------|--|------------------------------|------------------------------------|----------------------|--------------------|
| Universal Level: | | | | | | |
| 8.01 | Disaster Medical Planning* | | X | | | |
| 8.02 | Response Plans | | X | | | |
| 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 | | | |
| Enhanced Level: Advanced Life Support: | | | | | | |
| 8.17 | ALS Policies | | X | | | |
| Enhanced Level: Specialty Care Systems: | | | | | | |
| 8.18 | Specialty Center Roles | | X | | | |
| Enhanced Level: Exclusive Operating Areas/Ambulance Regulations: | | | | | | |
| 8.19 | Waiving Exclusivity | | X | | | |

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2019 – 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
 - d) Joint Powers Agency**
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors**
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

| | |
|---|------------|
| Implementation of exclusive operating areas (ambulance franchising) | <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) | \$1,121,923 |
| Contract Services (e.g. medical director) | 1,039,640 |
| Operations (e.g. copying, postage, facilities) | 615,925 |
| Travel | 69,784 |
| Fixed assets | 0 |
| Indirect expenses (overhead) | 0 |
| Ambulance subsidy | 0 |
| EMS Fund payments to physicians/hospital | 0 |
| Dispatch center operations (non-staff) | 0 |
| Training program operations | 0 |
| Other: _____ | 0 |
| Other: _____ | 0 |
| Other: _____ | 0 |
| TOTAL EXPENSES | \$2,847,272 |

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) 614,956

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 40,000

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 0

Other (specify): Misc/Interest/ALS Application 61,834

TOTAL REVENUE \$ 2,847,272

Table 2 - System Organization & Management (cont.)

7. Fee structure

☐ We do not charge any fees

☒ our fee structure is:

| | | |
|--|----------------|----------|
| First responder certification | | \$ 28.00 |
| EMS dispatcher certification | | N/A |
| EMT-I certification | | 28.00 |
| EMT-I recertification | | 28.00 |
| EMT-defibrillation certification | | N/A |
| EMT-defibrillation recertification | | N/A |
| AEMT- certification | | 28.00 |
| AEMT- recertification | | 28.00 |
| 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 | 130,000 | 41% | |
| Asst. Admin./Admin. Asst./Admin. Mgr. | Associate Regional Executive Director | 1 | 93,545 | 41% | |
| ALS Coord/Field Coord/ Training Coordinator | Quality Improvement/Education Coordinator | 1 | 78,528 | | |
| Program Coordinator/ Field Liaison (Non-clinical) | EMS Specialist | 1 | 73,317 | | |
| Trauma Coordinator | | 1 | 73,584 | | |
| Medical Director | Medical Director | .5 | 106,000 | | Contract position |
| Other MD/Medical Consult/ Training Medical Director | | | | | |
| Disaster Medical Planner | Emergency Preparedness/Disaster Coordinator | 1 | 79,373 | 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 | | | | | |
| QA/QI Coordinator | | | | | |
| Public Info. & Education Coordinator | | | | | |
| Executive Secretary | Administrative Secretary | 1 | 51,324 | 41% | |
| Other Clerical | Certification Specialist | 1 | 41,691 | 41% | |
| Other | Contract Compliance Monitor | 1 | 71,386 | 41% | |
| Other | | | | | |
| Other | RDMHS | 1 | 71,195.60 | 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

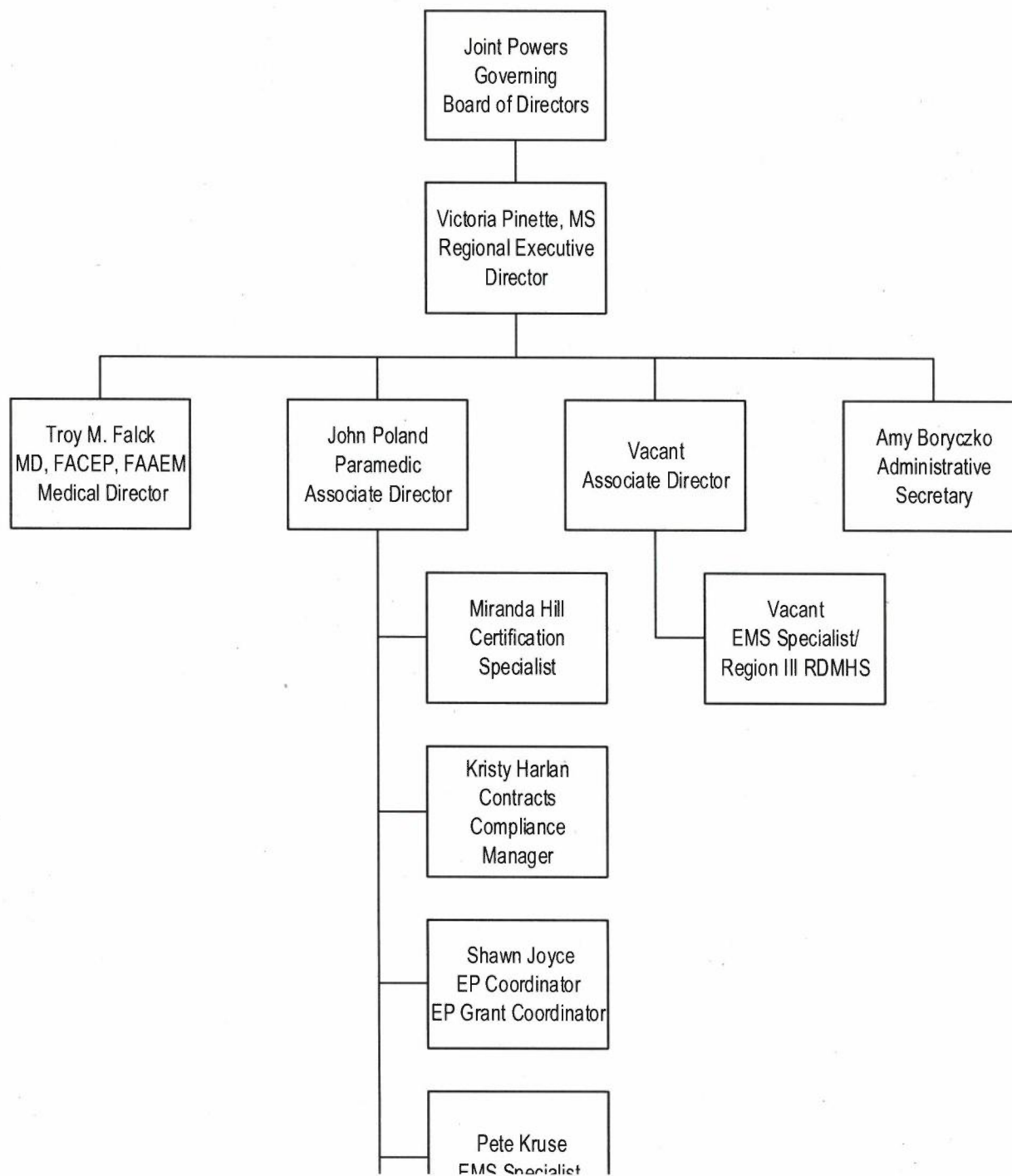


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: FY 2018-2019

NOTE: Table 3 is to be reported by agency.

| | EMT - Is | EMT - IIs | EMT - Ps | MICN | EMS Dispatchers |
|--|----------|-----------|----------|------|-----------------|
| Total Certified | 1620 | 10 | 523 | 198 | 0 |
| Number newly certified this year | 557 | 1 | 100 | 53 | 0 |
| Number recertified this year | 1063 | 9 | 423 | 145 | 0 |
| Total number of accredited personnel on July 1 of the reporting year | 3600 | 16 | 1200 | 500 | |
| | | | | | |
| a) formal investigations | 41 | 0 | 10 | 0 | N/A |
| b) probation | 10 | 0 | N/A | 0 | N/A |
| c) suspensions | 0 | 0 | 0 | 0 | N/A |
| d) revocations | 0 | 0 | 0 | 0 | N/A |
| e) denials | 1 | 0 | 0 | 0 | N/A |
| f) denials of renewal | 0 | 0 | 0 | 0 | N/A |
| g) no action taken | 30 | 0 | 10 | 0 | N/A |

TABLE 4: SYSTEM RESOURCES ID OPERATIONS - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Butte

Reporting Year: 2019

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

- | | |
|--|--|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>7</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>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? <u>Butte County SO & Fire</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>Butte County SO & Fire</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>see attached list</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? | 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: Glenn

Reporting Year: 2019

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>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? <u>Glenn County SO & Fire (Enloe Med-Com)</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>Glenn County SO & Fire</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>see attached list</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? | 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: Colusa

Reporting Year: 2019

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? <u>Colusa County SO</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>Colusa County SO</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 ID OPERATIONS - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Nevada

Reporting Year: 2019

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? <u>Nevada County SO & GVECC</u> | |
| 7. Who is your primary dispatch agency for a disaster? <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 ID OPERATIONS - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Placer

Reporting Year: 2019

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? <u>See attached table PCSO, GVECC</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>PCSO</u> | |
| 8. Do you have an operational area disaster communication system? | X 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? | 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 ID OPERATIONS - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Shasta

Reporting Year: 2019

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? <u>Shascom 530-245-6500 Redding CA</u> | |
| 7. Who is your primary dispatch agency for a disaster? <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 DURING OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Siskiyou

Reporting Year: 2019

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

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>5</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? <u>Siskiyou County Sheriff 530-842-8300 Yreka CA</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>Siskiyou County Sheriff</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency _____ | |
| 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 ID OPERATIONS - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Sutter

Reporting Year: 2019

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? <u>Sutter County SO & City of Yuba</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>Sutter County So</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Sutter County Fire & Law</u> | |
| b. Other methods <u>Med net & CAHAN</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 - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Tehama

Reporting Year: 2019

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>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? <u>Tehama County Sheriff 530-529-7900 Red Bluff CA</u> | |
| 7. Who is your primary dispatch agency for a disaster? <u>Tehama County Sheriff 530-529-7900 Red Bluff 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 ID OPERATIONS - Communicatio

EMS System: Sierra-Sacramento Valley EMS

County: Yuba

Reporting Year: 2019

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 & 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? | X 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? | 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 |

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 | | |
| Med 2 | 468.0250 | 463.0250 | 1 | 110.9 |
| Med 3 | 468.0500 | 463.0500 | 2 | 123.0 |
| Med 4 | 468.0750 | 463.0750 | 3 | 131.8 |
| Med 5 | 468.1000 | 463.1000 | 4 | 136.5 |
| Med 6 | 468.1250 | 463.1250 | 5 | 146.2 |
| Med 7 | 468.1500 | 463.1500 | 6 | 156.7 |
| Med 8 | 468.1750 | 463.1750 | 7 | 167.9 |
| Med 9 | 467.9500 | 462.9500 | 8 | 103.6 |
| Med 10 (Dispatch) | 467.9750 | 462.9750 | 9 | 100.0 |
| VHF Med Channel Name | TX | RX | 10 | 107.2 |
| Med Alpha (HEAR)(VMED28) | 155.3400 | 155.3400 | 11 | 114.8 |
| Med Bravo | 155.3250 | 155.3250 | 12 | 127.3 |
| Med Charlie | 155.3550 | 155.3550 | 13 | 141.3 |
| Med Delta | 155.3850 | 155.3850 | 14 | 151.4 |
| Med Echo | 155.4000 | 155.4000 | 15 | 162.2 |
| CALCORD (CACORD) Tone 6 (156.7) | 156.0750 | 156.0750 | 16 | 192.8 |
| 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: 2019

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

| | | |
|----|---|-------------|
| 1. | Number of exclusive operating areas | <u>10</u> |
| 2. | Percentage of population covered by Exclusive Operating Areas (EOA) | <u>33</u> % |
| 3. | Total number responses | |
| | a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren) | |
| | b) Number non-emergency responses (Code 1: normal) | |
| 4. | Total number of transports | 123,653 |
| | a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren) | 107,517 |
| | b) Number of non-emergency transports (Code 1: normal) | 16,136 |
| | (includes IFT) | |

Early Defibrillation Providers – See attached tables

| | | |
|----|--|-----------|
| 5. | Number of public safety defibrillation providers | |
| | 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 | 468 |
| | b) Number of non-emergency responses | 187 |
| 8. | Total number of transports | |
| | a) Number of emergency (scene) responses | 438 |
| | b) Number of non-emergency responses | 1784 |

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

See policy 415 available at www.ssvems.com

| Enter the response times in the appropriate boxes | METRO/URBAN | SUBURBAN/RURAL | WILDERNESS | SYSTEMWIDE |
|---|--------------------|-----------------------|-------------------|-------------------|
| BLS and CPR capable first responder | 20 | 30 | 45+ | |
| Early defibrillation responder | N/A | N/A | N/A | |
| Advanced life support responder | | | | |
| Transport Ambulance | 10 | 20 | 30+ | |

We do not have "systemwide" response times. Neither do we have ALS responder times if they are not a transport agency.

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2019

NOTE: Table 6 is to be reported by agency. See Policy 505, 837, 860 & T-10 available on our website at www.ssvems.com

Trauma

Trauma patients:

- | | |
|--|----------------|
| a) Number of patients meeting trauma triage criteria | <u>1717</u> |
| b) Number of major trauma victims transported directly to a Trauma - Center by ambulance | <u>826</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>120</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> |

D

Reporting Year: 2019

1. Casualty Collections Points (CCP)

- ## 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.

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.

Reporting Year: 2019

1. Casualty Collections Points (CCP)

- ## OPERATIONS

-

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 agreements 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.

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 responses? 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.

Reporting Year: 2019

1. Casualty Collections Points (CCP)

- ## 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.

Reporting Year: 2019

1. Casualty Collections Points (CCP)

- ## 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? 10
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.

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.

Reporting Year: 2019

1. Casualty Collections Points (CCP)

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

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

- 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 ☒ 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?

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

- [illegible]

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.

Reporting Year: 2019

1. Casualty Collections Points (CCP)

- 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 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

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?

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 ___
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.

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 DirectoryReporting Year: 2019**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 **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

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2017**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**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:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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**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

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

Transporting Agencies

_____ 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: 2019

Response/Transportation/Providers

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

County: Glenn **Provider:** Westside Ambulance **Response Zone:** Glenn Zone2

Address: 604 Fourth St. **Number of Ambulance Vehicles in Fleet:** 2
Orland

Phone **Average Number of Ambulances on Duty**
Number: 530-865-5981 **At 12:00 p.m. (noon) on Any Given Day:** 1

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 |
|--|--|---|---|

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

Transporting Agencies

1383 Total number of responses
1383 Number of emergency responses
NA Number of non-emergency responses

1175 Total number of transports
1175 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 DirectoryReporting Year: 2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Nevada **Provider:** Truckee Fire - Donner Summit **Response Zone:** Nevada Zone 1**Address:** 53823 Sherrit Ln
Soda Springs, CA 95728**Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 530-426-9249**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 4Address: PO Box 2768
TruckeeNumber of Ambulance Vehicles in Fleet: 6Phone
Number: 530-414-6871Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 3

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

Transporting Agencies1424 Total number of responses
1424 Number of emergency responses
_____ Number of non-emergency responses933 Total number of transports
933 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 DirectoryReporting Year: 2019**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
Olympic Valley**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-583-6111**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

Transporting Agencies

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

N/A 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 DirectoryReporting Year: 2019**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:** 1160 Civic Center Blvd
Yuba City**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

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting 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 Columba Dr
Red Bluff CA**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

| | | | | |
|--|--|---|--|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 | |
|--|--|---|--|--|

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

Transporting Agencies
6794 Total number of responses
6794 Number of emergency responses
 _____ Number of non-emergency responses

5454 Total number of transports
5454 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 DirectoryReporting Year: 2019**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
Granite Bay**Number of Ambulance Vehicles in Fleet:** 3**Phone Number:** 916-791-7059**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

| | | | | | | |
|--|--|---|---|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | | | |
| | | | <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> ALS | <input checked="" type="checkbox"/> 9-1-1 | <input checked="" type="checkbox"/> Ground |
| | | | <input type="checkbox"/> Non-Transport | <input 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 | |

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

Transporting Agencies

1714 Total number of responses
1714 Number of emergency responses
0 Number of non-emergency responses

1360 Total number of transports
1360 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 DirectoryReporting Year: 2019**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
Grass Valley**Number of Ambulance Vehicles in Fleet:** 10**Phone Number:** 530-265-2351**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

Transporting Agencies
6843 Total number of responses
6843 Number of emergency responses
0 Number of non-emergency responses

7557 Total number of transports
5678 Number of emergency transports
1879 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: 2019

Response/Transportation/Providers

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

County: Glenn Provider: SideTrax Response Zone: Glenn Zone 3

Address: 604 Fourth St.
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-5981

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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input 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 |
|--|--|---|---|

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

Transporting Agencies

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

____ Total number of transports
 ____ 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 DirectoryReporting Year: 2019**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 Number of Ambulance Vehicles in Fleet: _____Shasta LakePhone Number: 530-336-5511 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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
Redding**Number of Ambulance Vehicles in Fleet:** _____**Phone**
Number: 530-225-2418**Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies
 _____ 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: 2019

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
Fall River Mills

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-336-5511

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

| | | | |
|--|--|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |
|--|--|---|--|

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

Transporting Agencies

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

228 Total number of transports
117 Number of emergency transports
111 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 DirectoryReporting Year: 2019**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 1**Address:** 235 Market St
Colusa**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:** _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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: 2019

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 3

Address: 401 Oak St
Roseville CA

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 916-774-5844

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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input 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 |
|--|--|---|---|

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

Transporting Agencies

3416 Total number of responses
3416 Number of emergency responses
0 Number of non-emergency responses

N/A 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 DirectoryReporting Year: 2019**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

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: _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water |
|--|--|---|---|

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

Transporting Agencies_____
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 DirectoryReporting Year: 2019**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 4**Address:** 750 Edison Way
Reno NV**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 775-858-5700**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

| | | | | |
|--|--|---|--|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|--|--|

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

Transporting Agencies

_____ 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

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

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

Table 8: Resource DirectoryReporting Year: 2019**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
Redding

Number of Ambulance Vehicles in Fleet: _____

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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies_____
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 DirectoryReporting Year: 2019**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 1**Address:** 555 Washington St
Red Bluff CA**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-527-1126**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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:** 5010 Flightline Dr
Santa Rosa**Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 530-221-0646**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input 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 |

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

Transporting Agencies

_____ 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

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

759 Total number of transports
170 Number of emergency transports
589 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

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 3

Address: Penn Valley **Number of Ambulance Vehicles in Fleet:** 3

Phone Number: 530-432-2630 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 |
|--|--|---|---|

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

Transporting Agencies

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

545 Total number of transports
545 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 DirectoryReporting Year: 2019**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**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:** _____

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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
Pleasant Grove Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-655-3937 Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies 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 DirectoryReporting Year: 2019**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 3Address: PO Box 308
Meadow Vista

Number of Ambulance Vehicles in Fleet: _____

Phone
Number: 530-878-0405Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: _____

| | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------------------|---|---|--|---|------------------------------|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <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 | | | | | | | | | | | | | | | | | |

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

Transporting Agencies____ 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 DirectoryReporting Year: 2019**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 1,2,3**Address:** 5900 Old Oregon Trail
Redding CA 96002**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 530-221-0646**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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

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

319 _____ Total number of transports
 70 _____ Number of emergency transports
 249 _____ Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2019**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 3**Address:** PO Box 219
Penryn**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:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 Cal Fire) **Response Zone:** Butte Zone1**Address:** 767 Burch St
Paradise**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:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 Zone1Address: 2055 Lincoln St
Oroville

Number of Ambulance Vehicles in Fleet: _____

Phone
Number: 530-538-2480Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: _____

| | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <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 | | | | | | | | | | | | | | | | | |

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

Transporting Agencies____ 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 DirectoryReporting Year: 2019**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 4**Address:** PO Box 210
Truckee**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-562-1212**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 4Address: PO Box 5879 Number of Ambulance Vehicles in Fleet: 6
Tahoe CityPhone Number: 530-583-6913 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies
963 Total number of responses
963 Number of emergency responses
 _____ Number of non-emergency responses

857 Total number of transports
695 Number of emergency transports
162 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 DirectoryReporting Year: 2017**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 1Address: 53823 Sherrit Ln.
Soda Springs, CA 95728Number of Ambulance Vehicles in Fleet: 2Phone
Number: 530-426-9239Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 1, 2 are staffed during high call volume

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies

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 DirectoryReporting Year: 2019**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 2**Address:** 317 Broad St
Nevada City**Number of Ambulance Vehicles in Fleet:** _____**Phone**
Number: 530-265-2351**Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies
 _____ 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 DirectoryReporting Year: 2019**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 5**Address:** 305 N. Mt Shasta Blvd
Mt Shasta **Number of Ambulance Vehicles in Fleet:** 0**Phone**
Number: 530-926-7546 **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: 0

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 Zone**Address:** PO Box **Number of Ambulance Vehicles in Fleet:** 10Mt Shasta**Phone Number:** 530-926-7546 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input 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 |

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

Transporting Agencies

3864 Total number of responses
3864 Number of emergency responses
 _____ Number of non-emergency responses

3650 Total number of transports
2717 Number of emergency transports
933 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 DirectoryReporting Year: 2019**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
MontagueNumber of Ambulance Vehicles in Fleet: 0Phone Number: 530-459-5343Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

| | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <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 | | | | | | | | | | | | | | | | | | |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 Rosalina Ave **Number of Ambulance Vehicles in Fleet:** 7
Redding**Phone** **Average Number of Ambulances on Duty**
Number: 530-245-4847 **At 12:00 p.m. (noon) on Any Given Day:** 4

| | | | | |
|--|--|---|--|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 | |
|--|--|---|--|--|

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

Transporting Agencies7790 Total number of responses
7790 Number of emergency responses
_____ Number of non-emergency responses7517 Total number of transports
6257 Number of emergency transports
1260 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: 2019

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

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-964-2017

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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 |
|--|--|---|---|

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

Transporting Agencies

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

131 Total number of transports
131 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 DirectoryReporting Year: 2019**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

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: _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |
|--|--|---|---|

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

Transporting Agencies____ 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 DirectoryReporting Year: 2019**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 Zone1**Address:** 107 Ninth St
Marysville CA**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-741-6622**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 Zone1**Address:** PO Box 8153
Marysville CA**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-749-2316**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 Zone1Address: 1286 Scales Ave
Marysville CANumber of Ambulance Vehicles in Fleet: 0Phone Number: 530-743-1553Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport </div> <div style="width: 50%;"> <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water </div> </div> |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 3**Address:** 472 E St
Lincoln**Number of Ambulance Vehicles in Fleet:** _____**Phone**
Number: 916-645-4040**Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 2**Address:** 10106 Combie Road
Auburn**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-274-4370**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 **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: _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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: 2019

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 3

Address: 26 4th Ave Number of Ambulance Vehicles in Fleet: 2
Happy Camp

Phone Number: 530-4932643 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|--|--|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 |
|--|--|---|--|

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

Transporting Agencies

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

62 Total number of transports
62 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 DirectoryReporting Year: 2019**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 Zone2**Address:** PO Box 1119
Oroville**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-538-7111**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 2**Address:** 125 E. Main St
Grass Valley **Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-274-4370 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tehama **Provider:** Gerber VFD **Response Zone:** Tehama Zone 1**Address:** 327 Benito Ave**Number of Ambulance Vehicles in Fleet:** 0Gerber**Phone Number:** 530-385-1549**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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
Brownsville CA **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-675-2343 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 1**Address:** PO Box 557
Foresthill**Number of Ambulance Vehicles in Fleet:** 3**Phone Number:** 530-389-2287**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input 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 type="checkbox"/> IFT |
| | | | | <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water |

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

Transporting Agencies
308 Total number of responses
308 Number of emergency responses
0 Number of non-emergency responses

217 Total number of transports
217 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 DirectoryReporting Year: 2019**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 1**Address:** PO Box 582
Fall River Mills **Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-336-6117 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 2Address: 450 Main st
EtnaNumber of Ambulance Vehicles in Fleet: 2Phone Number: 530-467-3331Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 1

| | | | | | | |
|--|--|---|---|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | | | |
| | | | <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> ALS | <input checked="" type="checkbox"/> 9-1-1 | <input checked="" type="checkbox"/> Ground |
| | | | <input type="checkbox"/> Non-Transport | <input 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 | |

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

Transporting Agencies
347 Total number of responses
347 Number of emergency responses
0 Number of non-emergency responses

315 Total number of transports
297 Number of emergency transports
18 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 DirectoryReporting Year: 2019**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**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

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

Transporting Agencies

_____ 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

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

657 _____ Total number of transports
68 _____ Number of emergency transports
589 _____ Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Glenn **Provider:** Enloe Ambulance **Response Zone:** Glenn Zone1**Address:** 333 Huss Dr Ste 100 **Number of Ambulance Vehicles in Fleet:** 2
Chico**Phone**
Number: 530-879-5512 **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: 1

| | | | | |
|--|--|---|--|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 | |
|--|--|---|--|--|

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

Transporting Agencies
1022 Total number of responses
1022 Number of emergency responses
NA Number of non-emergency responses

1143 Total number of transports
736 Number of emergency transports
407 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 DirectoryReporting Year: 2019**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 3**Address:** PO Box 83
Dutch Flat**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:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 4**Address:** PO Box 196
Dunsmuir**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-235-2551**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport </div> <div style="width: 50%;"> <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water </div> </div> |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Dorris Response Zone: Zone 4Address: PO Box 786
Dorris

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: _____

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies____ 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 DirectoryReporting Year: 2019**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 Zone1**Address:** PO Box 164
Oregon House CA **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-675-2343 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 3**Address:** PO Box 618
Cottonwood **Number of Ambulance Vehicles in Fleet:** _____**Phone**
Number: 530-347-4737 **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 1**Address:** 750 Market st
Colusa**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-458-7721**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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: 2019

Response/Transportation/Providers

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

County: Colusa **Provider:** Enloe **Response Zone:** Colusa Zone1

Address: 333 Huss Dr Ste 100
Chico

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-879-5512

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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input 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 |
|--|--|---|---|

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

Transporting Agencies

1541 Total number of responses
1541 Number of emergency responses
NA Number of non-emergency responses

1142 Total number of transports
931 Number of emergency transports
211 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 DirectoryReporting Year: 2019**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Nevada, **Provider:** CAREFLIGHT **Response Zone:** Nevada Zones 2,3**Address:** 13750 Lincoln Wy
Auburn CA 95603**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 530-887-0569**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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

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

77 _____ Total number of transports
68 _____ Number of emergency transports
9 _____ Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2019**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 1**Address:** 50 4th Ave
Orland **Number of Ambulance Vehicles in Fleet:** 0**Phone**
Number: 530-865-2070 **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: 0

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 1,2**Address:** 13750 Lincoln Wy
Auburn CA 95603**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 530-887-0569**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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

249 _____ Total number of responses
62 _____ Number of emergency responses
187 _____ Number of non-emergency responses

249 _____ Total number of transports
67 _____ Number of emergency transports
187 _____ Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2019**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
St HelenaNumber of Ambulance Vehicles in Fleet: 0Phone
Number: 707-994-2441Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

| | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <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 | | | | | | | | | | | | | | | | | | |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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 1-6**Address:** PO Box 128
Yreka**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-842-3516**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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
ReddingNumber of Ambulance Vehicles in Fleet: 0Phone
Number: 530-224-2460Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: _____

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies____ 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 DirectoryReporting Year: 2019**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 1**Address:** 104 N Railroad
Dorris**Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 530-397-2105**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies

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

111 Total number of transports
111 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 DirectoryReporting Year: 2019**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 Ste 100
Chico**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

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies
30068 Total number of responses
28352 Number of emergency responses
1716 Number of non-emergency responses

23274 Total number of transports
21558 Number of emergency transports
1716 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 DirectoryReporting Year: 2019**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 2Address: 37072 Hwy 299 E Number of Ambulance Vehicles in Fleet: 2
BurneyPhone Number: 530-335-2212 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Transporting Agencies661 Total number of responses
661 Number of emergency responses
NA Number of non-emergency responses496 Total number of transports
496 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 DirectoryReporting Year: 2019**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 1**Address:** PO Box 127
Stonyford**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-963-3231**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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: 2019

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
Beale AFB CA

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-634-8672

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

| | | | |
|---|---|--|--|
| Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Level of Service: <input checked="" type="checkbox"/> Transport <input 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 type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water |
|---|---|--|--|

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

Transporting Agencies

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

105 Total number of transports
105 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 DirectoryReporting Year: 2019**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**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

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies

24490 Total number of responses
21483 Number of emergency responses
3007 Number of non-emergency responses

20799 Total number of transports
17792 Number of emergency transports
3007 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 DirectoryReporting Year: 2019**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 **Number of Ambulance Vehicles in Fleet:** _____Auburn**Phone** **Average Number of Ambulances on Duty**
Number: 530-823-4211 **At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|--|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 | |
|--|--|---|---|--|

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

Transporting Agencies_____
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 DirectoryReporting Year: 2019**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 1**Address:** PO Box 727
Arbuckle **Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-476-2231 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies____ 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 DirectoryReporting Year: 2019**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 3**Address:** 1925 Howard St
Anderson**Number of Ambulance Vehicles in Fleet:** _____**Phone Number:** 530-379-6699**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> 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 |

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

Transporting Agencies

_____ 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 DirectoryReporting Year: 2019**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:** 4989 Mountain Lake Blvd
Redding **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

| | | | | |
|--|--|---|--|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 | |
|--|--|---|--|--|

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

Transporting Agencies
18277 Total number of responses
17670 Number of emergency responses
607 Number of non-emergency responses

14228 Total number of transports
13621 Number of emergency transports
607 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 DirectoryReporting Year: 2019**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
Rocklin**Number of Ambulance Vehicles in Fleet:** 26**Phone Number:** 916563-0704**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

| | | | | |
|--|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> | |
| | | | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 |

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

Transporting Agencies
36089 Total number of responses
34229 Number of emergency responses
1860 Number of non-emergency responses

27399 Total number of transports
25539 Number of emergency transports
1860 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 DirectoryReporting Year: 2019**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 2**Address:** PO Box 354 **Number of Ambulance Vehicles in Fleet:** _____
Grass Valley**Phone** **Average Number of Ambulances on Duty**
Number: 530-265-4431 **At 12:00 p.m. (noon) on Any Given Day:** _____

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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 |
|--|--|---|---|

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

Transporting Agencies____ 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: 2019

**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: 2019

**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: 20189

**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: 2019

**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): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive |
| Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> |
| Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <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> |

Date: 2019

**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): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Exclusive |
| Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (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 |
| Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. 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: 2019

**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 1 – Donner Summit

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Donner Summit Public Utility district

Area or subarea (Zone) Geographic Description:

Donner Summit

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,

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 1979 documented by patient care reports and statements of EMT-Is employed at the time.

Date: 2019

**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: 2019

**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 Protection District

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: 2019

**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 Protection District

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: 2019

**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 Protection 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: 2019

**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.

Uninterrupted ambulance service since 1976

Date: 2019

**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.).

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: 2019

**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 Dana 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

West: 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.

Revised 10/18

Date: 2019

**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: 2019

**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.

Revised 10/12

Date: 2019

**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: 2019

**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 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: 2019

**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: 2019

**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: 2019

**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 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: 2019

**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: 2019

**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: 2019

**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: 2019

**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: 2019

**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: 2019

**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.

Beale Air Force Base

Area or subarea (Zone) Geographic Description:

Beale Air Force Base

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.

N/A

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, 9-1-1, ALS

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

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

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: 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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No |
|--|--|---|---|

| | | | |
|---|---|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
|---|---|---|--|

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|--|--|
| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input type="checkbox"/> Yesx <input checked="" type="checkbox"/> No |
|--|--|

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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No |
|--|--|---|---|

| | | | |
|---|---|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
|---|---|---|--|

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| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---|---|

| | | | |
|---|---|---|---|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>If Trauma Center what level:</u> <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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| <u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---|---|

| | | | |
|---|---|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
|---|---|---|--|

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| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** (530) 529-8000
Address: 2550 Sister Mary Columba Red bluff CA 96080

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---|---|

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|---|---|---|
| Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>If Trauma Center what level:</u> <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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| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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|--|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ <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 | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
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|--|---|
| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** (530) 244-5353
Address: 1100 Butte St Redding CA 96001

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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|---|---|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
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| <u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** (530) 532-8342
Address: 2767 Olive Hwy Oroville CA 95966

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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|---|---|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
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| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

| | | | | | |
|--|--|--|--|---|---|
| <u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency | | <u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
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| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** (530) 225-6000
Address: 2175 Rosaline Ave Redding CA 96001

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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|---|---|---|---|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>If Trauma Center what level:</u> <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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| <u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** (530) 926-6111
Address: 914 Pine St Mt Shasta CA

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| | | | |
|---|---|---|---|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <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 | <u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>If Trauma Center what level:</u> <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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|--|---|
| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** (530) 336-5511
Address: 43563 Hwy 299 E
Fall River Mills CA

| | | | |
|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency </div> </div> | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| | | | |
|---|--|---|---|
| Pediatric Critical Care Center¹ EDAP² PICU³ | <div style="display: flex; justify-content: space-between;"> <div> <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 </div> </div> | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div> |
|---|--|---|---|

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| <u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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 **Telephone Number:** 916-784-5390
Address: 1600 Eureka Road Roseville CA

| | | | |
|--|---|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency </div> </div> | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---|---|

| | | |
|---|---|---|
| <div style="display: flex; justify-content: space-between;"> <div> Pediatric Critical Care Center¹ EDAP² PICU³ </div> <div> <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 </div> </div> | <u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div> |
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| <u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

DESTROYED BY FIRE

| | | | |
|--|---|---|--|
| <u>Written Contract:</u> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency Comprehensive Emergency | <u>Base Hospital:</u> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes No |
|--|---|---|--|

| | | | |
|---|--|--|--|
| Pediatric Critical Care Center ¹ EDAP ² PICU ³ | <input type="checkbox"/> Yes No <input type="checkbox"/> Yes No <input type="checkbox"/> Yes No | <u>Trauma Center:</u> <input type="checkbox"/> Yes No | <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV |
|---|--|--|--|

| | |
|---|---|
| <u>STEMI Center:</u> <input type="checkbox"/> Yes No | <u>Stroke Center:</u> Yes <input type="checkbox"/> No |
|---|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

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 4th St Marysville CA

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
|--|--|--|--|---|--|---|--|

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ | | <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 | | <u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <u>If Trauma Center what level:</u> <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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|--|--|---|--|
| <u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|---|--|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ 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

| | | | |
|---|---|--|--|
| <p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p> | <p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|---|---|--|--|

| | | |
|---|--|--|
| <p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV</p> |
|---|--|--|

| | |
|---|--|
| <p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|---|--|

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ 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

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency | <u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---|---|

| | | |
|---|---|--|
| Pediatric Critical Care Center¹ EDAP² PICU³ <div style="display: flex; justify-content: space-between;"> <div> <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 </div> </div> | <u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div> |
|---|---|--|

| | |
|--|---|
| <u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte

Reporting Year: 2019

| | | | |
|--|--|---------------------------------------|--|
| Training Institution: <u>Butte-Glenn Community College</u> | | Telephone Number: <u>530-893-7532</u> | |
| Address: <u>3536 Butte Campus Drive</u> | | | |
| <u>Oroville, Ca. 95965</u> | | | |
| Student Eligibility*: <u>General Public</u> | **Program Level <u>EMR</u> | | |
| Cost of Program: | Number of students completing training per year: | | |
| Basic: <u>\$184</u> | Initial training: | <u>200</u> | |
| Refresher: <u> </u> | Refresher: | <u>0</u> | |
| | Continuing Education: | <u>0</u> | |
| | Expiration Date: | <u>12/31/18</u> | |
| | Number of courses: | | |
| | Initial training: | <u>9</u> | |
| | Refresher: | <u>0</u> | |
| | Continuing Education: | <u>0</u> | |

| | | | |
|--|--|---------------------------------------|--|
| Training Institution: <u>Butte-Glenn Community College</u> | | Telephone Number: <u>530-893-7532</u> | |
| Address: <u>3536 Butte Campus Drive</u> | | | |
| <u>Oroville, Ca. 95965</u> | | | |
| Student Eligibility*: <u>General Public</u> | **Program Level <u>EMT</u> | | |
| Cost of Program: | Number of students completing training per year: | | |
| Basic: <u>\$322</u> | Initial training: | <u>118</u> | |
| Refresher: <u>\$46</u> | Refresher: | <u>0</u> | |
| | Continuing Education: | <u>0</u> | |
| | Expiration Date: | <u>12/31/20</u> | |
| | Number of courses: | | |
| | Initial training: | <u>5</u> | |
| | Refresher: | <u>1</u> | |
| | Continuing Education: | <u>0</u> | |

Butte-Glenn Community College
3536 Butte Campus 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: Placer

Reporting Year: 2019

| | | | | |
|-----------------------|--|-------------------|--|---------------------|
| 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: | <u> </u> |
| | Refresher: | <u>\$40-\$190</u> | Initial training: | <u> </u> |
| | | | Refresher: | <u> </u> |
| | | | Continuing Education: | <u>3200</u> |
| | | | Expiration Date: | <u> </u> |
| | | | Number of courses: | <u> </u> |
| | | | Initial training: | <u> </u> |
| | | | Refresher: | <u> </u> |
| | | | 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: | Number of students completing training per year: | |
| Basic: _____ | Initial training: _____ | |
| Refresher: _____ | 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: 2019

| | | |
|--|-------------------------|--|
| 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> | Cost of Program: | **Program Level <u>Paramedic</u> |
| | Basic: <u>\$9750.00</u> | Number of students completing training per year: |
| | Refresher: _____ | Initial training: <u>90</u> |
| | | Refresher: _____ |
| | | Continuing Education: _____ |
| | | Expiration Date: _____ |
| | | Number of courses: _____ |
| | | Initial training: <u>3</u> |
| | | 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: <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> | Cost of Program: | **Program Level <u>EMT</u> |
| | Basic: <u>\$1875.00</u> | Number of students completing training per year: |
| | Refresher: _____ | Initial training: <u>45</u> |
| | | 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: 2019

Initial training:

5

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: Siskiyou

Reporting Year: 2019

| | | | |
|---|------------------------|--|--------------|
| 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>2021</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: Siskiyou

Reporting Year: 2018

| | | | | |
|-----------------------|---|----------------------|--|------------------|
| Training Institution: | <u>National College of Technical Instruction – College of the Siskiyous</u> | | Telephone Number: | _____ |
| Address: | <u>800 College Ave.</u> | | | |
| | <u>Weed, CA 96094</u> | | | |
| Student Eligibility*: | <u>Open</u> | Cost of Program: | **Program Level | <u>Paramedic</u> |
| | | Basic: <u>\$1656</u> | Number of students completing training per year: | |
| | | Refresher: _____ | Initial training: | <u>28</u> |
| | | | Refresher: | _____ |
| | | | Continuing Education: | _____ |
| | | | Expiration Date: | _____ |
| | | | Number of courses: | |
| | | | Initial training: | <u>1</u> |
| | | | 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*: _____ | **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 11: DISPATCH AGENCY

County: YubaReporting Year: 2019**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 5th 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 | | |
| | | | <u>n/a</u> EMD Training | <u>n/a</u> EMT- <u>n/a</u> ALS |
| | | | <u>n/a</u> BLS | <u>n/a</u> LALS <u>15</u> Other: <u>Dispatching Services</u> |
| Ownership: | | If Public: | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| | | <input checked="" type="checkbox"/> 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 | | |
| | | | _____ EMD Training | _____ EMT-D _____ ALS |
| | | | _____ BLS | _____ LALS _____ Other |
| Ownership: | | If Public: | | |
| <input type="checkbox"/> Public <input type="checkbox"/> Private | | <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: SiskiyouReporting Year: 2019

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

| | | | | |
|---|---|---|--|------------------------------|
| Name: | <u>Yreka Interagency Command Center</u> | | Primary Contact: | <u>Jason Stone</u> |
| Address: | <u>P.O. Box 128</u> | | | |
| | <u>Yreka, CA 96097-0218</u> | | | |
| Telephone Number: | <u>(530) 842-7066</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Disaster | | |
| | | | <u>14</u> EMD Training | <u>0</u> EMT-D <u>0</u> ALS |
| | | | <u>0</u> BLS | <u>0</u> LALS <u>0</u> Other |
| Ownership: | | If Public: | If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | |
| | | <input type="checkbox"/> Law | | |
| | | <input checked="" type="checkbox"/> Other | | |
| | | Explain: <u>EMS</u> | | |

| | | | | |
|--|--|-------------------------------------|---|--|
| 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: <u> </u> | | |

TABLE 11: DISPATCH AGENCY

County: Sutter

Reporting Year: 2019

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: | 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"/> Day-to-Day <input type="checkbox"/> Disaster | |
| | | <u>13</u> EMD Training <u>n/a</u> EMT-D <u>13</u> ALS <u>13</u> BLS <u>13</u> LALS <u>n/a</u> Other | |
| Ownership: | If Public: | If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | | |

| | | | |
|--|---|---|-------|
| Name: | _____ | Primary Contact: | _____ |
| Address: | _____ | | |
| | _____ | | |
| Telephone Number: | _____ | | |
| Written Contract: | Medical Director: | Number of Personnel Providing Services: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster | |
| | | _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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: _____ | | |

TABLE 11: DISPATCH AGENCY

County: Shasta CountyReporting Year: 2019**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 | | |
| | | | <u>n/a</u> EMD Training | <u>n/a</u> EMT-D |
| | | | <u>n/a</u> BLS | <u>n/a</u> LALS |
| | | | | <u>n/a</u> ALS |
| | | | | <u>n/a</u> Other |
| Ownership: | | If Public: | 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"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | |
| | | <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 | | |
| | | | <u> </u> EMD Training | <u> </u> EMT-D |
| | | | <u> </u> BLS | <u> </u> LALS |
| | | | | <u> </u> ALS |
| | | | | <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: | | |

TABLE 11: DISPATCH AGENCY

County: Placer

Reporting Year: 2019

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: | 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"/> Day-to-Day <input type="checkbox"/> Disaster | |
| | | <u>24</u> EMD Training <u>n/a</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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input checked="" type="checkbox"/> Fire | <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| | <input checked="" type="checkbox"/> Law | | |
| | <input type="checkbox"/> Other | | |
| | Explain: _____ | | |

| | | | |
|--|--|--|-------|
| Name: | _____ | Primary Contact: | _____ |
| Address: | _____ | | |
| | _____ | | |
| Telephone Number: | _____ | | |
| Written Contract: | Medical Director: | Number of Personnel Providing Services: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster | |
| | | _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other | |
| Ownership: | If Public: | If Public: | |
| <input type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> Fire | <input type="checkbox"/> 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: PlacerReporting Year: 2019

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 | | |
| | | | <u>17</u> EMD Training <u>n/a</u> EMT-D <u>17</u> ALS | |
| | | | <u>n/a</u> BLS <u>n/a</u> LALS <u>n/a</u> Other | |
| Ownership: | | If Public: | 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"/> Public <input type="checkbox"/> Private | | <input 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 | | |
| | | | <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: _____ | | |

TABLE 11: DISPATCH AGENCY

County: PlacerReporting Year: 2019**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 | | |
| | | | <u>20</u> EMD Training <u>n/a</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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input 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 | | |
| | | | <input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS | |
| | | | <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other | |
| Ownership: | | If Public: | If Public: <input 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: _____ | | |

TABLE 11: DISPATCH AGENCY

County: ButteReporting Year: 2019**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: | | If Public: | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <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: | | If Public: | | |
| <input type="checkbox"/> Public <input type="checkbox"/> Private | | <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: SiskiyouReporting Year: 2019

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: 0 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Disaster | |
| | | | <u>0</u> EMD Training <u>0</u> EMT-D <u>0</u> ALS |
| | | | <u>0</u> BLS <u>0</u> LALS <u>0</u> Other |
| Ownership: | | If Public: | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <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 | |
| | | | _____ EMD Training _____ EMT-D _____ ALS |
| | | | _____ BLS _____ LALS _____ Other |
| Ownership: | | If Public: | |
| <input type="checkbox"/> Public <input type="checkbox"/> Private | | <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: NevadaReporting Year: 2019**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: 18 |
| <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 <u>n/a</u> Other |
| Ownership: | If Public: | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input 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: _____ | | |

| | | | |
|--|--|---|--|
| 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 | |
| | | | _____ EMD Training _____ EMT-D _____ ALS |
| | | | _____ BLS _____ LALS _____ Other |
| Ownership: | If Public: | | |
| <input type="checkbox"/> Public <input type="checkbox"/> Private | <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: ColusaReporting Year: 2019**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: <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 | |
| | | | <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 <u>n/a</u> Other |
| Ownership: | If Public: | | If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> Fire | | |
| | <input checked="" type="checkbox"/> Law | | |
| | <input checked="" type="checkbox"/> Other | | |
| | <u>Consolidated PSAP</u> | | |

| | | | |
|--|--|-------------------------------------|---|
| 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: <u> </u> | | |

TABLE 11: DISPATCH AGENCY

County: ButteReporting Year: 2019

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

| | | | | |
|---|---|---|--|-------------------------|
| Name: | <u>CHP Chico Communications Center</u> | | Primary Contact: | <u>Ryan Stonebraker</u> |
| Address: | <u>995 Fir Street</u> | | | |
| | <u>Chico, CA 95928-6301</u> | | | |
| Telephone Number: | <u>(530) 879-1900</u> | | | |
| Written Contract: | Medical Director: | <input type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: 18 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Disaster | | |
| | | | <u>0</u> EMD Training | <u>0</u> EMT-D |
| | | | <u>0</u> BLS | <u>0</u> LALS |
| | | | | <u>0</u> ALS |
| Ownership: | | If Public: | If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | | |
| | | <input 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 | | |
| | | | _____ EMD Training | _____ EMT-D |
| | | | _____ BLS | _____ LALS |
| | | | | _____ ALS |
| 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: _____ | | |

TABLE 11: DISPATCH AGENCY

County: ButteReporting Year: 2019

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

| | | | |
|---|---|-------------------------------------|---|
| Name: | <u>Chico Police & 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 & 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 | 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 | <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 | 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: <u> </u> | | |

TABLE 11: DISPATCH AGENCY

County: Placer County Reporting Year: 2019

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> 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 | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 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: _____ | | | | |

TABLE 11: DISPATCH AGENCY

County: Yuba/SutterReporting 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>75</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 | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 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: _____ | | | |