EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400 RANCHO CORDOVA, CA 95670 (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
- 2007
- 1999
- 2009-2012
- 2002
- 2014
- 2005
- 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".

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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:

	oved	Not Approved	System Organization and Management
В.	\boxtimes		Staffing/Training
C.	\boxtimes		Communications
D.	\boxtimes		Response/Transportation
			Ambulance Zones
			Based on the documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.
E.	\boxtimes		Facilities/Critical Care
F.	\boxtimes		Data Collection/System Evaluation
G.	\boxtimes		Public Information and Education
Н.	\boxtimes		Disaster Medical Response

IV. Conclusion:

Based on the information identified, Sierra-Sacramento Valley EMS Agency's 2019 EMS Plan is approved.

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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 McGinn's, EMT-P

Chief, EMS Systems Division

Enclosure

ZONE		E	EXCLUSIVITY	1	YPE					LEV	EL	77	
·	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT ALS	Standby Service with Transport Authorization
Butte County													
Butte County		Х	Competitive Process	Х			4.	Х	х	Х		Х	
Colusa County													
Zone 1 - Colusa County	Х		7										
Glenn County													
Zone 1		Х	Non-Competitive	Х				Χ	*				
Zone 2	Х												
Nevada County											7)		
Zone 1 - Donner Summit		X	Non-Competitive	X				X					
Zone 2 - Nevada City/Grass Valley		X	Non-Competitive	X				X		Х			
Zone 3 - Penn Valley	- V		Non-Competitive	 ^	-					^			
Zone 4 - Truckee	X												
Placer County Zone 1 - Foresthill		X	Non-Competitive	X	Т			Х		Х			
Zone 2 - Granite Bay	\vdash	X	Non-Competitive	X	-			X		X			
Zone 3 - Hwy 80 Corridor		X	Non-Competitive	T X				X		X			
Zone 4 - North Tahoe		X	Non-Competitive	X				X		X			
Shasta County		- / /		1 .,		-							
Zone 1 - Falls River Mills	X	Ι		Π									
Zone 2 - Burney	Х												
Zone 3 - Western Shasta	X			-									
Siskiyou County													

2019 SSV EMS Plan Transportation Component Approved

Zone 1 - Butte Valley	X							
Zone 2 - Etna	X		1					
Zone 3 - Happy Camp	X							
Zone 4 - McCloud	X							
Zone 5 - Mount Shasta		Х	Non-Competitive	X	X			
Zone 6 - Yreka	X							
Sutter County								
Sutter County		Х	Non-Competitive	X	X	X	2	
Tehama County					K.			
Tehama County	Х							-
Yuba County								
Yuba County		Х	Non-Competitive	X	X	X		
Beale AFB	Х							

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 duel 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 STAND/ DS/RECOMMENDED GUIDELINE

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agen	cy Administration:					
1.01	LEMSA Structure		X			
1.02	LEMSA Mission	\$3	Х			
1.03	Public Input		Х			
1.04	Medical Director		Х	Х		
Plann	ning Activities:					
1.05	System Plan	=	Х			
1.06	Annual Plan Update		X	<i>*</i>		3 - +
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations	8	X	Х		**
1.11	System Participants		X	X		
Regu	latory Activities:					
1.12	Review & Monitoring	,	X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			* *
1.15	Compliance w/Policies	5	X	×	-	
Syste	m Finances:					
1.16	Funding Mechanism	i.e.	X			1
Medic	cal Direction:					
1.17	Medical Direction*		X			
1.18	QA/QI		Х	X	12	
1.19	Policies, Procedures, Protocols		X		10 to	

TABLE 1: MINIMUM STANDA)S/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					
1.21	Determination of Death	9	X	1						
1.22	Reporting of Abuse		X							
1.23	Interfacility Transfer	1971	X							
Enhai	nced Level: Advanced	Life Support								
1.24	ALS Systems		X	X						
1.25	On-Line Medical Direction	-	X	X						
Enhai	nced Level: Trauma Ca	re System:								
1.26	Trauma System Plan	-	X			71				
Enhai	nced Level: Pediatric E	mergency Medic	cal and Critica	l Care System:						
1.27	Pediatric System Plan		X		1					
Enhai	Enhanced Level: Exclusive Operating Areas:									
1.28	EOA Plan		X							

TABLE 1: MINIMUM STANDAR 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	4	X			
2.02	Approval of Training		X			
2.03	Personnel		X			-
Dispa	itchers:					
2.04	Dispatch Training		X			1010
First	Responders (non-tra	ansporting):				
2.05	First Responder Training	-	X	X		
2.06	Response		X		*	To (2)
2.07	Medical Control		X	4		
Trans	sporting Personnel:					
2.08	EMT-I Training	* *	X	X		
Hosp	ital:				0	
2.09	CPR Training		Х			-
2.10	Advanced Life Support		X	X		a
Enha	nced Level: Advanc	ed Life Support:				
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		×			

TABLE 1: MINIMUM STANDAR //RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Comr	munications Equipm	ent:				
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X		10.	191
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public	c Access:					
3.07	9-1-1 Planning/ Coordination		X			81
3.08	9-1-1 Public Education	77	X			
Reso	urce Management:					
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDAR RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:					
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses	=	Х			
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		Х			
Enha	nced Level: Advanced	d Life Support:				
4.16	ALS Staffing		X	9		
4.17	ALS Equipment		X			, ,
Enha	nced Level: Ambulan	ce Regulation:				
4.18	Compliance		X			
Enha	nced Level: Exclusive	Operating Perm	nits:			
4.19	Transportation Plan		Х			
4.20	"Grandfathering"	18	X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDAR /RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Univ	ersal Level:					
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	* *		
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*	4	X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enha	nced Level: Advan	ced Life Support				
5.07	Base Hospital Designation*		Х			
Enha	nced Level: Trauma	a Care System:				
5.08	Trauma System Design		Х		-	
5.09	Public Input		X			
Enha	nced Level: Pediati	ric Emergency M	edical and Cri	tical Care System		
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X		ν.	
5.12	Public Input		Х	Б		
Enha	nced Level: Other	Specialty Care S	ystems:			
5.13	Specialty System Design		X		9:	
5.14	Public Input		Х	<u> </u>		

TABLE 1: MINIMUM STANDARI RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

	- 10 - 10	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	ersal Level:					
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X		*	
6.03	Prehospital Care Audits		X			*
6.04	Medical Dispatch		X			50
6.05	Data Management System*		X	h:		
6.06	System Design Evaluation	-	X		*	
6.07	Provider Participation		X			
6.08	Reporting		X			
Enha	nced Level: Advanced	Life Support	tt i			
6.09	ALS Audit		Х			
Enhai	nced Level: Trauma C	are System:				
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data	+	X		=	

TABLE 1: MINIMUM STANDAR /RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan				
Unive	Universal Level:									
7.01	Public Information Materials		X	X		,				
7.02	Injury Control		Χ ,							
7.03	Disaster Preparedness		Х		*	14				
7.04	First Aid & CPR Training	8	X			*				

TABLE 1: MINIMUM STANDAR //RECOMMENDED GUIDELINES /

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Unive	ersal Level:					
8.01	Disaster Medical Planning*	1	X	12		
8.02	Response Plans		X	Э.		
8.03	HazMat Training		X			
8.04	Incident Command System		×			
8.05	Distribution of Casualties*		X		5	
8.06	Needs Assessment		X			
8.07	Disaster Communications*		×			
8.08	Inventory of Resources		Х			
8.09	DMAT Teams		Х			
8.10	Mutual Aid Agreements*		X		(4)	
8.11	CCP Designation*		Х			
8.12	Establishment of CCPs	,	X			
8.13	Disaster Medical Training		X	4		
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X		*	
8.16	Prehospital Agency Plans	(W) (E)	X			
Enha	nced Level: Advanced	I Life Support:				
8.17	ALS Policies		X			
Enha	nced Level: Specialty	Care Systems:				
8.18	Specialty Center Roles		X		,	
Enha	nced Level: Exclusive	Operating Areas/A	Ambulance Re	gulations:		
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, Teham Siskiyou, Colusa, Glenn	a, Shasta	а,
А. В. С.	Basic Life Support Limited Advanced Advanced Life Sup	Life Support (LALS)	0 0 100	_% % %
2.	b) County He c) Other (nor d) Joint Pow	alth Department ealth Services Agency n-health) County Department vers Agency en-Profit Entity	*	
3.	a) Public Hea	sponsible for day-to-day activities of the EMS agency reports to alth Officer rvices Agency Director/Administrator Directors		
4.	Implementation Designation of Designation of Designation of Development of Enforcement of	n-required functions which are performed by the agency: n of exclusive operating areas (ambulance franchising) trauma centers/trauma care system planning proval of pediatric facilities other critical care centers of transfer agreements f local ambulance ordinance f ambulance service contracts mbulance service	X X X X X X n/a	

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

5. <u>EXPENSES</u>

Salaries and benefits (All but contract personnel) Contract Services (e.g. medical director)	\$1,121,923 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

6. SOURCES OF REVENUE

Special project g	rant(s) [from EMSA]		
Preventive I	Health and Health Services (PHHS) Block Grant	\$	0
Office of Tra	affic Safety (OTS)		0
State general fur	nd		581,907
County general f	und		0
Other local tax fu	unds (e.g., EMS district)		0
County contracts	s (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 Par	tnership ACT (JTPA) funds/other payments		0
Base hospital ap	plication fees		0
Trauma center d	esignation fees		211,369
Pediatric facility	approval fees		0
Pediatric facility	designation fees		0
Other critical care	e center application fees		
Type: STEMI			40,000
Other critical care	e center designation fees		0
Туре:			
Ambulance servi	ce/vehicle fees		0
Contributions			0
EMS Fund (SB 1	2/612)		0
Other grants:	RDMHS, HPP		555,886
Other fees:	Air Dispatch		0
Other (specify):	Misc/Interest/ALS Application		61,834
TOTAL REVENUE \$ 2,			

7. <u>Fee structure</u>			
We do not charge any fees			
X our fee structure is: First responder certification		\$	28.00
EMS dispatcher certification			N/A
EMT-I certification			28.00
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		1-20-1	500.00
Ambulance vehicle permits		Initial Renewal	500.00 500.00
		rvenewai	300.00
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			4	12.1	* (
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

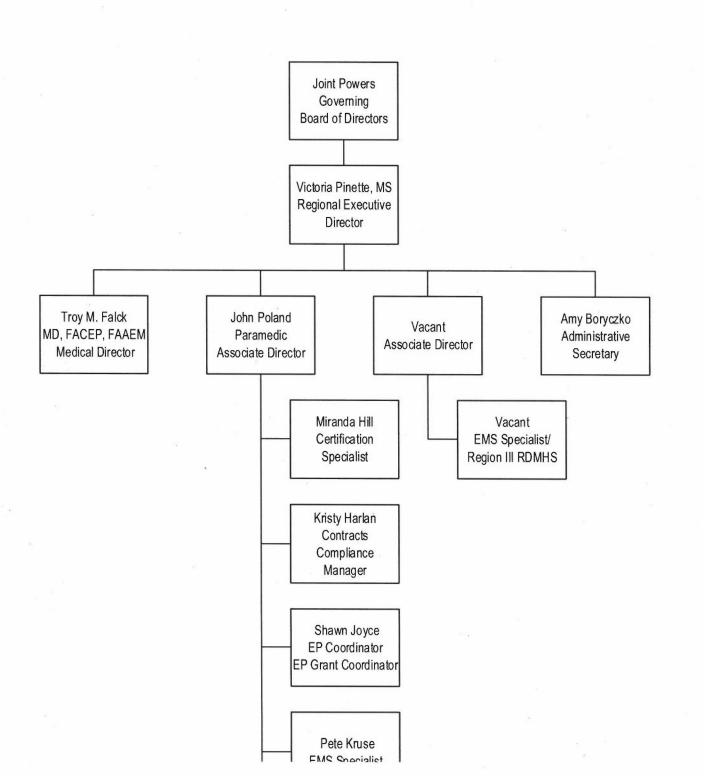


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

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

ΕN	AS System: Sierra-Sacramento Valley EMS	
Со	ounty: Butte	
Re	eporting Year: 2019	
No	te: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	<u> </u>
2.	Number of secondary PSAPs	<u> </u>
3.	Number of dispatch centers directly dispatching ambulances	<u> </u>
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Butte County SO & Fire	
7.	Who is your primary dispatch agency for a disaster? Butte County SO & Fire	
3.	Do you have an operational area disaster communication system? a. Radio primary frequency <u>see attached list</u>	X Yes □ No
	b. Other methods Web EOC, EMSystems, med net, warn system, CAHAN	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?	X Yes □ No
	2) Between operation area and the region and/or state?	X Yes □ No
		-

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

EM	S System: Sierra-Sacramento Valley EMS	98
Cou	unty: Colusa	
Rep	porting Year: 2019	
Not	te: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	1
2.	Number of secondary PSAPs	<u>0</u>
3.	Number of dispatch centers directly dispatching ambulances	<u> </u>
4.	Number of EMS dispatch agencies utilizing EMD guidelines	<u> </u>
5.	Number of designated dispatch centers for EMS Aircraft	<u> </u>
6.	Who is your primary dispatch agency for day-to-day emergencies? Colusa County SO	
7.	Who is your primary dispatch agency for a disaster? Colusa County SO	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency Colusa County SO	X Yes □ No
	b. Other methods <u>EMSystems, med net, warn system CHAN</u>	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

EMS System: Sierra-Sacramento Valley EMS	
County: Nevada	
Reporting Year: 2019	
Note: Table 4 is to be answered for each county.	
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	2
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>1</u>
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies? Nevada County SO & GVECC	
7. Who is your primary dispatch agency for a disaster? Nevada County SO	
 Do you have an operational area disaster communication system? Radio primary frequency Nevada County SO 	X Yes □ No
b. Other methodsEMSystems, med net, warn system, CAHAN	
c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Service (RACES) as a back-up communication system?	s X Yes □ No
1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No. X Yes □ No.

ΕN	IS System: Sierra-Sacramento Valley EMS	
Со	unty: Placer	
Re	porting Year: 2019	
No	te: 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	2
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	<u> </u>
3.	Who is your primary dispatch agency for day-to-day emergencies? See attached table PCSO, GVECC	
7.	Who is your primary dispatch agency for a disaster? PCSO	
3.	Do you have an operational area disaster communication system? a. Radio primary frequency Placer County Fire/Law	X Yes □ No
	b. Other methodsWeb EOC, EMSystems, med net, warn system, CAHAN	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

ΕN	AS System: Sierra-Sacramento Valley EMS	
Со	ounty: Shasta	
Re	porting Year: 2019	
No	te: 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	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Shascom 530-245-6500 Redding CA	
7.	Who is your primary dispatch agency for a disaster? Shascom 530-245-6500 Redding CA	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency	X Yes □ No
	b. Other methods <u>EMSystems, med net, warn system CHAN</u>	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
*	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

ΕIV	IS System: Sierra-Sacramento Valley EMS	
Со	unty: Siskiyou	
Re	porting Year: 2019	
No	te: 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> </u>
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	<u> </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? Siskiyou County Sheriff 530-842-8300 Yreka CA	
7.	Who is your primary dispatch agency for a disaster? Siskiyou County Sheriff	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency	X Yes □ No
	b. Other methods <u>Web EOC, EMSystems, med net, warn system, CAHAN</u>	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

Ľ۱۷	15 System: Sierra-Sacramento Valley EMS	
Со	unty: Sutter	
Re	porting Year: 2019	
No	te: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	1
2.	Number of secondary PSAPs	<u> </u>
3.	Number of dispatch centers directly dispatching ambulances	<u> </u>
4.	Number of EMS dispatch agencies utilizing EMD guidelines	<u>O</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? Sutter County SO & City of Yuba	
7.	Who is your primary dispatch agency for a disaster? Sutter County So	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency Sutter County Fire & Law	X Yes □ No
	b. Other methods <u>Med net & CAHAN</u>	
4	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
×	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

EM	S System: Sierra-Sacramento Valley EMS	
Co	unty: Tehama	
Re	porting Year: 2019	
No	te: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	4
2.	Number of secondary PSAPs	<u> </u>
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Tehama County Sheriff 530-529-7900 Red Bluff CA	
7.	Who is your primary dispatch agency for a disaster? Tehama County Sheriff 530-529-7900 Red Bluff CA	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency	X Yes □ No
	b. Other methods <u>EMSystems, med net, warn system CHAN</u>	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ No

ΕIV	15 System: Sierra-Sacramento Valley EMS	
Со	unty: Yuba	
Re	porting Year: 2019	
No	te: 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> </u>
3.	Number of dispatch centers directly dispatching ambulances	<u>1</u>
4.	Number of EMS dispatch agencies utilizing EMD guidelines	<u> </u>
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Yuba County SO & GVECC City of Marysville	*
7.	Who is your primary dispatch agency for a disaster? Yuba County SO	
8.	Do you have an operational area disaster communication system? a. Radio primary frequency Yuba County Fire/Law	X Yes □ No
	b. Other methods <u>CAHAN, EMSystems, Mednet</u>	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	X Yes □ No X Yes □ 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.

	aiscouragea.			
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 Tor	
Med 1	468.0000	463.0000	CA CTCSS	CTCSS Freq
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	100.0700	100.0700		

Receiving Facility Frequency and Tone Guide

	Butte, Colusa, Shasta,	Siskiyou, Tehama Cour	nties	
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 (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 F	REQENCY INFORMATI	ION	
UHF Med Channel Name	Tx	Rx	State To	ne 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

b) Number of non-emergency responses

Sierra-Sacramento Valley EMS Agency EMS System: 2019 Reporting Year: **Note:** Table 5 is to be reported by agency. TRANSPORTING AGENCIES 1. Number of exclusive operating areas 10 2. Percentage of population covered by Exclusive Operating Areas (EOA) 33 % 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) Total number of transports 4. 123,653 a) Number of emergency transports 107,517 (Code 2: expedient, Code 3: lights and siren) 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 33 0 b) Manual 6. Number of EMT-Defibrillation providers <u>35</u> a) Automated b) Manual Air Ambulance Services 7. Total number of responses a) Number of emergency responses 468 b) Number of non-emergency responses 187 Total number of transports 8. a) Number of emergency (scene) responses 438

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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+	9 1

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 at www.ssvems.com	r website
Trauma	
Trauma patients: a) Number of patients meeting trauma triage criteria	
b) Number of major trauma victims transported directly to a Trauma - <u>826</u> Center by ambulance	
c) Number of major trauma patients transferred to a trauma center120_	
d) Number of patients meeting triage criteria who weren't treated at a trauma center unknown	
Emergency Departments	
Total number of emergency departments'18	
a) Number of referral emergency services0	
b) Number of standby emergency services0	
c) Number of basic emergency services0	
d) Number of comprehensive emergency services17	
Receiving Hospitals	
1. Number of receiving hospitals with written agreements	
2. Number of base hospitals with written agreements15	

Sierra-Sacramento Valley EMS Agency

ount	y: Yuba	Reporting Year:	2019		
· ·	TEM DEGOVIDOES				
YST	EM RESOURCES				
	Casualty Collections Points (CCP)				
	a. Where are your CCPs located? See attached list				
	b. How are they staffed?				
	c. Do you have a supply system for supporting them fo	r 72 hours?	yes <u>x</u>	_no	
	CISD				
	Do you have a CISD provider with 24 hour capability?		yes <u>x</u>	no	
	Medical Response Team				
	a. Do you have any team medical response capability?		yes	no	<u>x_</u>
	b. For each team, are they incorporated into your local	2			
	response plan?	•	yes	no	<u>X</u> _
	c. Are they available for statewide response?		yes	no	<u>x</u> _
	d. Are they part of a formal out-of-state response system	m?	yes	no	<u>x</u> _
	Hazardous Materials				
	a. Do you have any HazMat trained medical response to	eams?	yes <u>x</u>	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 <u>x</u>		
PER	RATIONS				
	Are you using a Standardized Emergency Management				
	that incorporates a form of Incident Command System (ICS) structure?	yes <u>x</u>	no	_
	What is the maximum number of local jurisdiction EOC interact with in a disaster?	s you will need to	_4		
3.	Have you tested your MCI Plan this year in a:				
	a. real event?		yes <u>x</u>	no	
	b. exercise?		yes <u>x</u>	no	
4.	List all counties with which you have a written medic	cal mutual aid agre	eement.		

3.	participate in disaster planning and response?	yes no <u>x</u>
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no <u>x</u> _
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	* : "

Sierra-Sacramento Valley EMS Agency

Count	ty: Tehama Report	ing Year: 2019	
SYST	TEM RESOURCES		
	*		
1.	Casualty Collections Points (CCP)		
	a. Where are your CCPs located? See attached list	*	
	b. How are they staffed?		
	c. Do you have a supply system for supporting them for 72 hou	$\frac{1}{x}$ yes \underline{x}	no
2.	CISD		
	Do you have a CISD provider with 24 hour capability?	yes <u>x</u>	no
3.	Medical Response Team		
	a. Do you have any team medical response capability?	yes	no <u>x</u>
	b. For each team, are they incorporated into your local response plan?	Vec	no v
	c. Are they available for statewide response?	yes	
	d. Are they part of a formal out-of-state response system?		no <u>x</u>
	ar the may part of a fermial out of state response system.	<i>Jus</i>	
4.	Hazardous Materials		
4	a. Do you have any HazMat trained medical response teams?	yes <u>x</u>	no
	b. At what HazMat level are they trained?	*	
	c. Do you have the ability to do decontamination in an		
	emergency room? d. Do you have the shility to do decentemination in the field?	yes <u>x</u>	_
	d. Do you have the ability to do decontamination in the field?	yes <u>x</u>	no
OPER	RATIONS		
1.	Are you using a Standardized Emergency Management System		
	that incorporates a form of Incident Command System (ICS) str	ructure? yes <u>x</u>	no
2.	What is the maximum number of local jurisdiction EOCs you w	vill need to	
	interact with in a disaster?	3	_
3.	Have you tested your MCI Plan this year in a:		
	a. real event?	yes _	<u>x</u> no
	b. exercise?	yes _	no no
4.	List all counties with which you have a written medical mutu	al aid agreement.	
	X		-

5.	participate in disaster planning and response?	yes no <u>_x</u>
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no _x_
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8. 9.	Are you a separate department or agency? If not, to whom do you report?	yes <u>x</u> no
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?	

Sierra-Sacramento Valley EMS Agency

Count	y: Sutter	Reporting Year:	2019	
SYST	EM RESOURCES			
1.	Casualty Collections Points (CCP) a. Where are your CCPs located? See attached list b. How are they staffed? c. Do you have a supply system for supporting them for	or 72 hours?	yes <u>x</u>	_no
2.	CISD Do you have a CISD provider with 24 hour capability?	£	yes <u>x</u>	no
3.	 Medical Response Team a. Do you have any team medical response capability? b. For each team, are they incorporated into your local response plan? c. Are they available for statewide response? d. Are they part of a formal out-of-state response systematical experience. 		yes yes yes	no <u>x</u>
4.	Hazardous Materials a. Do you have any HazMat trained medical response to the strained of the strained? b. At what HazMat level are they trained? c. Do you have the ability to do decontamination in an emergency room? d. Do you have the ability to do decontamination in the strained.		yes <u>x</u> yes <u>x</u> yes <u>x</u>	
OPER	RATIONS			
1.	Are you using a Standardized Emergency Management that incorporates a form of Incident Command System		yes <u>x</u>	no
2.	What is the maximum number of local jurisdiction EOG interact with in a disaster? Have you tested your MCI Plan this year in a:	Cs you will need to	5	
σ.	a. real event?b. exercise?		yes <u>x</u> yes <u>x</u>	
4.	List all counties with which you have a written medi	ical mutual aid agre	eement.	

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 operati areas to participate in disaster planning and response?	onal yes no <u>_x</u> _
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 <u>x</u> 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?	×

Sierra-Sacramento Valley EMS Agency

County	y: Siskiyou	Reporting Year:	2019	
SYST	EM RESOURCES			
	Casualty Collections Points (CCP)			
	a. Where are your CCPs located? See attached list			
	b. How are they staffed?			
	c. Do you have a supply system for supporting them for	r 72 hours?	yes <u>x</u>	_no
	CISD			3
	Do you have a CISD provider with 24 hour capability?		yes <u>x</u>	no
	Medical Response Team			
	a. Do you have any team medical response capability?b. For each team, are they incorporated into your local		yes	no <u>x</u>
	response plan?	E	yes	no <u>x</u>
	c. Are they available for statewide response?		yes	no <u>x</u>
	d. Are they part of a formal out-of-state response system	n?	yes	no <u>x</u>
	Hazardous Materials			
	a. Do you have any HazMat trained medical response to	eams?	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	
PER	ATIONS			
	Are you using a Standardized Emergency Management Standardized Emergency M		yes <u>x</u>	no
	What is the maximum number of local jurisdiction EOC interact with in a disaster?	s you will need to	<u>5</u>	
3.	Have you tested your MCI Plan this year in a:			
	a. real event?		yes <u>x</u>	no
	b. exercise?		yes x	
	o. excleise.			

5.	participate in disaster planning and response?	yes no <u>x</u>
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no <u>_x</u>
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 <u>x</u> 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?	

Sierra-Sacramento Valley EMS Agency

Casualty Collections Points (CCP) a. Where are your CCPs located? See attached list			
a. Where are your cers rocated: See attached list			
b. How are they staffed?			
c. Do you have a supply system for supporting them for	72 hours?	yes <u>x</u>	_no
		VAC V	no
Do you have a CISD provider with 24 hour capability?		yes <u>x</u>	. 110
Medical Response Team			
a. Do you have any team medical response capability?		yes	no <u>x</u>
b. For each team, are they incorporated into your local	₩	V/110-0003	
response plan?		yes	no <u>x</u>
c. Are they available for statewide response?		yes	no <u>x</u>
d. Are they part of a formal out-of-state response system	?	yes	no <u>x</u>
Hazardous Materials			
a. Do you have any HazMat trained medical response tea	ams?	yes <u>x</u>	no
b. At what HazMat level are they trained?		_	
c. Do you have the ability to do decontamination in an			. *
emergency room?	1.10		V.,
d. Do you have the ability to do decontamination in the f	ield?	yes <u>x</u>	no
ATIONS			
	ystem (SEMS)		
that incorporates a form of Incident Command System (Io	CS) structure?	yes <u>x</u>	no
What is the maximum number of local jurisdiction EOCs	you will need to		
interact with in a disaster?	<i>you will noon to</i>	<u>4</u>	
Have you tested your MCI Plan this year in a:			
a. real event?		yes <u>x</u>	no
b. exercise?		yes x	no
List all counties with which you have a written medica	ıl mutual aid agre	eement.	
	CISD Do you have a CISD provider with 24 hour capability? Medical Response Team a. Do you have any team medical response capability? b. For each team, are they incorporated into your local response plan? c. Are they available for statewide response? d. Are they part of a formal out-of-state response system Hazardous Materials a. Do you have any HazMat trained medical response tea b. At what HazMat level are they trained? c. Do you have the ability to do decontamination in an emergency room? d. Do you have the ability to do decontamination in the fations ATIONS Are you using a Standardized Emergency Management S that incorporates a form of Incident Command System (Id) What is the maximum number of local jurisdiction EOCs interact with in a disaster? Have you tested your MCI Plan this year in a: a. real event? b. exercise?	CISD Do you have a CISD provider with 24 hour capability? Medical Response Team a. Do you have any team medical response capability? b. For each team, are they incorporated into your local response plan? c. Are they available for statewide response? d. Are they part of a formal out-of-state response system? Hazardous Materials a. Do you have any HazMat trained medical response teams? b. At what HazMat level are they trained? c. Do you have the ability to do decontamination in an emergency room? d. Do you have the ability to do decontamination in the field? ATIONS Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? Have you tested your MCI Plan this year in a: a. real event? b. exercise?	CISD Do you have a CISD provider with 24 hour capability? Medical Response Team a. Do you have any team medical response capability? b. For each team, are they incorporated into your local response plan? c. Are they available for statewide response? d. Are they part of a formal out-of-state response system? Wes Hazardous Materials a. Do you have any HazMat trained medical response teams? b. At what HazMat level are they trained? c. Do you have the ability to do decontamination in an emergency room? d. Do you have the ability to do decontamination in the field? ATIONS Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? Have you tested your MCI Plan this year in a: a. real event? yes _x

5.	Do you have formal agreements with hospitals in your operational area to	
	participate in disaster planning and response?	yes no <u>x</u>
6.	Do you have a formal agreement with community clinics in your operation	
	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 <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> no <u> </u>
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?	

Sierra-Sacramento Valley EMS Agency

Count	ty: Placer	Reporting Year:	2019	
SYST	EM RESOURCES		32	
1.	Casualty Collections Points (CCP)			
	a. Where are your CCPs located? See attached list			
	b. How are they staffed?	72 1		
	c. Do you have a supply system for supporting them for	or /2 nours?	yes <u>x</u>	_no
2.	CISD	\$		
	Do you have a CISD provider with 24 hour capability?	20	yes <u>x</u>	
3.	Medical Response Team			
	a. Do you have any team medical response capability?		yes	no <u>x</u>
	b. For each team, are they incorporated into your local		****	#0 V
	response plan?		yes	
	c. Are they available for statewide response?	?	yes	
	d. Are they part of a formal out-of-state response syste	111 :	yes	no <u>x</u>
4.	Hazardous Materials			
	a. Do you have any HazMat trained medical response t	eams?	yes <u>x</u>	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	e field?	yes <u>x</u>	no
ODEL	RATIONS			
1.	Are you using a Standardized Emergency Management	System (SEMS)		
	that incorporates a form of Incident Command System		yes <u>x</u>	no
2.	What is the maximum number of local jurisdiction EOC	Se vou will need to	F61	
۷.	interact with in a disaster?	es you will need to	<u>10</u>	
3,	Have you tested your MCI Plan this year in a:			
22.00	a. real event?		yes <u>x</u>	no
	b. exercise?		yes <u>x</u>	no
4.	List all counties with which you have a written medi	cal mutual aid agre	eement.	
	,			

5.	Do you have formal agreements with hospitals in your operational area to	0
	participate in disaster planning and response?	yes no <u>_x</u> _
6.	Do you have a formal agreement with community clinics in your operation	ional
	areas to participate in disaster planning and response?	yes no
7	Are you part of a multi-county EMS system for disaster response?	VOC V 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 <u>x</u> 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?	

Sierra-Sacramento Valley EMS Agency

Count	ty: Nevada	Reporting Year:	2019	
SYST	TEM RESOURCES			
1.	Casualty Collections Points (CCP)	08		
	a. Where are your CCPs located? See attached list			
	b. How are they staffed?	50.1 0		
	c. Do you have a supply system for supporting them fo	r /2 hours?	yes <u>x</u>	_no
2.	CISD			
2.	Do you have a CISD provider with 24 hour capability?		yes <u>x</u>	no
3.	Medical Response Team			
	a. Do you have any team medical response capability?		yes	no <u>x</u>
	b. For each team, are they incorporated into your local			
	response plan?		yes	no <u>x</u>
	c. Are they available for statewide response?			no <u>x</u>
	d. Are they part of a formal out-of-state response system	n?	yes	no <u>x</u>
4.	Hazardous Materials			
	a. Do you have any HazMat trained medical response to	eams?	yes <u>x</u>	no
	b. At what HazMat level are they trained?		-	
	c. Do you have the ability to do decontamination in an			
	emergency room? d. Do you have the ability to do decontamination in the	field?	$yes \underline{x}$ $yes \underline{x}$	
	d. Do you have the domey to do decontainmation in the	noid.	jes <u>k</u>	
OPER	RATIONS			
1.	Are you using a Standardized Emergency Management			
	that incorporates a form of Incident Command System (ICS) structure?	yes <u>x</u>	no
2.	What is the maximum number of local jurisdiction EOC	s you will need to		
	interact with in a disaster?	•	5	
3.	Have you tested your MCI Plan this year in a:			
	a. real event?		yes <u>x</u>	no
	b. exercise?	•	yes <u>x</u>	no
4.	List all counties with which you have a written medic	cal mutual aid agre	eement.	
			70	141

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 operation areas to participate in disaster planning and response?	onal yes no_ x_
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> 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?	

Sierra-Sacramento Valley EMS Agency

Count	y: Glenn	Reporting Year:	2019	
SVST	EM RESOURCES			
DIDI	EM RESOURCES			
1.	Casualty Collections Points (CCP)			
	a. Where are your CCPs located? See attached lis	st		
	b. How are they staffed?			
	c. Do you have a supply system for supporting ther	n for 72 hours?	yes <u>x</u>	_no
2.	CISD			
۷.	Do you have a CISD provider with 24 hour capabili	ity?	yes <u>x</u>	no
	•	•		-
3.	Medical Response Team			
	a. Do you have any team medical response capabili	•	yes	no <u>x</u>
	b. For each team, are they incorporated into your lo	ocal		
	response plan?		yes	no <u>x</u>
	c. Are they available for statewide response?		yes	no <u>x</u>
	d. Are they part of a formal out-of-state response sy	ystem?	yes	no <u>x</u>
4.	Hazardous Materials			
т.	a. Do you have any HazMat trained medical respon	ice teams?	yes <u>x</u>	no
	b. At what HazMat level are they trained?	ise teams:	ycs <u>x</u>	. no
	c. Do you have the ability to do decontamination in	an	_	
	Emergency room?		yes <u>x</u>	no
	d. Do you have the ability to do decontamination in	the field?	yes <u>x</u>	The second secon
OPED	ATHONG			
OPER	ATIONS Are you using a Standardized Emergency Managem	ent System (SFMS)		
1.	that incorporates a form of Incident Command Syste		yes <u>x</u>	no
2.	What is the maximum number of local jurisdiction I interact with in a disaster?	EOCs you will need to	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 m	nedical mutual aid agre		

5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	yes no <u>x</u> _
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no <u>x</u> _
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	

Sierra-Sacramento Valley EMS Agency

County	y: Colusa	Reporting Year:	2019	
SYST	EM RESOURCES			
1.	Casualty Collections Points (CCP)			
1.	a. Where are your CCPs located? See attached list			
	b. How are they staffed?			
	c. Do you have a supply system for supporting them for	72 hours?	yes <u>x</u>	_no
2.	CISD	*		
	Do you have a CISD provider with 24 hour capability?		yes <u>x</u>	no
3.	Medical Response Team			
	a. Do you have any team medical response capability?b. For each team, are they incorporated into your local		yes	no <u>x</u>
	response plan?		yes	no <u>x</u>
	c. Are they available for statewide response?		yes	no <u>x</u>
	d. Are they part of a formal out-of-state response system	?	yes	no <u>x</u>
4.	Hazardous Materials		49	
	a. Do you have any HazMat trained medical response tea	ams?	yes <u>x</u>	no
	b. At what HazMat level are they trained?		_	
	c. Do you have the ability to do decontamination in an			
	emergency room?		yes <u>x</u>	no
	d. Do you have the ability to do decontamination in the f	ield?	yes <u>x</u>	no
OPER	ATIONS			
1.	Are you using a Standardized Emergency Management S that incorporates a form of Incident Command System (Io		yes <u>x</u>	no
2.	What is the maximum number of local jurisdiction EOCs interact with in a disaster?	you will need to	_3	
3.	Have you tested your MCI Plan this year in a:			
	a. real event?		yes x	no
	b. exercise?		yes x	
4.	List all counties with which you have a written medica	al mutual aid agre		

5.	participate in disaster planning and response?	yes no_x_
6.	Do you have a formal agreement with community clinics in your operationareas to participate in disaster planning and response?	onal yes no
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	

Sierra-Sacramento Valley EMS Agency

Count	y: Butte Reporting Year:	2019
SVST	EM RESOURCES	
DIDI	Z. A RESOURCES	
1.	Casualty Collections Points (CCP)	
	a. Where are your CCPs located? See attached list	
	b. How are they staffed?	
	c. Do you have a supply system for supporting them for 72 hours?	yes <u>x</u> no
2	CIOD	
2.	CISD Do you have a CISD provider with 24 hour capability?	yes x no
	Do you have a Clob provider with 24 hour capability.	yes <u>x</u> no
3.	Medical Response Team	
	a. Do you have any team medical response capability?	yes no _ <u>x</u>
	b. For each team, are they incorporated into your local	
	response plan?	yes no <u>x</u>
	c. Are they available for statewide response?	yes no <u>x</u>
	d. Are they part of a formal out-of-state response system?	yes no <u>x</u>
4.	Hazardous Materials	
	a. Do you have any HazMat trained medical response teams?	yes <u>x</u> no
	b. At what HazMat level are they trained?	_
	c. Do you have the ability to do decontamination in an	
	Emergency room? d. Do you have the ability to do decontamination in the field?	$yes \underline{x}$ no $\underline{\hspace{1cm}}$ yes \underline{x} no $\underline{\hspace{1cm}}$
	d. Do you have the ability to do decontainmation in the field:	yes <u>x</u> no
OPER	RATIONS	
1.	Are you using a Standardized Emergency Management System (SEMS)	
	that incorporates a form of Incident Command System (ICS) structure?	yes <u>x</u> no
2.	What is the maximum number of local jurisdiction EOCs you will need to	0
	interact with in a disaster?	4
3.	Have you tested your MCI Plan this year in a:	
	a. real event?	yes <u>x</u> no
	b. exercise?	yes <u>x</u> no
4.	List all counties with which you have a written medical mutual aid agr	reement.

5.	participate in disaster planning and response?	yes no <u>x</u> _
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yesno _x
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no _
8.	Are you a separate department or agency?	yes <u>x</u> 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?	¥

Table 8	: R	esource	Directory
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Reporting	Voor
Lebol filld	I cai.

201	19		

Response/Transportation/Providers

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

County: Su	utter		Provider:	Yuba C	ity Fire	Res	sponse	Zone:	Sutter Zone 1
Address:	824 Clark Ave			Numl	ber of Ambulanc	e Vehicles in Fleet:	0		
Phone Number:	Yuba City 530-741-4691					Ambulances on Duty on Any Given Day:	0		
Written C	ontract:	Medical Director:	System /	Availa	ble 24 Hours:		Level	of Ser	vice:
□ Yes □	☑ No	☐ Yes ☑ No	⊄ Yes	□ N	o	☐ Transport ☐ Non-Transpo	rt 🛛	ALS BLS LALS	9-1-1 Ground 7-Digit Air CCT Water
Owner	rship:	If Public:	<u>If</u>	Publi	<u>c</u> :	If Air:			Air Classification:
	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	al		☐ Rotary ☐ Fixed Win	g		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Tr	anspo	orting Agencies	*			
1	Number of e	r of responses mergency responses on-emergency responses				Total number of tra Number of emerge Number of non-em	ncy tran		orts
			Air	Amb	ulance Services				
	Number of e	r of responses mergency responses on-emergency responses				Total number of tra Number of emerge Number of non-em	ncy tran	sports	oorts

Table 8: Resource Dir	ectory					
Reporting Year: 2017	7		12			
		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as ne	eded.	
	110101 70070 0 70 10 10		8			
County: Colusa		Provider:	Wiliams FPD	Respo	nse Zone:	Colusa Zone 1
Address: PO Box 755			Number of Ambulanc	e Vehicles in Fleet:		
Williams CA			*		-	
Phone Number: 530-473-2269		_	Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>L</u>	evel of Ser	vice:
□ Yes Ø No	☐ Yes ☑ No	⊄ Yes	□ No	☐ Transport ☐ Non-Transport	☐ ALS ☑ BLS ☐ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:		Public:	<u>lf Air:</u>		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☑ Fire District al	☐ Rotary ☐ Fixed Wing		
	18	<u>Tı</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts

Air Ambulance Services

Total number of transports

Number of emergency transports

Number of non-emergency transports

Total number of responses

Number of emergency responses Number of non-emergency responses

Reporting Year: 2019	· · · · · · · · · · · · · · · · · · ·	Pasnans	o/Transportation/Provi	idore		
		-0.3.	e/Transportation/Provi			
	Note: Table 8 is to be	completed	for each provider by coι	unty. Make copies as neede	ed.	
County: Yuba		Provider:	Wheatland Fire	Response	Zone:	Yuba Zone1
Address: PO Box 395			Number of Ambulanc	e Vehicles in Fleet: 0		
Wheatland CA	95692					
Phone Number: 530-633-2930			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	of Ser	vice:
□ Yes ☑ No	☐ Yes ☑ No	√ Yes	□ No	☑ Non-Transport ☑	ALS BLS LALS	9-1-1 Ground 7-Digit Air CCT Water
Ownership:	<u>If Public:</u>	<u>_H</u>	Public:	<u>lf Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary □ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue J BLS Rescue
		Ţ	ansporting Agencies			
Number of er	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports	orts
		Air	Ambulance Services			
Number of er	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports	orts

2019

Table 8: Resource Dir	ectory					
Reporting Year: 2019	9	Doenone	e/Transportation/Prov	idere		
		Respons	e/ Hallsportation/Frov	ideis		
	Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as n	eeded.	
County: Glenn		Provider:	Westside Ambulance	Respo	onse Zone:	Glenn Zone2
Address: 604 Fourth St.	·		Number of Ambulance	e Vehicles in Fleet:	2	·
Phone Number: 530-865-5981			Average Number of A At 12:00 p.m. (noon)		1	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>I</u>	evel of Se	vice:
	☑ Yes ☐ No	⊈ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	_11	Public:	If Air:		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
	,	<u>Tr</u>	ansporting Agencies			
Number of e	er of responses mergency responses on-emergency responses	Δi	1175 1175 0 Ambulance Services	Total number of transplants of emergency Number of non-emergency	transports	orts

Total number of transports

Number of emergency transports Number of non-emergency transports

Total number of responses

Number of emergency responses Number of non-emergency responses

Reporting Year: 2019)		_		
		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	d.
County: Nevada		Provider:	Truckee Fire - Donner Summit	Response	Zone: Nevada Zone 1
Address: 53823 Sherrit L	.n		Number of Ambulance	e Vehicles in Fleet: 2	
Soda Springs,	CA 95728				
Phone Number: 530-426-9249			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	of Service:
□ Yes ☑ No	☑ Yes ☐ No	⊄ Yes	□ No	☐ Non-Transport ☐	ALS
Ownership:	If Public:		Public:	<u>If Air:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☑ Fire District al	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports
		Air	Ambulance Services	ä	
	r of responses mergency responses			Total number of transports Number of emergency tran	

Number of non-emergency transports

Table 8: Resource Directory

Number of non-emergency responses

Table 8: Resource Dire	ectory					
Reporting Year: 2019		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be co	ompleted	for each provider by cou	unty. Make copies as n	eeded.	
County: Nevada	P	Provider:	Truckee Fire	Respo	onse Zone	Nevada Zone 4
Address: PO Box 2768		_	Number of Ambulanc	e Vehicles in Fleet:	6	
Phone Number: 530-414-6871		_	Average Number of A At 12:00 p.m. (noon) o		3	
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	ervice:
	∡ Yes □ No	✓ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>. If</u>	Public:	<u>lf Air:</u>		Air Classification:
☑ Public □ Private	☐ Law	□ City □ State □ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
*	4 2	<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses		933	Total number of trans Number of emergency 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

Reporting Year: 2019)	Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as ne	eeded.	
County: Placer		Provider:	Squaw Valley Fire	Respo	nse Zone:	Nevada Zone 4
Address: PO Box 2522 Olympic Valley)		Number of Ambulanc	e Vehicles in Fleet:	0	
Phone Number: 530-583-6111			Average Number of A At 12:00 p.m. (noon)		0	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>L</u>	evel of Se	rvice:
	☑ Yes □ No	⊈ Yes	□ No	☐ Transport☐ Non-Transport☐	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground☐ 7-Digit☐ Air☐ CCT☐ Water☐ IFT
Ownership:	If Public:	11	F Public:	If Air:		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	Rotary Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ransporting Agencies		961	
Number of e	r of responses mergency responses on-emergency responses		N/A	Total number of transp Number of emergency Number of non-emerg	transports	
		<u>Air</u>	r Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses	*		Total number of transp Number of emergency Number of non-emerg	transports	

Table 6: Resource Dire	ectory					
Reporting Year: 2019)					
		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as n	eede	d.
County: Sutter		Provider:	Sutter County Fire	Respo	onse	Zone: Sutter Zone 1
Address: 1160 Civic Cen	ater Blvd		Number of Ambulanc	e Vehicles in Fleet:	0	
Phone Number: 530-822-7400			Average Number of A At 12:00 p.m. (noon)		0	9.
				*:		
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>l</u>	_evel	of Service:
□ Yes ☑ No	☐ Yes ☑ No	✓ Yes	□ No	☐ Transport☐ Non-Transport☐		ALS 9-1-1 2 Ground BLS 7-Digit Air LALS CCT Water IFT
					-	
Ownership:	If Public:	<u>_11</u>	Public:	<u>If Air:</u>		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	٠	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	X 18	<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	/ trans	
		Air	· Ambulanco Sorvicos			

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports Number of emergency transports

Number of non-emergency transports

Reporting Year: 2018	3					
30 (2000)		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by coι	unty. Make copies as neede	d.	
County: Tehama		Provider:	St Elizabeth's Ambulance	Response	Zone:	Tehama Zone 1
Address: 2550 Sister Col	lumba Dr		Number of Ambulanc	e Vehicles in Fleet: 7		
Phone Number: 530-529-8318		_	Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Ser	vice:
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If</u>	Public:	<u>lf Air:</u>	-	Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	County Fire District	☐ Rotary ☐ Fixed Wing		
		<u>Tr</u>	ansporting Agencies			
Number of er	r of responses mergency responses on-emergency responses		5454 5454	Total number of transports Number of emergency trans Number of non-emergency		orts
		<u>Aiı</u>	Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses		-	Total number of transports Number of emergency tran Number of non-emergency		orts

ounty: Placer		Provider:	South Placer Fire	Response	Zone:	Placer Zone 2
ddress: 6900 Eureka Ro	pad		Number of Ambulance	e Vehicles in Fleet: 3		
Phone Jumber: 916-791-7059		_	Average Number of A At 12:00 p.m. (noon)		7	
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	l of Ser	vice:
	☑ Yes □ No	Ø Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
Ø Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		
		<u>Tr</u>	ansporting Agencies			
Number of er	of responses nergency responses on-emergency responses		1360 1360 0	Total number of transports Number of emergency transports Number of non-emergency	sports	orts
		<u>Air</u>	Ambulance Services			

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:	Sierra Nevada Ambulance	Response Zone: Nevada Zone 2						
Address: 13120 Loma Rica Dr			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4							
Phone Number: 530-265-2351										
Written Contract: Medical Director:		System Available 24 Hours:		Level	Level of Service:					
	☑ Yes ☐ No	✓ Yes	□ No	☐ Non-Transport ☐	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water					
Our ambin	14	Dublin	If At-	Air Classification						
Ownership: □ Public □ Private	If Public: ☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	□ County □ Fire District	If Air: ☐ Rotary ☐ Fixed Wing	Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue					
Transporting Agencies										
Total number of responses Number of emergency responses Number of non-emergency responses			7557 5678 1879	Number of 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							

Reporting Year: 2019)	D									
Response/Transportation/Providers Note: Table 8 is to be completed for each provider by county. Make copies as needed.											
County: Glenn	Note: Table 6 is to be	Provider:	¥.	Response		Glenn Zone 3					
Address: 604 Fourth St.			Number of Ambulanc	e Vehicles in Fleet:	-						
Phone Number: 530-865-5981			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:								
Written Contract:	Medical Director:	System Available 24 Hours: Level of Serv		vice:							
	☑ Yes □ No	∡ Yes	□ No	✓ Non-Transport	ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT					
	W D . I II	IC Atm		A: 01 '6' 4'							
Ownership: If Public:			f Public:	<u>lf Air:</u>							
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing							
		<u>Tı</u>	ransporting Agencies		-						
Total number of responses Number of emergency responses Number of non-emergency responses			0	Total number of transports Number of emergency transports Number of non-emergency transports							
Air Ambulance Services											
Total number of responses				Total number of transports							

Number of emergency transports

Number of non-emergency transports

Table 8: Resource Directory

Number of emergency responses

Number of non-emergency responses

Table 8: Resource	e Directory
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Reporting Year:	2019
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Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Response Zone: Zone 1 Provider: Shasta Lake FPD County: Shasta Address: Number of Ambulance Vehicles in Fleet: 4126 Ashby Ct Shasta Lake **Average Number of Ambulances on Duty** Phone At 12:00 p.m. (noon) on Any Given Day: Number: 530-336-5511 **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☑ Ground ☐ Yes ☑ No ☐ Yes ☑ No ☑ Yes ☐ No ☐ Transport ☐ ALS 9-1-1 Ď 7-Digit ☐ Air Non-Transport **BLS** ☐ LALS □ CCT □ Water □ IFT Air Classification: Ownership: If Public: If Public: If Air: ☐ City Rotary Auxiliary Rescue Public ☐ County ☐ Fixed Wing ☐ Air Ambulance ☐ Private ☐ Law State Fire District □ Other □ Federal □ ALS Rescue ☐ BLS Rescue Explain: **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses Total number of transports Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses

Table 8: Resource Dir	ectory				
Reporting Year: 2019	9				
		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as need	ed.
County: Shasta		Provider:	Shasta County Fire	Paenane	e Zone: Zone 2, 3
County. Shasia		Flovider.	Shasta County File	Kespons	Zone 2, 3
Address: 875 Cypress A	ve		Number of Ambulance	e Vehicles in Fleet:	
Redding		()			
Phone Average Number of Ambulances on Duty Number: 530-225-2418 At 12:00 p.m. (noon) on Any Given Day:					
330-223-2416			At 12.00 p.m. (110011)	on Any Given Day.	
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	el of Service:
☐ Yes ☑ No	☐ Yes ☑ No	⊈ Yes	□ No		ALS 9-1-1 Ground BLS 7-Digit Air
				■ : : : : : : : : : : : : : : : : : : :	LALS CCT Water
	T			T	
Ownership:	If Public:	<u></u>	Public:	<u>If Air:</u>	Air Classification:
☑ Public	☐ Fire	☐ City	☑ County	☐ Rotary	☐ Auxiliary Rescue
☐ Private	□ Law	☐ State	☐ Fire District	☐ Fixed Wing	☐ Air Ambulance
	Other Explain:	☐ Feder	al	1	☐ ALS Rescue ☐ BLS Rescue
				×	B BEC NOODC
		<u>Tr</u>	ansporting Agencies		
Total numbe	r of responses			Total number of transports	3
Number of e	mergency responses			Number of emergency tra	nsports
Number of n	on-emergency responses		20 <u>-11-11-11-11-11-11-11-11-11-11-11-11-11</u>	Number of non-emergence	y 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

Reporting \	Year: 2019	9				
			Respons	se/Transportation/Prov	iders	
		Note: Table 8 is to be	e completed	for each provider by cou	unty. Make copies as need	ded.
County: s	hasta		Provider:	Mayers Memorial Hospital Amb	ulance (SEMSA Run) Respons	se Zone: Zone 1
Address:	PO Box 459			Number of Ambulanc	e Vehicles in Fleet: 2	
	Fall River Mills					
Phone Number:	530-336-5511			Average Number of A At 12:00 p.m. (noon)		
Written C	Contract:	Medical Director:	System	Available 24 Hours:	Lev	rel of Service:
∡ Yes	□ No	☑ Yes □ No	⊅ Yes	□ No	☐ Non-Transport ☑	I ALS
Owne	rship:	If Public:		Public:	<u>lf Air:</u>	Air Classification:
	ublic ivate	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			Tr	ansporting Agencies		
269	Number of e	r of responses mergency responses on-emergency responses		228 117 111	Total number of transport Number of emergency tra Number of non-emergence	ansports
			Air	r Ambulance Services		
	Number of e	r of responses mergency responses on-emergency responses			Total number of transport Number of emergency tra Number of non-emergence	ansports

2019

Reporting Year: 2019						
		Respons	e/Transportation/Prov	iders	×	
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as n	eeded.	
County: Colusa		Provider:	Sacramento River FPD	Respo	onse Zone:	Colusa Zone 1
Address: 235 Market St			Number of Ambulanc	e Vehicles in Fleet:		
Phone Number: 530-439-2235	£4.		Average Number of A At 12:00 p.m. (noon)			*
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>1</u>	evel of Se	rvice:
□ Yes ☑ No	☐ Yes ☑ No	 	□ No	☐ Transport ☑ Non-Transport	□ ALS ☑ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owwarahia	If Dublie		Dublia	If A:		Air Classification:
Ownership: ☑ Public □ Private	If Public: ☐ Fire ☐ Law ☐ Other Explain:	City State Feder	F Public: County Fire District	If Air: ☐ Rotary ☐ Fixed Wing	0	Air Classification. Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u> Tr</u>	ansporting Agencies			
Number of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	ports
		<u>Ai</u>	r Ambulance Services			
Number of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	

Table	8:	Resource	Directory
Iabic	υ.	Resource	Director

Reporting Year:	2019
reporting roun.	

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Provider: Roseville Fire Response Zone: Placer Zone 3 County: Placer Number of Ambulance Vehicles in Fleet: Address: 401 Oak St Roseville CA Average Number of Ambulances on Duty Phone At 12:00 p.m. (noon) on Any Given Day: Number: 916-774-5844 System Available 24 Hours: Level of Service: Written Contract: Medical Director: ✓ Yes □ No ☑ Ground ✓ Yes □ No ☐ Transport 9-1-1 Yes No ☑ ALS ☐ 7-Digit ☐ Air Non-Transport ☐ BLS ☐ LALS □ CCT □ Water □ IFT **Air Classification:** Ownership: If Public: If Public: If Air: City ☐ Auxiliary Rescue Public ☑ Fire □ County Rotary ☐ Air Ambulance □ Private law State ☐ Fire District ☐ Fixed Wing **ALS Rescue** ☐ Other □ Federal ☐ BLS Rescue Explain: **Transporting Agencies** Total number of responses Total number of transports 3416 Number of emergency responses Number of emergency transports 3416 Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses

Reporting Year: 2019	9	Daanana	o/Transportation/Dray	idara		
		•	e/Transportation/Prov			
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	ed.	
County: Placer		Provider:	Rocklin Fire	Response	Zone:	Placer Zone 3
Address: PO Box 1380			Number of Ambulanc	e Vehicles in Fleet:		
Phone Number: 916-632-4150		_	Average Number of A At 12:00 p.m. (noon)))
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Serv	vice:
¥ Yes □ No	☑ Yes □ No	∡ Yes	□ No	☑ Non-Transport □	ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
	V.D. I.V.		D. L.P.	16.43		A: 01 ''.
Ownership: Description: Ownership: Public Private	If Public: ☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	County Fire District	If Air: ☐ Rotary ☐ Fixed Wing		Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency trans Number of non-emergency		orts
		<u>Air</u>	Ambulance Services			
	r of responses mergency responses			Total number of transports Number of emergency trans		

Number of non-emergency transports

Table 8: Resource Directory

Number of non-emergency responses

Table 8: Resource Dir	ectory					
Reporting Year: 2019)	Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as nee	ded.	
County: Nevada Placer		Provider:	REMSA CareFlight	Respon	se Zone:	Nev Zone 1,2,3,4 Placer 4
Address: 750 Edison Wa	ау		Number of Ambulanc	e Vehicles in Fleet:		
Phone Number: 775-858-5700			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Le	vel of Ser	vice:
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport 〔	ALS BLS LALS	☐ 7-Digit ☐ Ground☐ CCT☐ Water☐ IFT
Ownership:	If Public:	<u>_l</u> :	f Public:	If Air:		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☑ Rotary □ Fixed Wing		J ALS Rescue
		<u>T</u>	ransporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transpo Number of emergency to Number of non-emerger	ansports	orts

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: Resou	rce Directory
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Reporting Year:

2019

Response/Transportation/Providers

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

County: Shasta	ti ti	Provider: Redding Fire	Response	Zone: Zone, 3
Address: PO Box 49607	1	Number of Ambulance	e Vehicles in Fleet:	
Phone Number: 530-225-2418		Average Number of A At 12:00 p.m. (noon)		· · · · · · · · · · · · · · · · · · ·
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
□ Yes No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 2 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	If Public:	<u>If Public</u> :	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies		4
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tran Number of non-emergency	
		Air Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tran Number of non-emergency	

Table 8: Resource Dir	ectory					
Reporting Year: 2019	9					
		Response/Transpor	rtation/Provid	ders		
	Note: Table 8 is to be	completed for each pro	ovider by cour	nty. Make copies as ne	eded.	
County: Tehama		Provider: Red Bluff Fire	*	Respo	nse Zone:	Tehama Zone 1
Address: 555 Washingto	on St	Number o	of Ambulance	Vehicles in Fleet:	0	
Red Bluff CA			*			
Phone Number: 530-527-1126				mbulances on Duty on Any Given Day:	0	
Written Contract:	Medical Director:	System Available 2	24 Hours:	L	evel of Ser	rvice:
□ Yes ☑ No	☐ Yes ☑ No	√ Yes □ No		☐ Transport☐ Non-Transport☐	☐ ALS ☑ BLS ☐ LALS	9-1-1 Ground 7-Digit Air CCT Water
Ownership:	<u>If Public:</u>	<u>If Public</u> :		<u>lf Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ Cou ☐ State ☐ Fire ☐ Federal	unty e District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		Transporting	g Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts

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 Dire	ectory					
Reporting Year: 2019)					
		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as ne	eeded.	
County: Sutter ,Yuba, Shas	ta, Butte, Tehama, Colusa	Provider:	REACH 5 & REACH 7	Respo	nse Zone	Sutter Zone 1, Yuba Zone 1, Shasta Zone 3, Tehama Zone 1
Address: 5010 Flightline	Dr		Number of Ambulanc	e Vehicles in Fleet:	2	1
Santa Rosa						
Phone Number: 530-221-0646			Average Number of A At 12:00 p.m. (noon)		2	
Written Contract:	Medical Director:	System	Available 24 Hours:	L	evel of So	ervice:
	☑ Yes □ No	√ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground☐ 7-Digit ☐ Air☐ CCT☐ Water☐ IFT
				r		
Ownership:	If Public:	<u></u>	Public:	<u>lf Air:</u>		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	County Fire District	☑ Rotary □ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
,		т.	anonarting Aganaias			
		11	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	

Air Ambulance Services

0	Number of non-emergency responses	589	Number of non-emergency transports
172	Number of emergency responses	170	Number of emergency transports
172	Total number of responses	759	Total number of transports

Table 8: Resource Dire	ectory				
Reporting Year: 2019	9				
		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be o	ompleted	for each provider by cou	unty. Make copies as neede	d.
County: Nevada		Provider:	Penn Valley Fire	Response	Zone: Nevada Zone 3
Address:	95	_	Number of Ambulanc	e Vehicles in Fleet: 3	×
Penn Valley		_			
Phone Number: 530-432-2630		_	Average Number of A At 12:00 p.m. (noon)		* 1
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
¥ Yes □ No	✓ Yes □ No	∡ Yes	□ No	☐ Non-Transport ☐	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership:	If Public:	<u> If</u>	Public:	<u>lf Air:</u>	Air Classification:
☑ Public □ Private	☐ Law	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
809 Number of e	r of responses mergency responses on-emergency responses		545 545	Total number of transports Number of emergency tran Number of non-emergency	sports
		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

Reporting Year: 2019)				
		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	d.
County: Colusa		Provider:	Princeton FPD	Response	Zone: Colusa Zone 1
Address: PO Box 176			Number of Ambulanc	e Vehicles in Fleet:	
Princeton		_			
Phone Number: 530-439+2235			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
□ Yes ☑ No	☐ Yes ☑ No	⊄ Yes	□ No	☑ Non-Transport ☑	ALS
Ownership:	If Public:	<u> </u>	Public:	<u>lf Air:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	
		<u>Air</u>	r Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses	9		Total number of transports Number of emergency tran Number of non-emergency	sports

Table 8: Resource Dire	ectory					
Reporting Year: 2019)	*				
		Respons	e/Transportation/Provi	ders		
	Note: Table 8 is to be	completed	for each provider by cou	nty. Make copies as ne	eded.	
			3			0.1174
County: Sutter		Provider:	Pleasant Grove Fire	Respo	nse Zone:	Sutter Zone 1
Address: 3100 Howsley			Number of Ambulance	e Vehicles in Fleet:	0	
Pleasant Grove	9					
Phone			Average Number of A At 12:00 p.m. (noon) of		0	
Number: 530-655-3937		_	At 12.00 p.m. (1100m) t	on Any Given Day.	*	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>L</u>	evel of Sei	rvice:
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes	□ No	☐ Transport	☐ ALS	☑ 9-1-1 ☑ Ground
		. * .2./.		Non-Transport	☑ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water
			25		LALS	□ IFT
Ownership:	<u>If Public:</u>	<u> If</u>	Public:	If Air:		Air Classification:
☑ Public	☑ Fire	☐ .City	☑ County	□ Rotary		Auxiliary Rescue
☐ Private	☐ Law	☐ State	☐ Fire District	Fixed Wing		Air Ambulance ALS Rescue
4	Other Explain:	☐ Federa	al ·			J ALS Rescue J BLS Rescue
		4		1)0		
		<u>Tr</u>	ansporting Agencies			
Total numbe	r of responses			Total number of transp	orts	
Number of e	mergency responses			Number of emergency	transports	
Number of n	on-emergency responses			Number of non-emerge	ency transp	orts

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
Table	8:	Resource	Director

Reporting Year:

201	9		

Response/Transportation/Providers

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

County: Placer	County: Placer Placer Placer Hills Fire		Response	Zone: Placer Zone 3
Address: PO Box 308 Meadow Vista		Number of Ambulance	e Vehicles in Fleet:	
Phone Number: 530-878-0405		Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
∡ Yes □ No	☑ Yes □ No	¥ Yes □ No	☑ Non-Transport □	ALS
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	□ Rotary □ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting Agencies		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency	•
		Air Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency	

Reporting Year: 2019	9	D	a/Transmortation/Drawi	dan		
			e/Transportation/Provi			
	Note: Table 8 is to be o	completed	for each provider by cou	inty. Make copies as neede	d.	
County: Shasta	·	Provider:	PHI	Response	Zone: St	nasta Zone 1,2,3
Address: 5900 Old Oreg	on Trail		Number of Ambulanc	e Vehicles in Fleet: 1		
Redding CA 9						
Phone			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service	ce:
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport ☐		
Ownership:	If Public:	<u> If</u>	Public:	<u>If Air:</u>	<u>A</u>	ir Classification:
□ Public ☑ Private		☐ City☐ State☐ Feder	☐ County ☐ Fire District	☑ Rotary □ Fixed Wing	Ø	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
×		<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran- Number of non-emergency		s
		Air	r Ambulance Services	* *		
94 Number of e	er of responses mergency responses on-emergency responses		319 70 249	Total number of transports Number of emergency tran Number of non-emergency		s

2019

Reporting Year: 2019)			8		
		Respons	e/Transportation/Provi	ders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	d.	
County: Placer		Provider:	Penryn Fire	Response	Zone:	Placer Zone 3
Address: PO Box 219			Number of Ambulanc	e Vehicles in Fleet:		
Penryn						
Phone Number: 916-663-3389			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Ser	vice:
□ Yes ✓ No	☐ Yes ☑ No	 	□ No	☑ Non-Transport ☑	ALS BLS LALS	☐ 9-1-1 ☐ Ground☐ 7-Digit☐ Air☐ CCT☐ Water☐ IFT
				-	1	B
Ownership:	If Public:	<u></u>	Public:	<u>lf Air:</u>		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		ALS Rescue
		<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency		orts
		<u>Air</u>	Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports	orts

Table 8: Resource Dire	ectory					
Reporting Year: 2019	9					
>		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as ne	eded.	
County: Butte		Provider:	Paradise Fire (contracting with 0	Cal Fire) Respon	nse Zone:	Butte Zone1
Address: 767 Burch St			Number of Ambulance	e Vehicles in Fleet:		
Phone Number: 530-872-6264			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Le	vel of Serv	vice:
□ Yes ☑ No	☐ Yes ☑ No	⊄ Yes	□ No	✓ Non-Transport	□ ALS ☑ BLS □ LALS	9-1-1 Ground 7-Digit Air CCT Water
Ownership:	If Public:	14	Public:	If Air:	1	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☑ State ☐ Feder	☐ County ☐ Fire District	□ Rotary □ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue
		<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses	Aiı		Total number of transport Number of emergency to Number of non-emerge	ransports	orts

Total number of transports

Number of emergency transports Number of non-emergency transports

Total number of responses

Number of emergency responses Number of non-emergency responses

Table	8:	Resource	Directory

Reporting Year:

2019

Response/Transportation/Providers

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

County: Butte		Provider: _	Droville City Fire	Respon	se Zone:	Butte Zone1
Address: 2055 L	incoln St		Number of Ambulanc	e Vehicles in Fleet:		
Phone Number: 530-53	8-2480		Average Number of A At 12:00 p.m. (noon)			
Written Contra	Medical Director:	System A	vailable 24 Hours:	Le	vel of Ser	vice:
□ Yes ☑ No	☐ Yes ☑ No	✓ Yes	□ No	✓ Non-Transport	ALS BLS LALS	9-1-1 Ground 7-Digit Air CCT Water
Ownership:	If Public:	<u>If F</u>	Public:	If Air:		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federal	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		
,		<u>Tra</u>	nsporting Agencies			
Number	umber of responses er of emergency responses er of non-emergency responses		8	Total number of transport Number of emergency to Number of non-emerge	ransports	orts
		Air	Ambulance Services			
Number Number	umber of responses er of emergency responses er of non-emergency responses			Total number of transport Number of emergency to the Number of non-emerge	ransports	orts

Table 8: Resource Dir	ectory					
Reporting Year: 2019)	Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as nee	ded.	
County: Placer		Provider:	Northstar Fire	Respons	se Zone:	Placer Zone 4
Address: PO Box 210			Number of Ambulanc	e Vehicles in Fleet:		
Phone Number: 530-562-1212			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Lev	el of Serv	rice:
	√ Yes □ No	✓ Yes	□ No	☑ Non-Transport □	ALS BLS LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
L						- 11
					T	
Ownership:	If Public:		Public:	<u>If Air:</u>		Air Classification:

Transporting Agencies

Total number of responses Number of emergency response Number of non-emergency resp		Total number of transports Number of emergency transports Number of non-emergency transports
	Air A	Ambulance Services
Total number of responses Number of emergency response	es	Total number of transports Number of emergency transports
Number of non-emergency resp	onses	Number of non-emergency transport

Reporting Year: 2019)	Resnons	e/Transportation/Prov	iders		
	Note: Table 8 is to be		The state of the s	unty. Make copies as neede	d.	
County: Placer		Provider:	North Tahoe Fire	Response	Zone:	Placer Zone 4
Address: PO Box 5879 Tahoe City			Number of Ambulanc	e Vehicles in Fleet: 6		
Phone Number: 530-583-6913		_	Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Ser	vice:
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:		Public:	<u>lf Air:</u>		Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		J ALS Rescue
		<u>Tr</u>	ansporting Agencies		(8)	197
963 Number of er	r of responses mergency responses on-emergency responses		857 695 162	Total number of transports Number of emergency trans Number of non-emergency		orts
		<u>Air</u>	Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency trans Number of non-emergency		orts

2019

Reporting Year:	2017					
		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as no	eeded.	
County: Nevada		Provider:	Donner Summit Wate	r District Respo	nse Zone:	Nevada Zone 1
Address: 53823 Sh	nerrit Ln.		Number of Ambulance	e Vehicles in Fleet:	2	
Soda Spr	rings, CA 95728					
Phone Number: 530-426-	9239		Average Number of A At 12:00 p.m. (noon)		1, 2 are volume	staffed during high call
Written Contract:	Medical Director:	System	Available 24 Hours:	<u></u>	evel of Se	vice:
√ Yes □ No	√ Yes □ No	√ Yes	□ No	X Transport Non-Transport	□ ALS X BLS □ LALS	X 9-1-1 X Ground 7-Digit Air CCT Water IFT
Ownership:	If Public:	16	Public:	If Air:		Air Classification:
X Public Private	☐ Fire ☐ Law X Other Explain: water district	☐ City☐ State☐ Feder	☐ County √ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>Tr</u>	ansporting Agencies			
227 Number of e	er of responses emergency responses non-emergency responses	1	237 224 13	Total number of transp Number of emergency Number of non-emerg	transports	orts
	4	Aiı	r Ambulance Services			
Number of e	er of responses emergency responses non-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts

Table 8: Reso	2010	etory						
Reporting Yea	ar: 2019		Respons	e/Transportation/Prov	iders			
		Note: Table 8 is to be	e completed	for each provider by co	unty. Make copies as r	eeded.		
County: Nevad	da		_ Provider:	Nevada City Fire	Resp	onse Zone:	Nevada Zone 2	
Address: 3	17 Broad St			Number of Ambulance	e Vehicles in Fleet:			
N	evada City		10					
Phone Number: 53	30-265-2351			Average Number of A At 12:00 p.m. (noon)				
Written Cor	ntract:	Medical Director:	System	Available 24 Hours:		Level of Ser	vice:	
□ Yes ✓	No	☐ Yes ☑ No	⊈ Yes	□ No	☐ Transport ☐ Non-Transport	☐ ALS ☑ BLS ☐ LALS	9-1-1 7-Digit CCT	☑ Grour □ Air □ Water

Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies		

If Public:

Total number of transports Number of emergency transports

If Air:

Air Classification:

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

Ownership:

Total number of responses

If Public:

Reporting Year:

2019

Response/Transportation/Providers

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

County: Siskiy	you		Provider:	Mt Shasta Fire	Respo	onse Zone:	Siskiyou Zone 5
	05 N. Mt Shas	ta Blvd		Number of Ambuland	ce Vehicles in Fleet:	0	•
Phone	30-926-7546			Average Number of A At 12:00 p.m. (noon)		0	
Written Cor	ntract:	Medical Director:	System A	Available 24 Hours:	1	_evel of Sei	rvice:
□ Yes ✓	No	☐ Yes ☑ No	✓ Yes	□ No	☐ Transport ☐ Non-Transport	☐ ALS ☑ BLS ☐ LALS	9-1-1 Ground 7-Digit Air CCT Water
Ownersh	hip:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
Ø Publid Priva		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	0	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			<u>Tra</u>	insporting Agencies			*
Nu	mber of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	ports
			Air	Ambulance Services			*
Nu	ımber of eı	r of responses mergency responses on-emergency responses			Total number of transplants of emergency Number of non-emergency	transports	ports

Reporting Yea	ır: 2019	(Daanana	o/Transportation/Dr	, , , , , , , , , , , , , , , , , , ,		
			170 00 00	e/Transportation/Pro			
,		Note: Table 8 is to be	completed	for each provider by o	county. Make copies as ne	eded.	
County: Siskiyo	ou		Provider:	MT Shasta Ambulance	Respon	nse Zone:	Siskiyou Zone
Address: PC	О Вох	a)		Number of Ambula	nce Vehicles in Fleet:	10	
Mt	t Shasta						
Phone Number: 53	80-926-7546	•			f Ambulances on Duty n) on Any Given Day:	5	
Written Con	tract:	Medical Director:	System	Available 24 Hours:	Le	evel of Se	rvice:
¥ Yes □	No	☑ Yes □ No	⊄ Yes	□ No	☐ Non-Transport	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownersh	nip:	If Public:		f Public:	If Air:		Air Classification:
□ Public Ø Privat	200	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	11 12	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
9			Tr	ransporting Agencie	<u>s</u>		
3864 Nur	mber of er	r of responses mergency responses on-emergency responses		3650 2717 933	Total number of transport Number of emergency Number of non-emerge	transports	
			Air	r Ambulance Service	<u>es</u>		
Nur	mber of er	r of responses mergency responses on-emergency responses			Total number of transport Number of emergency Number of non-emerge	transports	

2019

Table 8: Resource Dire	ectory					
Reporting Year: 2019		D	Town and the all Description			
		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as nee	ded.	
County: Siskiyou		Provider:	Montague Fire	Respon	se Zone:	Siskiyou Zone 5
Address: PO Box 281	-		Number of Ambulanc	e Vehicles in Fleet:		
Montague						
Phone	*		Average Number of A At 12:00 p.m. (noon)			
*	<u> </u>	2				14
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>Le</u>	vel of Ser	rvice:
□ Yes ☑ No	☐ Yes ☑ No	⊄ Yes	□ No	☑ Non-Transport 〔	ALS BLS LALS	9-1-1 ½ Ground 7-Digit Air CCT Water
	1					*
Ownership:	If Public:	<u></u>	Public:	<u>lf Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	□ Rotary □ Fixed Wing		
		. <u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses		-	Total number of transpo Number of emergency to Number of non-emerger	ansports	ports

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

Reporting Year: 2019)					
		Respons	e/Transportation/P	oviders		
* .	Note: Table 8 is to be o	completed	for each provider by	county. Make copie	s as needed	
County: Shasta	T or	Provider:	Mercy Ambulance Service		Response Z	Zone, 3
Address: 2175 Rosalina	Ave	_	Number of Ambula	ince Vehicles in Flo	eet: <u>7</u>	
Redding			*			
Phone Number: 530-245-4847			Average Number of At 12:00 p.m. (noo	of Ambulances on I n) on Any Given Da		,
Written Contract:	Medical Director:	System	Available 24 Hours		Level	of Service:
	☑ Yes □ No	 	□ No	☑ Transport □ Non-Trans		LS 🗓 7-Digit 🗆 Air
Ownership:	If Public:	If	Public:	If Air:		Air Classification:
Public Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary	,	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agenci	<u>es</u>		
7790 Number of e	r of responses mergency responses on-emergency responses		7517 6257 1260	Total number of Number of eme Number of non-	rgency trans	
		<u>Air</u>	Ambulance Service	<u>es</u>		
Number of e	r of responses mergency responses on-emergency responses			Total number of Number of eme	rgency trans	

Table 8: Resource	e Directory
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Donarting Voor	2019
Reporting Year:	

2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Provider: McCloud Community Services District Response Zone: Siskiyou Zone 4 County: Siskiyou Number of Ambulance Vehicles in Fleet: Address: 220 W. Minnesota Ave McCloud Phone Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Number: 530-964-2017 Level of Service: **Written Contract: Medical Director:** System Available 24 Hours: ☐ Yes ☑ No **☑** Ground Transport Yes No ✓ Yes □ No ALS 9-1-1 ☐ 7-Digit ☐ Air ■ Non-Transport ☐ BLS □ CCT ☐ LALS ■ Water □ IFT Air Classification: Ownership: If Public: If Public: If Air: ☐ Fire City ☐ Auxiliary Rescue **Public** County Rotary ☐ Air Ambulance Private Law State ☐ Fire District ☐ Fixed Wing ☐ ALS Rescue Other □ Federal Explain: CSD □ BLS Rescue **Transporting Agencies** Total number of transports 162 Total number of responses 131 Number of emergency responses Number of emergency transports 131 162 Number of non-emergency responses Number of non-emergency transports 0 Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Reporting Year: 2019	· · ·	Dognone	e/Transportation/Prov	idore	
	Notes Table O's table		100 - 22		
	Note: Table 8 is to be			unty. Make copies as neede	
County: Colusa		Provider:	Maxwell FPD	Response	Zone: Colusa Zone 1
Address: 260 Oak St			Number of Ambulanc	e Vehicles in Fleet:	
Phone Number: 530-458-7230			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
□ Yes ☑ No	☐ Yes ☑ No	 	□ No	☑ Non-Transport ☑ I	ALS
Ownership:	<u>If Public:</u>	<u></u>	f Public:	<u>lf Air:</u>	Air Classification:
✓ Public☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
3		Ţ	ransporting Agencies	* **	
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency trans Number of non-emergency	
		Ai	r Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran- Number of non-emergency	

Table 8: Resource Dire	ectory					
Reporting Year: 2019	9		. T	d		
		Respons	e/Transportation/Provi	ders		
	Note: Table 8 is to be o	completed	for each provider by cou	unty. Make copies as no	eeded.	
County: Yuba		Provider:	Marysvile Fire	Respo	nse Zone:	Yuba Zone1
Address: 107 Ninth St			Number of Ambulance	e Vehicles in Fleet:	0	V 4
Marysville CA						
Phone Number: 530-741-6622	2	_	Average Number of A At 12:00 p.m. (noon) of		0	· · · · · · · · · · · · · · · · · · ·
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>L</u>	evel of Ser	vice:
□ Yes ☑ No	☐ Yes ☑ No	Yes Yes	□ No	☐ Transport☐ Non-Transport☐	☐ ALS ☑ BLS ☐ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>_lf</u>	Public:	<u>If Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue J BLS Rescue
7		<u>Tr</u>	ansporting Agencies	×	.6	
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts

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
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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:	Loma Rica	/Browns Valley Fire		Response	Zone:	Yuba Zone1	•
	Box 8153	4	-	Numbe	r of Ambulance	e Vehicles in Fle	eet: <u> </u>			ÿ
Phone	749-2316					mbulances on D on Any Given Da				
Written Contra	act:	Medical Director:	System /	Availabl	e 24 Hours:		Level	of Serv	rice:	
□ Yes ☑ No	0 -	☐ Yes ☑ No	⊄ Yes	□ No	*	☐ Transport ☑ Non-Trans	sport 🛛 I	ALS BLS _ALS	9-1-1 7-Digit CCT	☑ Ground □ Air □ Water
Ownership	<u>):</u>	If Public:	<u>If</u>	Public:		<u>If Air:</u>			Air Classific	cation:
Ø Public ☐ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☑ F	County Fire District	☐ Rotary ☐ Fixed V		000	Auxiliary R Air Ambula ALS Rescu BLS Rescu	ince uė
			Tr	ansport	ing Agencies					
Numb	per of e	r of responses mergency responses on-emergency responses				Total number of Number of emer Number of non-	rgency trans	•	rts	
			Air	Ambul	ance Services					
Numb	per of e	r of responses mergency responses on-emergency responses			_	Total number of Number of eme Number of non-	rgency tran		orts	

Table 8: Resource Dire	ectory					
Reporting Year: 2019	9	Respons	e/Transportation/Prov	iders		
			an Maria			
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as ne	eded.	
County: Yuba		Provider:	Linda Fire	Respon	nse Zone:	Yuba Zone1
Address: 1286 Scales A	ve		Number of Ambulanc	e Vehicles in Fleet:	0 .	
Marysville CA			*			
Phone		1	Average Number of A			
Number: 530-743-1553			At 12:00 p.m. (noon)	on Any Given Day:	0	
Written Contract:	Medical Director:	System	Available 24 Hours:	Le	evel of Ser	rvice:
☐ Yes ☑ No	☐ Yes ☑ No	Yes	□ No	☐ Transport	☐ ALS	♀ 9-1-1 ☑ Ground
		2		Non-Transport	☑ BLS	☐ 7-Digit ☐ Air
	*				☐ LALS	☐ CCT ☐ Water ☐ IFT
Ownership:	<u>If Public:</u>	<u>_H</u>	Public:	<u>lf Air:</u>		Air Classification:
☑ Public	☑ Fire	☐ City	County	☐ Rotary		Auxiliary Rescue
☐ Private	☐ Law ☐ Other	☐ State ☐ Feder	☑ Fire District	☐ Fixed Wing	1 2	Air Ambulance ALS Rescue
	Explain:	L reder	al		1 -	J BLS Rescue
		<u>Tr</u>	ansporting Agencies			
Total numbe	r of responses			Total number of transpo	orts	
	mergency responses		-	Number of emergency	transports	
Number of n	on-emergency responses		·	Number of non-emerge	ncy transp	ports
		Air	r Ambulance Services			

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

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

Table 8: Resource Directo

Reporting Yea	r. 2019
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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 Number of Ambulance Vehicles in Fleet: Address: 472 E St Lincoln Average Number of Ambulances on Duty Phone At 12:00 p.m. (noon) on Any Given Day: Number: 916-645-4040 Level of Service: **Written Contract: Medical Director:** System Available 24 Hours: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☑ Ground ☐ Transport ☐ ALS 9-1-1 ✓ Non-Transport ☐ 7-Digit ☐ Air **BLS** □ LALS □ CCT □ Water □ IFT Air Classification: If Public: If Public: If Air: Ownership: ☑ Fire ☐ Citv □ Rotary ☐ Auxiliary Rescue Public ☐ County ☐ Fixed Wing □ Private □ Law ☐ State Fire District ☐ Air Ambulance ☐ Other ☐ Federal □ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** Total number of transports Total number of responses Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of transports Total number of responses Number of emergency transports Number of emergency responses Number of non-emergency responses Number of non-emergency transports

Reporting Year: 2019	<u> </u>	Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as need	ded.	
County: Nevada		Provider:	Higgins Fire	Respons	e Zone:	Nevada Zone 2
Address: 10106 Combie Auburn Phone	Road		Number of Ambulanc Average Number of A			
Number: 530-274-4370			At 12:00 p.m. (noon)			*
Written Contract:	Medical Director:	System	Available 24 Hours:	Lev	el of Ser	vice:
DiYes ⊠ No	☐ Yes ☑ No	Ø Yes	□ No	☑ Non-Transport ☑	AL'S BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	li li	Public:	If Air:	T	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☑ Fire District	□ Rotary □ Fixed Wing		Auxiliary Rescue Air Ambulance
		<u> Tr</u>	ansporting Agencies	*		
Number of er	of responses mergency responses on-emergency responses			Total number of transport Number of emergency tra Number of non-emergence	ansports	orts
		<u>Ai</u>	r Ambulance Services			
Number of er	r of responses mergency responses on-emergency responses			Total number of transport Number of emergency tra Number of non-emergency	ansports	oorts

Table 8: Resource	ce Directory
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Reporting Ye	2019
Reporting re	ar.

Response/Transportation/Providers

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

County: Shasta		Provider: Happy Valley F	ire	Response Zo	one: Zone, 3
Address: 17441 Palm Av	re	Number of	f Ambulance Vehicles in Fl	eet:	
Phone Number: 530-357-2345			lumber of Ambulances on .m. (noon) on Any Given D		,
Written Contract:	Medical Director:	System Available 2	4 Hours:	Level o	f Service:
□ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☐ Transport☐ Non-Tran		S 🗓 7-Digit 🗆 Air
Ownership:	If Public:	If Public:	<u>If Air</u>	<u>:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ Coul ☐ State ☑ Fire ☐ Federal			☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting	Agencies		
Number of e	r of responses mergency responses on-emergency responses		Total number of Number of non-	rgency transp	
		Air Ambulanc	e Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of Number of non	ergency transp	

Reporting Year: 2019)					
*		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as nee	eded.	
County: Siskiyou		Provider:	Happy Camp Ambulance	Respon	se Zone:	Zone 3
Address: 26 4th Ave			Number of Ambulance	e 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						
Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:		
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport	☑ ALS □ BLS ☑ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u></u>	Public:	If Air:		Air Classification:
□ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>Tr</u>	ansporting Agencies			
Total number of responses Number of emergency responses Number of non-emergency responses			62 62 0	Total number of transports Number of emergency transports Number of non-emergency transports		
		<u>Air</u>	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		

Reporting Year: 2019)					
		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	ed.	
County: Butte		Provider:	Gridley Fire	Response	Zone: Butte Zone2	
Address: PO Box 1119	* //		Number of Ambulanc	e Vehicles in Fleet:		
Phone Number: 530-538-7111			Average Number of A At 12:00 p.m. (noon) o			
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	Level of Service:	
□ Yes ☑ No	☐ Yes ☑ No	⊄ Yes	□ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT	
			×		T	
Ownership:	If Public:	<u> </u>	Public:	<u>lf Air:</u>	Air Classification:	
	☐ Fire ☐ Law ☐ Other Explain:	City State Feder		☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
		Ţ	ansporting Agencies			
Total number of responses Number of emergency responses Number of non-emergency responses		<u> Ai</u>	r Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports		
Total number of responses Number of emergency responses		-	Total number of transports Number of emergency transports	nsports		

Table 8: Resource Dire	ectory					
Reporting Year: 2019)					
		Respons	e/Transportation/Provi	iders		
Note: Table 8 is to be completed for each provider by county. Make copies as needed.						
County: Nevada		Provider:	Grass Valley Fire	Respon	nse Zone	Nevada Zone 2
Address: 125 E. Main St			Number of Ambulanc	e Vehicles in Fleet:		
Grass Valley				ACCUMENTATION OF THE STATE OF T		
Phone Number: <u>530-274-4370</u>			Average Number of A At 12:00 p.m. (noon)			e
M-'44 O4	Madical Discotors	Custom	Assellable 24 Hasses	1.	aval of Ca	andaa.
Written Contract:	Medical Director:	System	Available 24 Hours:	<u> </u>	evel of Se	ervice:
□ Yes ☑ No	☐ Yes ☑ No	Yes	□ No	☐ Transport☐ Non-Transport☐	□ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	<u>If Public:</u>	<u></u>	Public:	<u>If Air:</u>		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Tr	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses	-		Total number of transport Number of emergency Number of non-emerge	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 Dire	ectory					
Reporting Year: 2019	9	Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as ne	eeded.	
County: Tehama		Provider:	Gerber VFD	Respo	nse Zone:	Tehama Zone 1
Address: 327 Benito Ave	•		Number of Ambulance	e Vehicles in Fleet:	0	, , , , , , , , , , , , , , , , , , ,
Phone Number: 530-385-1549		_	Average Number of A At 12:00 p.m. (noon) o		0	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>L</u>	evel of Se	rvice:
□ Yes No	☐ Yes ☑ No	⊈ Yes	□ No	☐ Transport ☐ Non-Transport	□ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	<u>If Public:</u>	<u>_1</u> 1	Public:	<u>lf Air:</u>		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>D</u>	ansporting Agencies	,		
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	oorts

Air Ambulance Services

Total number of transports

Number of emergency transports Number of non-emergency transports

Total number of responses

Number of emergency responses Number of non-emergency responses

Reporting Year:

Response/Transportation/Providers

County: Yuba		Provider: Foothill Fire	Response	Zone: Yuba Zone1
Address: PO Box 332 Brownsville CA		Number of Ambulanc	e Vehicles in Fleet: 0	
Phone Number: 530-675-2343		Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	of Service:	
□ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No		ALS 9-1-1 1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies		
Number of e	r of responses mergency responses on-emergency responses	Air Ambulance Services	Total number of transports Number of emergency trans Number of non-emergency	
Total numbe	r of responses	All Allibulance Services	Total number of transports	
Number of e	mergency responses on-emergency responses		Number of emergency trans Number of non-emergency	

Reporting Year: 2019		_				2
		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	ed.	
County: Placer		Provider:	Foresthill Fire	Response	Zone:	Placer Zone 1
Address: PO Box 557 Foresthill	*		Number of Ambulanc	e Vehicles in Fleet: 3		
Phone Number: 530-389-2287			Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	l of Ser	vice:
	☑ Yes □ No	⊄ Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
		I .			T	
Ownership:	If Public:	<u> </u>	Public:	<u>If Air:</u>		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue J BLS Rescue
		<u>Tı</u>	ansporting Agencies			25
Number of er	r of responses mergency responses on-emergency responses	<u>Ai</u>	217 217 0 r Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency	nsports	orts
Total numbo	r of responses			Total number of transports	,	

Number of emergency transports Number of non-emergency transports

Table 8: Resource Directory

Number of emergency responses Number of non-emergency responses

Table 8:	Resource	Directory
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Reporting Year: 2019

Response/Transportation/Providers

County: Shasta		Provider: Fall River Mills Fire Ro		esponse Zone: Zone 1		
Address: PO Box 582 Fall River Mills	*	Number of Ambulanc	e Vehicles in Fleet:			
Phone Number: 530-336-6117		Average Number of A At 12:00 p.m. (noon)				
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:		
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water		
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:		
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue		
		Transporting Agencies				
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tran Number of non-emergency			
		Air Ambulance Services				
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tran Number of non-emergency			

Reporting Year: 2019)				
		Respons	e/Transportation/Provi	iders	
	Note: Table 8 is to be	completed	for each provider by coι	unty. Make copies as neede	d.
County: Siskiyou		Provider:	Etna Ambulance	Response	Zone: Zone 2
Address: 450 Main st			Number of Ambulanc	e Vehicles in Fleet: 2_	
Etna					
Phone Number: <u>530-467-3331</u>			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
		-		*	
	☑ Yes ☐ No	Yes Yes	⊔ No		ALS
					LALS CCT Water
Ownership:	If Public:	<u></u>	Public:	<u>If Air:</u>	Air Classification:
Ø Public	☐ Fire	☑ City	□ County	□ Rotary	☐ Auxiliary Rescue
☐ Private	☐ Law ☐ Other	☐ State ☐ Feder	☐ Fire District	☐ Fixed Wing	☐ Air Ambulance☐ ALS Rescue
	Explain: City/twon of ETNA ownship			8	☐ BLS Rescue
	,	Tr	ansporting Agencies		-
347 Total numbe	r of responses	n (315	Total number of transports	
	mergency responses		297	Number of emergency trans	sports
0 Number of n	on-emergency responses		18	Number of non-emergency	transports
		<u>Air</u>	Ambulance Services		
	r of responses		<u> </u>	Total number of transports	
	mergency responses on-emergency responses			Number of emergency tran Number of non-emergency	

Table 8: Resource Dire	ectory					
Reporting Year: 2019	9			F (4).		
		Respons	e/Transportation/Provi	iders		
	Note: Table 8 is to be	completed	for each provider by cou	inty. Make copies as n	eeded.	
County: Butte, Colusa		Provider:	Enloe Flightcare Chico	Respo	onse Zone:	Colusa Zone 1,Butte Zone 1, 2
Address: 1531 Esplande	•		Number of Ambulanc	e Vehicles in Fleet:	1	(4.)
Chico CA 959	26					
Phone Number: 530-680-2428		_	Average Number of A At 12:00 p.m. (noon)		1	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u>1</u>	evel of Se	rvice:
	¥ Yes □ No	⊈ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	9-1-1 Ground 7-Digit Air CCT Water
	,					
Ownership:	<u>If Public:</u>	<u>_H</u>	Public:	<u>lf Air:</u>		Air Classification:
Public Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District al	☑ Rotary □ Fixed Wing	0	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	ports

Air Ambulance Services

72Total number of responses657Total number of transports72Number of emergency responses68Number of emergency transports0Number of non-emergency responses589Number of non-emergency transports

Reporting Year: 2019							
		Respons	e/Transportation/Prov	iders			
	Note: Table 8 is to be co	ompleted	for each provider by co	unty. Make copies as r	neede	d.	
County: Glenn	F	Provider:	Enloe Ambulance	Resp	onse	Zone:	Glenn Zone1
Address: 333 Huss Dr Si	te 100		Number of Ambulance	e Vehicles in Fleet:	2		350
Chico							
Phone	12 T	_	Average Number of A At 12:00 p.m. (noon)		1		
Written Contract:	Medical Director:	System	Available 24 Hours:	91	Level	of Ser	vice:
	☑ Yes □ No	⊄ Yes	□ No	☑ Transport □ Non-Transport		ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u> If</u>	Public:	<u>lf Air:</u>			Air Classification:
☐ Public ☑ Private	☐ Law	City State Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing			J Air Ambulance J ALS Rescue
		Tr	ansporting Agencies				ā
Number of e	r of responses mergency responses on-emergency responses		1143 736 407	Total number of trans Number of emergence Number of non-emergence	y trans		orts
		<u>Air</u>	Ambulance Services				
Number of e	r of responses mergency responses on-emergency responses			Total number of trans Number of emergence Number of non-emergence	y trans	•	orts

2019

Table 8: Resource Dir	ectory					
Reporting Year: 2019	9	Respons	e/Transportation/Prov	iders		
	Notes Table Of the bar					
	Note: Table 8 is to be	completea	for each provider by cou	<i>inty.</i> Make copies as n	eeaea.	
County: Placer		Provider:	Dutch Flat Fire	Respo	nse Zon	e: Placer Zone 3
Address: PO Box 83			Number of Ambulanc	e Vehicles in Fleet:		
Dutch Flat			Average Number of A	mhulanasa an Dutu		
Phone Number: 530-389-2287	(×		Average Number of A At 12:00 p.m. (noon)		-	
Written Contract:	Medical Director:	System	Available 24 Hours:	<u> </u>	evel of S	Service:
□ Yes Ø No	☐ Yes ☑ No	✓ Yes	□ No	☐ Transport☐ Non-Transport☐	☐ ALS ☑ BLS ☐ LALS	7-Digit Air
Ownership:	If Public:	<u>_11</u>	f Public:	If Air:		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	7	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
200		<u>Tı</u>	ransporting Agencies			
Number of e	er of responses emergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transpor	

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
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Reporting Year:	2019
Nepulling real.	

Response/Transportation/Providers

County: Siskiyou		Provider: Dunsmuir Fire	Response	Zone: Zone 4
Address: PO Box 196 Dunsmuir Phone Number: 530-235-2551	*	Average Number of A At 12:00 p.m. (noon)	ambulances on Duty	
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
□ Yes Ø No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 2 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
8 ;		Transporting Agencies		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency	•
		Air Ambulance Services		
Number of e	er of responses mergency responses on-emergency responses		Total number of transports Number of emergency tran Number of non-emergency	

Reporting Year: 2019)				
		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	d.
County: Siskiyou		Provider:	Dorris	Response	Zone: Zone 4
Address: PO Box 786			Number of Ambulanc	e Vehicles in Fleet:	
Dorris					
Phone Number: 530-397-2121			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
□ Yes ☑ No	☐ Yes ☑ No	⊈ Yes	□ No	☑ Non-Transport ☑	ALS
Ownership:	<u>If Public:</u>	<u></u>	Public:	<u>lf Air:</u>	Air Classification:
Ø Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☑ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
Number of e	r of responses mergency responses on-emergency responses		¥	Total number of transports Number of emergency tran Number of non-emergency	
		<u>Air</u>	Ambulance Services	2	
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	

n	11	2019
Reporting	Year:	

Response/Transportation/Providers

County: Yuba		Provider: Dobbins Oregon House Fire	Response	Zone: Yuba Zone1
Address: PO Box 164 Oregon House	CA	Number of Ambulanc	e Vehicles in Fleet: 0	
Phone Number: 530-675-2343	<u> </u>	Average Number of A At 12:00 p.m. (noon) o		·
Written Contract:	Medical Director:	System Available 24 Hours:	<u>Level</u>	of Service:
□ Yes ☑ No	☐ Yes ☑ No	☐ Yes □ No	☑ Non-Transport ☑	ALS
Ownership:	<u>If Public:</u>	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
Ø Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting Agencies	160	
Number of e	r of responses mergency responses on-emergency responses	•	Total number of transports Number of emergency trans Number of non-emergency	
		Air Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tran Number of non-emergency	

Table	8:	Resource	Directory
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Reporting Year:

2019

Total number of responses

Number of emergency responses

Number of non-emergency responses

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Provider: Cottonwood Fire Response Zone: Zone 3 County: Shasta Number of Ambulance Vehicles in Fleet: Address: PO Box 618 Cottonwood Average Number of Ambulances on Duty Phone At 12:00 p.m. (noon) on Any Given Day: Number: 530-347-4737 Level of Service: **Written Contract: Medical Director:** System Available 24 Hours: ☑ Ground Yes V No ✓ Yes □ No ☐ Yes ☑ No ☐ Transport ☐ ALS 9-1-1 Ď 7-Digit ☐ Air Non-Transport **BLS** ☐ CCT ☐ LALS □ Water □ IFT Air Classification: Ownership: If Public: If Public: If Air: ☐ Auxiliary Rescue Public Fire ☐ Citv □ County □ Rotary ☐ Fixed Wing □ Air Ambulance ☐ Private Law State □ Fire District ☐ ALS Rescue ☐ Federal ☐ Other Explain: □ BLS Rescue **Transporting Agencies** Total number of transports Total number of responses Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses Air Ambulance Services

Total number of transports

Number of emergency transports

Number of non-emergency transports

Table 8	Resource	Directory
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Reporting Year: 2019

Response/Transportation/Providers

County: Colusa		Provider: Colusa Fire	Response Zo	one: Colusa Zone 1
Address: 750 Market	st	Number of Ambu	lance Vehicles in Fleet:	
Phone Number: 530-458-772	11		of Ambulances on Duty on) on Any Given Day:	
Written Contract:	Medical Director:	System Available 24 Hour	s: Level of	f Service:
□ Yes No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Transport ☐ AL ☐ Non-Transport ☐ BL	S 🗓 7-Digit 🛭 Air
Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agenc	<u>ies</u>	
Number of	per of responses emergency responses non-emergency responses	, ,	Total number of transports Number of emergency transports Number of non-emergency transports	
		Air Ambulance Servi	ces	
Number of	per of responses emergency responses non-emergency responses		Total number of transports Number of emergency transp Number of non-emergency transp	

Reporting Year: 2019		Doonone	e/Transportation/Provi	dore	
				uers unty. Make copies as neede	4
County: Colusa		Provider:			Zone: Colusa Zone1
Address: 333 Huss Dr St	e 100	_	Number of Ambulance	e Vehicles in Fleet: 2	
Phone Number: 530-879-5512	*	_	Average Number of A At 12:00 p.m. (noon) of		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport ☐ I	ALS 9-1-1 Ó Ground BLS 7-Digit Air ALS CCT Water I IFT
Ownership:	If Public:	<u>. It</u>	Public:	<u>lf Air:</u>	Air Classification:
☐ Public ☐ Private	☐ Law	City State Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	Я	<u>Tr</u>	ansporting Agencies	*	
Number of er	r of responses mergency responses on-emergency responses		931 211	Total number of transports Number of emergency trans Number of non-emergency	
		<u>Air</u>	Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency trans Number of non-emergency	

Reporting Year: 2019	9					
		Response	Transportation/Prov	iders		
	Note: Table 8 is to be	completed fo	or each provider by cou	unty. Make copies as no	eeded.	
County: Nevada,		Provider:	CAREFLIGHT	Respo	nse Zone	Nevada Zones 2,3
Address: 13750 Lincoln	Wy		Number of Ambulanc	e Vehicles in Fleet:	1	
Auburn CA 95	5603					
Phone Number: 530-887-0569			Average Number of A At 12:00 p.m. (noon)		1	×
Written Contract:	Medical Director:	System A	vailable 24 Hours:	L	evel of Se	ervice:
¥ Yes □ No	☑ Yes □ No	⊈ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 7-Digit ☐ Ground☐ 7-Digit ☐ Air☐ CCT☐ Water☐ IFT
Oanabia.	If Dublies	161	bli	If A:	T	Air Classification
Ownership:	. If Public:		Public:	If Air:		Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law	☐ City ☐ State	☐ County ☐ Fire District	☑ Rotary☐ Fixed Wing		Auxiliary RescueAir Ambulance
•	☐ Other	☐ Federa				☐ ALS Rescue
	Explain:			4		☐ BLS Rescue
		<u>Tra</u>	nsporting Agencies			
Total numbe	er of responses			Total number of transp	orts	*
Number of emergency responses		Number of emergency transports				
Number of n	on-emergency responses			Number of non-emerg	ency trans	ports
		<u>Air</u>	Ambulance Services			
	er of responses		77	Total number of transp		
72 Number of e	mergency responses		68	Number of emergency	transports	

Number of non-emergency transports

Table 8: Resource Directory

Number of non-emergency responses

Reporting Year:	2019

Response/Transportation/Providers

County: Tehama		Provider: Capay Fire	Response	Zone: Tehama Zone 1
Address: 50 4th Ave Orland		Number of Ambulanc	e Vehicles in Fleet: 0	
Phone Number: 530-865-2070	¥	Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	I of Service:
□ Yes ☑ No	☐ Yes ☑ No	Yes 🗅 No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership:	If Public:	<u>If Public</u> :	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies		*
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency transports Number of non-emergency	nsports
	*	Air Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency transports Number of non-emergency	nsports

Reporting Year: 2019)					
		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	ed.	
County: Placer, Nevada, Yu	ba,	Provider:	CALSTAR	Response	Zone:	Placer Zones 1,2,3 Nevada Zones 2,3 Yuba Zone 1,2
Address: 13750 Lincoln	Ny		Number of Ambulanc	e Vehicles in Fleet: 1)
Auburn CA 950	603		Average Number of A	umbulances on Duty		
Number: 530-887-0569		,	At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	l of Ser	vice:
✓ Yes □ No	☑ Yes ☐ No	⊈ Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	9-1-1 Ground 7-Digit Air CCT Water
						VZ IFI
Ownership:	If Public:	<u></u>	Public:	<u>If Air:</u>		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☑ Rotary □ Fixed Wing		
		Ţı	ansporting 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	nsports	orts	
		<u>Ai</u>	r Ambulance Services	*		
Number of e	r of responses mergency responses on-emergency responses		249 67 187	Total number of transports Number of emergency transports Number of non-emergency	nsports	orts

Table	8:	Resource	Directory
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Reporting Year:

2019

Response/Transportation/Providers

County: Colusa		Provider: CAL Fire Colusa	Response	Zone: Colusa Zone 1
Address: 1199 big Tree St Helena		Number of Ambulanc	e Vehicles in Fleet: 0	
Phone Number: 707-994-2441		Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
□ Yes ☑ No	☑ Yes □ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	If Public:	<u>If Public</u> :	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
	8	Transporting Agencies		
Total number of responses Number of emergency responses Number of non-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	
		Air Ambulance Services		
Total number of responses Number of emergency responses Number of non-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	

			Respons	e/Transportation/Provi	iders		
		Note: Table 8 is to be	completed	for each provider by coι	unty. Make copies as ne	eded.	
County: S	Siskiyou	3 3	Provider:	CAL Fire Siskiyou	Respon	nse Zone:	Siskiyou Zone 1-6
Address:	PO Box 128 Yreka			Number of Ambulanc	e Vehicles in Fleet:	0	
Phone Number:	530-842-3516		_	Average Number of A At 12:00 p.m. (noon)		0	× :
Written (Contract:	Medical Director:	System	Available 24 Hours:	<u>Le</u>	evel of Ser	vice:
☐ Yes	☑ No	☑ Yes □ No	 	□ No	✓ Non-Transport	□ ALS ☑ BLS □ LALS	☐ 9-1-1 ☐ Ground☐ 7-Digit☐ Air☐ CCT☐ Water☐ IFT
Owne	ership:	If Public:	_ <u>H</u>	Public:	<u>If Air:</u>		Air Classification:
The state of the s	ublic rivate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	County Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			<u> Tr</u>	ansporting Agencies			
	Number of e	er of responses emergency responses non-emergency responses			Total number of transport Number of emergency Number of non-emerge	transports	orts
			Air	r Ambulance Services			
	Number of e	er of responses emergency responses non-emergency responses			Total number of transport	transports	orts

Reporting Year:

2019

Reporting Year: 2019)					
		Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as neede	ed.	
County: Shasta		Provider:	CAL Fire	Response	Zone:	Zone 3
Address: 6105 Airport Ro	i		Number of Ambulanc	e Vehicles in Fleet:		
Redding						
Phone Number: 530-224-2460			Average Number of A At 12:00 p.m. (noon)			-
Written Contract:	Medical Director:	System	Available 24 Hours:	Leve	l of Serv	vice:
□ Yes ☑ No	☑ Yes □ No	✓ Yes	□ No	☑ Non-Transport ☑	ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If</u>	Public:	<u>If Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		
		<u>Tr</u>	ansporting Agencies	4		
Total number of responses Number of emergency responses Number of non-emergency responses			Total number of transports Number of emergency transports Number of non-emergency	sports	orts	
		<u>Air</u>	Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency transports Number of non-emergency	nsports	orts

Reporting Year: 2019	<u> </u>		- (Tongan and Ation (Dona)		
	2	Respons	e/Transportation/Provi	iders	
	Note: Table 8 is to be of	completed	for each provider by cou	unty. Make copies as neede	d.
County: Siskiyou		Provider:	Butte Valley Ambulance	Response	Zone: Zone 1
Address: 104 N Railroad			Number of Ambulanc	e Vehicles in Fleet: 2	F
Dorris		5 6 4			
Phone Number: 530-397-2105			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
¥ Yes □ No	☑ Yes □ No	Yes Yes	□ No	☐ Non-Transport ☐	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	If Public:		Public:	<u>If Air:</u>	Air Classification:
Public Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	County Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies	8 4	
Number of er	of responses nergency responses on-emergency responses		111 111 0	Total number of transports Number of emergency tran Number of non-emergency	•
×.		<u>Aiı</u>	Ambulance Services		
Number of er	of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports

2019

Reporting Year: 2019) 				
		Respons	e/Transportation/Provi	iders	
	Note: Table 8 is to be of	completed	for each provider by cou	unty. Make copies as neede	d.
County: Butte		Provider:	Butte County EMS Inc.	Response	Zone: Butte Zone1
Address: 333 Huss Dr St	te 100		Number of Ambulance	e Vehicles in Fleet: 24	=
Phone Number: 530-879-5512		_	Average Number of A At 12:00 p.m. (noon) o		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
¥ Yes □ No	☑ Yes □ No	 	□ No	☐ Non-Transport ☐	ALS
Ownership:	<u>If Public:</u>	<u> If</u>	Public:	<u>lf Air:</u>	Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
Total number of responses Number of emergency responses Number of non-emergency responses		23274 21558 1716	Total number of transports Number of emergency tran Number of non-emergency		
		<u>Air</u>	Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports

Reporting Year: 2019					
		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be o	ompleted	for each provider by coι	unty. Make copies as neede	d.
County: Shasta		Provider:	Burney Fire	Response	Zone: Zone 2
Address: 37072 Hwy 299	ÐΕ		Number of Ambulanc	e Vehicles in Fleet: 2_	
Burney		_			
Phone Number: 530-335-2212			Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
✓ Yes □ No	☑ Yes ☐ No	✓ Yes	□ No	☑ Transport ☑ /	ALS
Ownership:	If Public:	<u>If</u>	Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Law	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
Number of er	r of responses mergency responses on-emergency responses	*	496 496 NA	Total number of transports Number of emergency trans Number of non-emergency	
**		Air	Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	1.00

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2013	

Response/Transportation/Providers

County: Colus	sa		Provider:	Bear Valley Indian FPD	Respo	nse Zone:	Colusa Zone 1
Phone	PO Box 127 Stonyford			Average Number of	Ambulances on Duty on Any Given Day:		
Written Co	ntract:	Medical Director:	System	Available 24 Hours:	<u>_</u>	evel of Se	rvice:
□ Yes Ø	No	☐ Yes ☑ No	⊄ Yes	□ No	☐ Transport ☐ Non-Transport	□ ALS □ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owners	hip:	<u>lf Public:</u>	_If	Public:	If Air:	T	Air Classification:
Ø Publi □ Priva		☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing	1 3	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Tra	ansporting Agencies	<u> </u>		,
Total number of responses Number of emergency responses Number of non-emergency responses				Total number of transp Number of emergency Number of non-emerg	transports	ports	
			<u>Air</u>	Ambulance Service	<u>s</u>		
Total number of responses Number of emergency responses Number of non-emergency responses					Total number of transpNumber of emergencyNumber of non-emerg	transports	

Table 8: Resource Dir	ectory					
Reporting Year: 2019	9	Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by col	unty. Make copies as ne	eeded.	
County: Yuba		Provider:	Beale AFB Ambulance	Respo	nse Zone:	Yuba Zone2
Address: 6451 B St Beale AFB CA			Number of Ambulance	e Vehicles in Fleet:	2	
Phone Number: 530-634-8672			Average Number of A At 12:00 p.m. (noon)		2	
Written Contract:	Medical Director:	System	Available 24 Hours:	L	evel of Se	rvice:
	☑ Yes □ No	∡ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u></u>	Public:	<u>If Air:</u>		Air Classification:
Ø Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: Federal	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
	L.	<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses		105 105 NA	Total number of transp Number of emergency Number of non-emerge	transports	ports
		<u>Air</u>	Ambulance Services			B):
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	ports

Reporting Year: 2019	<u> </u>	Response	e/Transportation/Provi	iders		
ū.	Note: Table 8 is to be	· · · · · · · · · · · · · · · · · · ·		unty. Make copies as neede	ıd.	
County: Yuba			Bi-County Ambulance	Response		Yuba Zone1
Address: PO Box 3130		_	Number of Ambulance	e Vehicles in Fleet: 17		
Phone Number: 530-674-2780		_	Average Number of A At 12:00 p.m. (noon) of			
Written Contract:	Medical Director:	System /	Available 24 Hours:	Level	of Ser	vice:
	☑ Yes □ No	✓ Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	☐ 9-1-1 ☑ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT
Ownership:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
Public Private	The state of the s	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		
		Tr	ansporting Agencies	8		
Number of e	r of responses mergency responses on-emergency responses		20799 17792 3007	Total number of transports Number of emergency tran Number of non-emergency	sports	orts
		<u>Air</u>	Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports	orts

Table 8:	Resour	ce Director
Reportin	g Year:	2019

Response/Transportation/Providers

County: Pla	acer		Provider:	Auburn F	Fire	Respo	onse Zone	Placer Zone 3
Address:	1225 Lincoln W	/ay		Numb	er of Ambulanc	e Vehicles in Fleet:	-	
Phone Number:	530-823-4211					ambulances on Duty on Any Given Day:	·	
Written C	ontract:	Medical Director:	System /	Availal	ole 24 Hours:	<u>1</u>	_evel of Se	ervice:
□ Yes i	√ No	☐ Yes ☑ No	⊈ Yes	□ No) :-	☐ Transport ☑ Non-Transport	☐ ALS ☑ BLS ☐ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owner	rship:	<u>lf Public:</u>	. <u>If</u>	Public	¥:	If Air:		Air Classification:
# UNITS 34 333	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa		County Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Tra	anspo	rting Agencies			
	Number of e	r of responses mergency responses on-emergency responses				Total number of transp Number of emergency Number of non-emerg	transports	
1.8			<u>Air</u>	Ambu	lance Services			
1	Number of e	r of responses mergency responses on-emergency responses				Total number of transplants of emergency Number of non-emergency	transports	

Table 8: Resourc	e Directory
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Reporting Year:

2019

Response/Transportation/Providers

County: Co	olusa		Provider:	Arbuckle FPD	Respon	se Zone:	Colusa Zone 1
Address: Phone Number:	PO Box 727 Arbuckle 530-476-2231			Number of Ambulance Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty	, , ,	
Written C	ontract:	Medical Director:	System	Available 24 Hours:	Le	vel of Se	rvice:
□ Yes (⊿ No	☐ Yes ☑ No	⊄ Yes	□ No	☑ Non-Transport	ALS BLS LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owner	ship:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
10 10 10 10 10 10 10 10 10 10 10 10 10 1	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing	1 2	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			<u>Tr</u>	ansporting Agencies	*		
	Number of e	r of responses mergency responses on-emergency responses			Total number of transpo Number of emergency to Number of non-emerger	ransports	
			<u>Air</u>	Ambulance Services			
1	Number of e	r of responses mergency responses on-emergency responses			Total number of transpo Number of emergency t Number of non-emerger	ransports	

Reporting Year: 20	19				
_		Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to be	e completed	for each provider by co	unty. Make copies as neede	d.
County: Shasta	9	_ Provider:	Anderson FPD	Response	Zone: Zone 3
Address: 1925 Howa	d St		Number of Ambulance	e Vehicles in Fleet:	. ,
Anderson					
Phone Number: <u>530-379-66</u>	99		Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
□ Yes Ø No	☐ Yes ☑ No	 	□ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	If Public:	<u></u>	f Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder		☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>T</u>	ransporting Agencies	061	(2)
Number of	per of responses emergency responses non-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports
		<u>Ai</u>	r Ambulance Services		
Number of	per of responses emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports

Table 8: Resource Dir	ectory						
Reporting Year: 2019)						
		Respons	e/Transportation/Prov	iders			
Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
_							
County: Shasta	E	Provider:	AMR Shasta	Resp	onse Zone	Zone 3	
Address: 4989 Mountain	Lake Blvd		Number of Ambulanc	e Vehicles in Fleet:	11		
Redding							
Phone			Average Number of A		_		
Number: 530-241-2323			At 12:00 p.m. (noon)	on Any Given Day:	7		
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	rvice:	
	☑ Yes □ No	⊄ Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	<u>If Public:</u>	<u></u>	Public:	<u>If Air:</u>		Air Classification:	
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	1 3	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
	Transporting Agencies						
	r of responses		14228	Total number of transp	oorts		
	mergency responses		13621	Number of emergency			
607 Number of no	on-emergency responses		607	Number of non-emerg	ency trans	orts	

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

Reporting Year: 2019		Respons	e/Transportation/Prov	iders	
				unty. Make copies as neede	d.
County: Placer		Provider:	X		Zone: Placer Zone 3
Address: 6101 Pacific St	K		Number of Ambulanc	e Vehicles in Fleet: 26	
Phone Number: 916563-0704			Average Number of A At 12:00 p.m. (noon)		,
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
✓ Yes □ No	✓ Yes □ No	✓ Yes	□ No	☐ Non-Transport ☐	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	If Public:	<u> If</u>	Public:	If Air:	Air Classification:
☐ Public ☐ Private	☐ Law	□ City □ State □ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies		
Number of e	r of responses mergency responses on-emergency responses		27399 25539 1860	Total number of transports Number of emergency tran Number of non-emergency	•
		<u>Air</u>	Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	

2019

Table 8: Resource	Directory
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Reporting Year:

20	19	
20	19	

Response/Transportation/Providers

County: Nevada		Provider: 49er Fire	Response	Zone: Nevada Zone 2
Address: PO Box 354 Grass Valley		Number of Ambulanc	e Vehicles in Fleet:	
Phone Number: 530-265-4431	-	Average Number of A At 12:00 p.m. (noon)		•
Written Contract:	Medical Director:	System Available 24 Hours:	<u>Level</u>	of Service:
□ Yes No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water
Ownership:	<u>lf Public:</u>	<u>If Public</u> :	<u>lf Air:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies		
. Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency	
		Air Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency	

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.

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. <u>Please include a separate form for each exclusive</u> and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Sierra-Sacramento Valley

Area or Subarea (Zone) Name or Title:

Glenn County, Zone 2

Name of Current Provider(s):

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

Enloe Ambulance

Area or Subarea (Zone) Geographic Description:

All of Glenn County south of county road 33

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

Include intent of local EMS agency and board action.

Non-Exclusive

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

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

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

If <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.

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. <u>Please include a separate form for each exclusive</u> and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Sierra-Sacramento Valley

Area or Subarea (Zone) Name or Title:

Glenn County, Zone 1

Name of Current Provider(s):

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

Orland Community Ambulance Association dba Westside Ambulance Association

Area or Subarea (Zone) Geographic Description:

All of Glenn County north of county road 33

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

Include intent of local EMS agency and board action.

Exclusive

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

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

Emergency Ambulance Service, 911 emergency ambulance transport, 7-digit emergency ambulance transport

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

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

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.

Grandfathered

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.

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.

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.

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.

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.

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

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

X

Colusa Regional Marces: 199 E. Webster St		Telephone Number: 530-45	58-5821	
Written Contract:	Service:		Base Hospital:	Burn Center:
⊠ Yes □ No		Emergency ehensive Emergency	⊠ Yes □ No	☐ Yes x ⊠ No
diatric Critical Care Center ¹		Trauma Center:	<u>If Trauma Cer</u>	ter what level:
DAP ² ICU ³	☐ Yes x ⊠No☐ Yes x ⊠No	☐ Yes ☒ No	☐ Level I ☐ Level III	☐ Level II☐ Level IV
PICU ³		☐ Yes ☒ No		
STEMI Center:	Stroke Center:			
☐ Yes ☒ No	☐ Yesx ⊠ No			

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Tahoe Forest Ho PO Box 759 True		Telephone Number:	(530) 582-3208	
Written Contract: ⊠ Yes □ No	☐ Referral Emergency ☐ Basic Emergency ☒		Base Hospital: Yes No	Burn Center: ☐ Yes x ☑ No
ediatric Critical Care Cente DAP ² ICU ³	r ¹	Trauma Center: ☐ Yes ☒ No	If Trauma Cen Level I Level III	ter what level: Level II Level IV
STEMI Center: ☐ Yes ☒ No	Stroke Center	<u>:</u> No	☐ Level III	☐ Level IV

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

ddress: Sutter Roseville M One Medical Plaza		Telephone Num	ber: (916) 781	-1800	
Written Contract:		Service:		Base Hospital:	Burn Center:
⊠ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	☐ Standby Emergency ☑ Comprehensive Emergen	ю	⊠ Yes □ No	☐ Yes ⊠ No
ediatric Critical Care Center ^l DAP ²	¹ □ Yes ☒ No □ Yes ☒ No	Trau	ıma Center:	If Trauma Cen	ter what level:
ICU ³	Yes No	X	Yes □ No	☐ Level I ☐ Level III	☑ Level II ☐ Level IV

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: Pla	acer			
Note: Complete informa	ation for each facility by county. Ma	ke copies as needed.		
Facility: Sutter Auburn Address: 11815 Education	Faith Hospital on St Auburn Ca 95603	Telephone Number:(5	30) 888-4500	
S	8 7		* *	
Written Contract:		Service:	Base Hospital:	Burn Center:
ĭ Yes □ No	□ Referral Emergency □ □ Basic Emergency ⊠	Standby Emergency Comprehensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
Pediatric Critical Care Cen EDAP ²	ter¹ ☐ Yes ⊠ No ☐ Yes ⊠ No	Trauma Center:	If Trauma Cent	er what level:
PICU ³	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Level I ☐ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke Center:	***************************************		
☐ Yes ☒ No	o ⊠ Yes 🗖 No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County:	Teh	ama				
Note: Co	mplete informatio	n for each facility by county.	Make copies	as needed.		
Facility: Address:	St. Elizabeth's Me 2550 Sister Mary (morial Hospital Columba Red bluff CA 96080	T	elephone Number:	(530) 529-8000	
Writte	en Contract:		Service:		Base Hospital:	Burn Center:
X Y	Yes □ No	☐ Referral Emergency ☐ Basic Emergency	☐ Standby En ☑ Comprehe	mergency ensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
	ritical Care Center ¹			Trauma Center:	If Trauma Cent	er what level:
EDAP ² PICU ³		☐ Yes ⊠ No☐ Yes ⊠ No		⊠ Yes 🗖 No	☐ Level I ☑ Level III	☐ Level II☐ Level IV
	STEMI Center:	Stroke Cen	nter:]	· · · · · · · · · · · · · · · · · · ·	
	□ Yes ⊠ No	☐ Yes ⊠	No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: Nevada					
Note: Complete information	n for each facility by county.	Make copies	as needed.		
Facility: Sierra Nevada Me PO Box 1029 Gra		Te	elephone Number: (3	530) 274-6001	
Written Contract:	□ Referral Emergency □ Basic Emergency	Service: Standby En Comprehen	nergency nsive Emergency	Base Hospital:	Burn Center: ☐ Yes ⊠ No
Pediatric Critical Care Center EDAP ² PICU ³	Yes X No Yes X No Yes X No		Trauma Center: ☐ Yes ☑ No	If Trauma Cent Level I Level III	ter what level: Level II Level IV
STEMI Center: ☐ Yes ⊠ No	Stroke Ce				

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Note: Complete informati	sta ion for each facility by county. Make	copies as needed.		
Facility: Shasta Regional		Telephone Number:	(530) 244-5353	
Address: 1100 Butte St R	edding CA 96001			
	Ψ ,			
Written Contract:	Se	rvice:	Base Hospital:	Burn Center:
ĭ Yes □ No		andby Emergency omprehensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
			*	
Pediatric Critical Care Cente		Trauma Center:	If Trauma Cent	er what level:
EDAP ² PICU ³	☐ Yes ⊠ No ☐ Yes ⊠ No	☐ Yes ⊠No	□ Level I	☐ Level II
30130773531			☐ Level III	☐ Level IV
STEMI Center:	Stroke Center:			
🗵 Yes 🗖 No	ĭ Yes □ No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Facility: Oroville Hospital	on for each facility by county. Make copies Toroville CA 95966		32-8342	
Written Contract:	□ Referral Emergency □ Standby End □ Basic Emergency □ Comprehe	mergency ensive Emergency	Base Hospital:	Burn Center: ☐ Yes ⊠No
Pediatric Critical Care Center EDAP ² PICU ³	r¹ □ Yes ⊠ No □ Yes ⊠No □ Yes ⊠No	Trauma Center: ☐ Yes ☒ No	If Trauma Cen Level I Level III	ter what level: Level II Level IV
STEMI Center: ☐ Yes ☒ No	Stroke Center: Yes No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County:	Butte								
Note: Complete info	ormation for ea	ch facility	by county.	Make copies	as needed.				
Facility: Orchard Hospital)	Hospital (former	ly Biggs Grid	iley Memoria	al To	elephone Number:	(530) 846-9	9068		
	ce St Gridley CA	95948							
						- 3			
Written Contract:				Service:			Base Hospital:	Burn Center:	
☐ Yes ⊠ No		eferral Emerge asic Emerge		Standby En	mergency nsive Emergency		☐ Yes ⊠ No	☐ Yes ☒ No	
					(4)				
Pediatric Critical Care EDAP ²	Center ¹	☐ Yes ☐ Yes	☒ No☒ No		Trauma Center:		If Trauma Cente	er what level:	
PICU ³		☐ Yes	⊠ No	*	□ Yes ⊠ No		☐ Level II	☐ Level II☐ Level IV	
				4	1				
STEMI Cer	nter:		Stroke Cen	ter:					
☐ Yes 区	I No	1	☐ Yes 区	I No					

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: Shas	ta			
lote: Complete informati	on for each facility by county. Make copies	s as needed.		
Address: Mercy Medical Conditions Address: Mercy Medical Conditions Address: Mercy Medical Conditions Address	Center Redding Twe Redding CA 96001	Celephone Number: (530) 22	25-6000	
Written Contract:	Service:	Name of the state	Base Hospital:	Burn Center:
⊠ Yes □ No	□ Referral Emergency □ Standby E □ Basic Emergency □ Comprehe	ensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
ediatric Critical Care Cente DAP ²	r¹ □ Yes ⊠ No □ Yes ⊠ No	Trauma Center:	If Trauma Cen	ter what level:
ICU ³	☐ Yes ⊠ No	ĭ Yes □ No	Level II	☑ Level II ☐ Level IV
STEMI Center:	Stroke Center:			
🗵 Yes 🗖 No	ĭ Yes □ No	,		

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

☐ Yes ☒ No

Facilities

County:	Siskiyo	<u>u</u>	-						
Note: Con	nplete informatior	for eac	ch facility l	by county.	Make copies	as needed.		8	
Facility: Address:	Mercy Medical Cer 914 Pine St Mt Sha		hasta		To	elephone Number:	(530) 926-61	11	
	es No		eferral Emerg		Service: Standby En Comprehe	mergency nsive Emergency		Base Hospital: Yes D No	Burn Center: ☐ Yes ⊠ No
Pediatric Cr EDAP ² PICU ³	ritical Care Center ¹		☐ Yes ☐ Yes ☐ Yes	⊠ No ⊠ No ⊠ No		<u>Trauma Center:</u> ☑ Yes □ No		If Trauma Cent ☐ Level I ☑ Level III	er what level: Level II Level IV
<u> </u>	STEMI Center:	p.		Stroke Cer	nter:				

☐ Yes ⊠ No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County _	Shas	sta			
Note: Corresponding Services Address:	mplete information Mayers Memoria 43563 Hwy 299 1		copies as need Telephone Number:	(530) 336-5511	
	Fall River Mills				
			bon here		
Writter	n Contract:	Ser	rvice:	Base Hospital:	Burn Center:
X Y	es 🗖 No		andby Emergency omprehensive Emergency	ĭ Yes □ No	☐ Yes ⊠ No
Pediatric Cr EDAP ²	ritical Care Center	r¹ □ Yes ⊠ No □ Yes ⊠ No	Trauma Center:	If Trauma Cen	ter what level:
PICU ³		□ Yes ⊠ No	☐ Yes ⊠ No	Level II	☐ Level II☐ Level IV
5	STEMI Center:	Stroke Center:			
, .	Yes 🗵 No	☐ Yes ⊠ No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: Pla	cer			
Note: Complete information	on for each facility by county. Make	copies as needed.		
Facility: Kaiser Roseville 1600 Eureka Roa		Telephone Number: 916-784	-5390	# ************************************
Written Contract: ✓ Yes □ No	☐ Referral Emergency ☐ St	andby Emergency omprehensive Emergency	Base Hospital: Yes No	Burn Center: ☐ Yes ☒ No
Pediatric Critical Care Center EDAP ² PICU ³	r¹	Trauma Center: ☐ Yes ⊠ No	If Trauma Cen Level I Level III	ter what level: Level II Level IV
STEMI Center:	Stroke Center: ☑ Yes ☐ No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

acility: Feather River Ho. ddress: 5974 Pentz Rd Pa		Telephone Number:	530-876-7022	18
***************************************		DESTROYED BY FIRE		
Written Contract:	Ser	vice:	Base Hospital:	Burn Center:
Yes 🗖 No		ndby Emergency orehensive Emergency	Yes 🗖 No	☐ Yes No
ediatric Critical Care Center	.¹ □ Yes No □ Yes No	Trauma Center:	If Trauma	Center what level:
PICU ³	☐ Yes No	☐ Yes No	☐ Level I ☐ Level III	☐ Level II☐ Level IV

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Yes □No

Facilities

County: Sutte	er					
Note: Complete information	n for each facility by county.	Make copies as	needed.			
•	Rideout (New Name)	Telep	hone Number:	530-749-4511		
Address: 726 4 th St Marysvi	ille CA					
						· · · · · · · · · · · · · · · · · · ·
Written Contract:		Service:			Base Hospital:	Burn Center:
ĭ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	☐ Standby Emer			⊠ Yes □ No	☐ Yes ⊠ No
Pediatric Critical Care Center	¹		Trauma Center:		If Trauma Cent	er what level
EDAP ²	☐ Yes ☒ No					4
PICU ³	☐ Yes ⊠ No		ĭ Yes □ No		☐ Level I ☑ Level III	☐ Level II ☐ Level IV
CMM CT C	0.10				*	
STEMI Center:	Stroke Cent	ter:				

X Yes

□No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

dress: Fairchild Medical 444 Bruce St, Yr		T	elephone Number:(530) 84	2-4121	· .
Written Contract:	*	Service:		Base Hospital:	Burn Center:
⊠ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	☐ Standby E 区 Comprehe	mergency ensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
ediatric Critical Care Center		j.	Trauma Center:	If Trauma Cer	nter what level:
CDAP ² PICU ³	☐ Yes ☒ No ☐ Yes ☒ No		ĭ Yes □ No	☐ Level I ☐ Level III	☐ Level II ☑ Level IV

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: But	tte			
Note: Complete information	n for each facility by county. N	∕lake copies as needed.		
Enloe Medical Cer 1531 Esplanade Ch		Telephone Number: (530	0) 332-7740	
Written Contract:	•	Service:	Base Hospital:	Burn Center:
¥Yes □ No		Standby Emergency Comprehensive Emergency	¥ Yes □ No	☐ Yes ⊠ No
Pediatric Critical Care Center ¹		Trauma Center:	If Trauma Cen	ter what level:
EDAP ² PICU ³	☐ Yes ☒ No ☐ Yes ☒ No	ĭ Yes □ No	☐ Level I ☐ Level III	✓ Level II☐ Level IV
STEMI Center: ✓ Yes □ No	Stroke Cente			

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: B				
Fraining Ins	stitution:	Butte-Glenn Comm	ounity College	Telephone Number: 530-893-7532
Address:	Stitution.	3536 Butte Campu		relephone Number
Address.		Oroville, Ca. 9596		
Student	General F			
Eligibility*:	General F	Cost of Prog		
Engionity .	5 1	Basic:	\$184 Number of students completing training per	r voor
		Refresher:	Initial training:	200
		ixenesiiei.	Refresher:	0
			Continuing Education:	0
			Expiration Date:	12/31/1
			Expiration Bato.	8
			Number of courses:	
			Initial training:	9
			Refresher:	0
				0
-			Continuing Education:	0
Training In:	stitution:	Butte-Glenn Comm	Continuing Education:	0
	stitution:	Butte-Glenn Comm	Continuing Education:	
Training In: Address:	stitution:	3536 Butte Campu	Continuing Education: nunity College us Drive	0
Address:		3536 Butte Campu Oroville, Ca. 9596	Continuing Education: nunity College us Drive	0
Address: Student	stitution: General F	3536 Butte Campu Oroville, Ca. 9596 Public	Continuing Education: nunity College us Drive 55 **Program Level EMT	0
Address:		3536 Butte Campu Oroville, Ca. 9596	Continuing Education: nunity College us Drive 55 **Program Level EMT gram:	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog	Continuing Education: nunity College us Drive 55 **Program Level _EMT_ gram: \$322 Number of students completing training per	Telephone Number: 530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	Continuing Education: nunity College us Drive 55 **Program Level _EMT_ gram: _\$322	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	Continuing Education: nunity College Is Drive 55 **Program Level EMT gram: \$322 Number of students completing training per students training:	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	Continuing Education: nunity College us Drive 55 **Program Level _EMT gram:	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	continuing Education: nunity College us Drive s5 **Program Level EMT gram: \$322 \$46 Initial training: Refresher: Continuing Education: Expiration Date:	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	continuing Education: nunity College Is Drive 55 **Program Level EMT gram: \$322 \$46 Initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	continuing Education: nunity College us Drive 55 **Program Level _EMT gram: \$322 \$46 Number of students completing training per students remaining: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training:	Telephone Number:530-893-7532
Address: Student		3536 Butte Campu Oroville, Ca. 9596 Public Cost of Prog Basic:	continuing Education: nunity College Is Drive 55 **Program Level EMT gram: \$322 \$46 Initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	Telephone Number:530-893-7532 year:118

Butte-Glenn Community College 3536 Butte Campus Drive Telephone Oroville, Ca. 95965 Number:530-893-7532 Address: Student General Public **Program Level Paramedic Eligibility*: Cost of Program: Basic**\$1656** Number of students completing training per year: Refresher: Initial training: 22 Refresher: 0 0 Continuing Education: **Expiration Date:** 12/31/1 Number of courses: Initial training: Refresher: Continuing Education:

County: Placer	Reporting Year: 2019		
Training Institution: Address:	National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661	Telephone Number:	916.960.6284
*Open to general public	**Program Level All Levels Cost of Program: Basic: \$40-\$395 Refresher: \$40-\$190 Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education: Cannot type on the lines. For restricted to certain personnel only. T-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one	245	ation for each level.
Training Institution: Address:		Telephone Number:	
Student Eligibility*:	**Program Level Cost of Program: Basic: Refresher: Number of students completing training per year: 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.

	Reporting Year: 2019		
Fraining Institution:	National College of Technical Instruction	Telephone Number:	916.960.6284
ddress:	333 Sunrise Ave., Ste. 500		0.00000000
* *	Roseville, CA 95661		
udent	**Program Level Paramedic		
gibility*: Open	Cost of Program:		
	Basic: \$9750.00 Number of students completing training per year	•:	
	Refresher: Initial training:	90	
	Refresher:		_
	Continuing Education:	- V	_
	Expiration Date:		
	Number of courses:		
	Initial training:	_3	
	Refresher:	<u> </u>	_
	Continuing Education: Blank lines = NA		_
	blank lines = NA		
	Cannot type on the		
Onen to general public	Cannot type on the lines.		
Indicate whether EMT	Cannot type on the lines. or restricted to certain personnel onlyI, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction	e level complete all inform Telephone Number:	nation for each level. 916.960.6284
Indicate whether EMT	Cannot type on the lines. or restricted to certain personnel only. i-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on		
Indicate whether EMT aining Institution: ddress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661		
aining Institution: Idress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661 **Program Level EMT		
Indicate whether EMT raining Institution: ddress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661		
Indicate whether EMT aining Institution: ddress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661 **Program Level EMT	Telephone Number:	
Indicate whether EMT aining Institution: Idress:	Cannot type on the lines. or restricted to certain personnel onlyI, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661 **Program Level EMT Cost of Program:	Telephone Number:	
Indicate whether EMT aining Institution: Idress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661 **Program Level EMT Cost of Program: Basic: \$1875.00 Number of students completing training per year:	Telephone Number:	
Indicate whether EMT aining Institution: ddress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on Mational College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661 **Program Level EMT Cost of Program: Basic: \$1875.00 Number of students completing training per year: Refresher: Initial training:	Telephone Number:	
Indicate whether EMT raining Institution: ddress:	Cannot type on the lines. or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on Mational College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661 **Program Level EMT Cost of Program: Basic: \$1875.00 Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date:	Telephone Number:	
Indicate whether EMT raining Institution: ddress:	Cannot type on the lines. or restricted to certain personnel only. I-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than on the second se	Telephone Number:	

TARI	F 10.	APPROVED	TRAINING	PROGRAM
		ALLIVALD	TIV WINDING	E OUGINAIN.

County: Placer	Reporting Year: <u>2019</u>	
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.

Training Institution:		College of the Siskiyous			Telephone Number:	530-938-5512	
Address:		800 College Ave					
		Weed, Ca 96094					
Student	General	2.	0	**Program Level	EMT-1		
Eligibility*:	Public	Cost of Prog	ram:				
		Basic:	\$322	Number of students	completing training per year:		
		Refresher:	\$46	_ Initial training:			_
				Refresher:		5	_
				Continuing Edu		25	_
				Expiration Date		2018	
				Number of courses:			
				Initial training:		_3	_
				Refresher:		3	_
				Continuing Edu	ucation:	3	

^{*}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:		College of the Siskiyo	ous	Telephone Number:	530-938-5512
Address:		800 College Ave			
		Weed, CA 96094			
Student	General		**Program Level EMR		
Eligibility*:	Public	Cost of Progra	m:		
		Basic:	\$184 Number of students completing training per year:		
		Refresher:	\$46 Initial training:	60	
		_	Refresher:	3	
			Continuing Education:	0	
			Expiration Date:	2021	
			Number of courses:		
			Initial training:	4	
			Refresher:	4	
			Continuing Education:	0	7

^{*}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.

County: Siskiyous		Reporting Year: 2018	
Training Institution: Address:	800 College Ave.	struction – College of the Siskiyous	Telephone Number:
	Weed, CA 96094		
Student	**P	rogram Level Paramedic	
Eligibility*: Open	Cost of Program:		
	Basic: \$1656 Nu	mber of students completing training per yea	r:
	Refresher:	Initial training:	28
		Refresher:	· · · · · · · · · · · · · · · · · · ·
		Continuing Education:	
¥1		Expiration Date:	
	Nu	mber of courses:	
	110	Initial training:	1
		Refresher:	<u> </u>
			<u></u>
		Continuing Education:	
** Indicate whether EMT Training Institution:		re is a training program that offers more than or	ne level complete all information for each level. Telephone Number:
Address:			· · · · · · · · · · · · · · · · · · ·
	±		*
Student	**Pr	ogram Level	
Eligibility*:	Cost of Program:		
	The state of the s	nber of students completing training per year:	
	Refresher:	Initial training:	
	Tron concr.	Refresher:	
-			
		Continuing Education:	
	None	Expiration Date:	
	Nun	nber of courses:	
		Initial training:	
		Refresher:	5
		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.

County: Yuba Reporting Year: 2019 NOTE: Make copies to add pages as needed. Complete information for each provider by county. Yuba County Sheriff's Department Primary Contact: Glenda Hyde Address: 215 5th Street Suite 150 Marysville, CA 95901-5737 (530) 749-7777 Telephone Number: ☐ Day-to-Day Written Contract: Medical Director: Number of Personnel Providing Services: ☐ Disaster _ Yes X No _ Yes X No EMD Training n/a EMT- n/a ALS n/a n/a LALS 15 Other: Dispatching Services n/a BLS Ownership: If Public: X Public _ Private If Public: __ City X County __ State __ Fire District __ Federal Fire X Law Other Explain: Name: Primary Contact: Address: Telephone Number: Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD Training** EMT-D ALS BLS LALS Other Ownership: If Public: ☐ Public ☐ Private If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Law □ Other Explain:

TABLE 11: DISPATCH AGENCY Reporting Year: 2019 County: Siskiyou NOTE: Make copies to add pages as needed. Complete information for each provider by county. Name: Yreka Interagency Command Center Primary Contact: Jason Stone Address: P.O. Box 128 Yreka, CA 96097-0218 Telephone Number: (530) 842-7066 Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: X Yes _ No _ Yes X No □ Disaster 14 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 0 Other Ownership: If Public: X Public _ Private X Fire If Public: _ City _ County $\underline{\mathbf{X}}$ State _ Fire District _ Federal Law X Other Explain: EMS Name: Primary Contact: Address: Telephone Number: Number of Personnel Providing Services: Written Contract: Medical Director: ☐ Day-to-Day ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD Training** EMT-D ALS LALS Other BLS If Public: Ownership: ☐ Public ☐ Private ☐ Fire If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

☐ Law
☐ Other
Explain: _

Reporting Year: 2019 County: Sutter NOTE: Make copies to add pages as needed. Complete information for each provider by county. Name: Sutter County Sheriff's Office Primary Contact: Sheriff J. Paul Parker Address: 1077 Civic Center Blvd. Yuba City, CA 95993-3002 (530) 822-7307 Telephone Number: Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: __ Yes X No _ Yes X No □ Disaster 13 EMD Training n/a EMT-D 13 ALS 13 LALS n/a Other 13 BLS Ownership: If Public: X Public _ Private If Public: __ City X County __ State __ Fire District __ Federal Fire Law Other Explain: Name: **Primary Contact:** Address: Telephone Number: Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD Training** EMT-D ALS _ BLS LALS Other Ownership: If Public: ☐ Public ☐ Private ☐ Fire If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Law □ Other Explain:

NOTE: Make copies to	add pages as needed	. Complete information	for each provider by county.		
N	ShasCom		Driver Contests James Divis		
Name: Address:	3101 South St.		Primary Contact: <u>James Divis</u>		
Address.					
Telephone Number:	Redding CA 96001-2379 (530) 245-6500				
relepriorie Number.	(550) 245-6500				
Written Contract:	Medical Director:	⊠Day-to-Day	Number of Personnel Providing Services: n/a		
⊠ Yes □ No	☐ Yes ☒ No	⊠Disaster	n/a EMD Training n/a EMT-D n/a ALS		
			n/a BLS n/a LALS n/a Other		
Ownership:		If Public:			
⊠Public □ Private		⊠Fire	If Public: ⊠City ⊠County □ State □ Fire District □ Federal		
		⊠Law			
		□ Other			
		Explain:			
		Consolidated 911			
		Dispatch Center JPA			
	1)				
Name: Address:		4			
Address:					
Telephone Number:					
Written Contract:	Medical Director:	☐ Day-to-Day	Number of Personnel Providing Services:		
□ Yes □ No	☐ Yes ☐ No	☐ Disaster	VI NAME AND THE CONTROL OF THE CONT		
			EMD Training EMT-D ALS		
			BLS LALS Other		
Ownership:		If Public:			
☐ Public ☐ Private		☐ Fire	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federa		
		□ Law			
		☐ Other			
		Explain:			

TABLE 11: DISPATCH AGENCY Reporting Year: 2019 County: Placer NOTE: Make copies to add pages as needed. Complete information for each provider by county. Roseville Police/Fire Dispatch Primary Contact: Katie Braverman Name: Address: 1051 Junction Blvd. Roseville, CA 95678-7191 Telephone Number: (916) 774-5000 Written Contract: Medical Director: □ Day-to-Day Number of Personnel Providing Services: X Yes _ No X Yes _ No □ Disaster 24 EMD Training n/a EMT-D n/a ALS n/a BLS n/a LALS n/a Other If Public: Ownership: If Public: $\underline{\mathbf{X}}$ City __ County __ State __ Fire District __ Federal X Public _ Private Fire Law Other Explain: Name: Primary Contact: Address: Telephone Number: Medical Director: ☐ Day-to-Day Written Contract: Number of Personnel Providing Services: ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD Training** EMT-D ALS BLS LALS Other Ownership: If Public:

☐ Fire
☐ Law
☐ Other
Explain:

☐ Public ☐ Private

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

County: Placer Reporting Year: 2019 NOTE: Make copies to add pages as needed. Complete information for each provider by county. Name: Rocklin Police Department Primary Contact: Sandi Bumpus 4000 Rocklin Road Address: Rocklin, CA 95677 Telephone Number: (916) 625-5400 Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: ☐ Yes X No ☐ Yes <u>X</u> No ☐ Disaster 17 EMD Training n/a EMT-D 17 ALS n/a LALS n/a Other n/a BLS Ownership: If Public: X Public Private If Public: X City _ County _ State _ Fire District _ Federal Fire Law Other Explain: Name: Primary Contact: Address: Telephone Number: Written Contract: Medical Director: □ Day-to-Day Number of Personnel Providing Services: ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD Training** EMT-D ALS BLS LALS Other Ownership: If Public: ☐ Public ☐ Private ☐ Fire If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal □ Law ☐ Other Explain:

Name: Address: Telephone Number:	Placer County \$ 2929 Richardso Auburn, CA 956 (530) 886-5350	n Drive Suite 1 603-2615	Primary Contact: <u>Christopher Herren</u>
Written Contract: ☐ Yes <u>X</u> No Ownership: <u>X</u> Public ☐ Private	Medical Director: ☐ Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster If Public: X Fire X Law ☐ Other Explain:	Number of Personnel Providing Services: 20 EMD Training n/a EMT-D n/a ALS n/a Other If Public: _ City X County _ State _ Fire District _ Federal
Name: Address:			Primary Contact:
Telephone Number:			
Written Contract: ☐ Yes ☐ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS BLS LALS Other
Ownership: ☐ Public ☐ Private		If Public: ☐ Fire ☐ Law ☐ Other Explain:	If Public: □ City □ County □ State □ Fire District □ Federa

Name: Address: Telephone Number: Written Contract: Medical Director: Day-to-Day Number of Personnel Providing Services: Yes No Yes No Disaster	e: ess:	Paradise Police 5595 Black Oliv		Primary Contact: Meghan McGee
Written Contract:		Paradise, CA 95	5969-4606	
□ Yes X No □ Yes X No □ Disaster n/a	hone Number:	(530) 872-6241		
Mare: Address: Medical Director: Day-to-Day Number of Personnel Providing Services: Mark Mark				Number of Personnel Providing Services: 0
Ownership: X Public Private Fire If Public: X City County State Fire D X Law Other Explain: Name: Address: Primary Contact: Telephone Number: Primary Contact: Written Contract: Medical Director: Day-to-Day Number of Personnel Providing Services: Yes No Yes No Disaster	es <u>X</u> No [□ Yes <u>X</u> No	☐ Disaster	n/a EMD Training n/a EMT-D n/a ALS
Fire Fire	ership:		If Public:	<u></u> <u></u>
Other Explain: Name: Primary Contact: Address: Telephone Number: Written Contract: Medical Director: Day-to-Day Number of Personnel Providing Services: Yes No Yes No Disaster	ublic Private		☐ Fire	If Public: X City ☐ County ☐ State ☐ Fire District ☐ Federal
Name: Primary Contact: Address: Primary Contact: Telephone Number: Written Contract: Medical Director: Day-to-Day Number of Personnel Providing Services: Yes No Disaster			☐ Other	3
Telephone Number: Written Contract: Medical Director: Day-to-Day Number of Personnel Providing Services: Yes No Disaster			. *	Primary Contact:
Written Contract: Medical Director: □ Day-to-Day Number of Personnel Providing Services: □ Yes □ No □ Disaster	ess:			
□ Yes □ No □ Disaster	ohone Number:			
FND T	T11 -			Number of Personnel Providing Services:
BLS LALS				EMD Training EMT-D ALS BLS Other
Ownership: If Public:	ership:		If Public:	
□ Public □ Private □ Fire If Public: □ City □ County □ State □ Fire [□ Law	Public □ Private			If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federa

Name: Address:	303 N. Mt. Shas	sta Blvd	Primary Contact: Kelly Stenmark
Telephone Number:	Mt. Shasta, CA (530) 926-7540	96067-2231	
Written Contract:	Medical Director:	□ Day-to-Day	Number of Personnel Providing Services: 0
□ Yes <u>X</u> No	□ Yes <u>X</u> No	☐ Disaster	0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 0 Other
Ownership:		If Public:	<u> </u>
X Public □ Private		☐ Fire	If Public: X City _ County _ State _ Fire District _ Federa
-		X Law	
		☐ Other	
		Explain:	
-			
			Primary Contact:
	-		
Address:	-		
Address: Telephone Number:		ż	
Address: Felephone Number: Written Contract:	-		
Address: Felephone Number: Written Contract:	Medical Director:	□ Day-to-Day	
Address: Telephone Number: Written Contract:	Medical Director:	□ Day-to-Day	Number of Personnel Providing Services:
Address: Telephone Number: Written Contract: Yes No	Medical Director:	☐ Day-to-Day ☐ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS Other
Name: Address: Telephone Number: Written Contract: Yes No Ownership: Public Private	Medical Director:	☐ Day-to-Day ☐ Disaster If Public: ☐ Fire	Number of Personnel Providing Services: EMD Training EMT-D ALS Other
Address: Telephone Number: Written Contract: Yes No	Medical Director:	☐ Day-to-Day ☐ Disaster If Public: ☐ Fire ☐ Law	Number of Personnel Providing Services: EMD Training EMT-D ALS Other
Address: Telephone Number: Written Contract: Yes No	Medical Director:	☐ Day-to-Day ☐ Disaster If Public: ☐ Fire	Number of Personnel Providing Services: EMD Training EMT-D ALS

Reporting Year: 2019 County: Nevada NOTE: Make copies to add pages as needed. Complete information for each provider by county. Name: Grass Valley Police Department **Primary Contact:** GVPD Lt. Alex Gammelgard Address: 129 S. Auburn Street NCSO Dispatch Mike Walsh Grass Valley, CA 95945-6501 (530) 265-7880 Telephone Number: Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: 18 ☐ Yes X No ☐ Yes X No □ Disaster n/a EMD Training n/a EMT-D n/a ALS n/a BLS n/a LALS n/a Other Ownership: If Public: X Public Private ☐ Fire If Public: X City X County _ State _ Fire District _ Federal Law X Other Explain: Primary Contact: NCSO Dispatch Mike Walsh Name: Dispatch Center Address: 950 Maidu Ave Nevada City, CA 95959-8600 Telephone Number: Written Contract: Medical Director: □ Day-to-Day Number of Personnel Providing Services: ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD** Training EMT-D ALS BLS LALS Other Ownership: If Public: ☐ Public ☐ Private ☐ Fire If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal Law □ Other Explain:

Name: Address: Telephone Number:	Colusa County 929 Bridge Stre Colusa, CA 959 (530) 458-0200	et 32-2837	Primary Contact: <u>Lt. Russ Jones</u>
Written Contract: ☐ Yes X No Ownership: X Public ☐ Private	Medical Director: ☐ Yes X No	□ Day-to-Day □ Disaster If Public: □ Fire X Law X Other Consolidated PSAP	Number of Personnel Providing Services: 0 n/a EMD Training n/a EMT-D n/a ALS n/a BLS n/a Other If Public: City X County State Fire District Federal
Name: Address: Telephone Number;	11	*	
Written Contract: ☐ Yes ☐ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS BLS LALS Other
Ownership: Public Private		If Public: ☐ Fire ☐ Law ☐ Other Explain:	If Public: □ City □ County □ State □ Fire District □ Federal

Name: Address: Telephone Number: Written Contract: ☐ Yes X No Ownership: X Public ☐ Private	CHP Chico Con 995 Fir Street Chico, CA 9592 (530) 879-1900		Primary Contact: Ryan Stonebraker
	Medical Director: ☐ Yes X No	☐ Day-to-Day ☐ Disaster If Public: ☐ Fire X Law ☐ Other Explain:	Number of Personnel Providing Services: 18 O EMD Training O EMT-D O ALS O BLS O LALS O Other If Public: _ City _ County X State _ Fire District _ Federal
Name: Address:			Primary Contact:
Telephone Number:			
Written Contract: ☐ Yes ☐ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS
Ownership: ☐ Public ☐ Private		If Public: □ Fire □ Law □ Other	BLS Other If Public: City County State Fire District Federa

Reporting Year: 2019 County: Butte NOTE: Make copies to add pages as needed. Complete information for each provider by county. Chico Police & Fire Dispatch Name: Primary Contact: Nancy Wilson Address: 1460 Humboldt Road Chico, CA 95928-9111 Telephone Number: (530) 895-4911 Written Contract: Medical Director: ☐ Day-to-Day Number of Personnel Providing Services: \square Yes \underline{X} No ☐ Yes X No ☐ Disaster n/a EMD Training n/a EMT-D n/a ALS n/a BLS n/a LALS Other: Fire & Police dispatching only caller transferred to Butte County EMS if prearrival is needed Ownership: If Public: X Fire X Law □ Other Explain: X Public D Private If Public: $\underline{\mathbf{X}}$ City \square County \square State \square Fire District \square Federal Name: Primary Contact: Address: Telephone Number: Number of Personnel Providing Services: Written Contract: Medical Director: □ Day-to-Day ☐ Yes ☐ No ☐ Yes ☐ No □ Disaster **EMD Training** EMT-D ALS BLS LALS Other If Public: Ownership: ☐ Public ☐ Private ☐ Fire If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal Law □ Other Explain:

Name: Address: Telephone Number:	American Medic 1041 Fee Drive Sacramento, CA (916) 563-0600	A 95815-3908	Primary Contact: Rich Silva		
Written Contract: X Yes □ No	Medical Director: X Yes □ No	☐ Day-to-Day ☐ Disaster	Number of Personnel Providing Services: 66 EMD Training n/a EMT-D n/a ALS n/a BLS n/a Chter		
Ownership: □ Public X Private		If Public: ☐ Fire ☐ Law ☐ Other Explain:	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federa		
Name:			Primary Contact:		
Address: Telephone Number:					
Written Contract: □ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS BLS LALS Other		
Ownership: □ Public □ Private	3	If Public: ☐ Fire ☐ Law ☐ Other Explain:	If Public: □ City □ County □ State □ Fire District □ Federa		

Name: Address: Telephone Number:	Bi-County Ambu 1700 Poole Blvo Yuba City, CA 9 (530) 674-2780		Primary Contact: Ronald Welch	
Written Contract: X Yes □ No Ownership: □ Public X Private	Medical Director: X Day-to-Day X Yes □ No X Disaster If Public: □ Fire □ Law □ Other Explain: □		Number of Personnel Providing Services:	
Name: Address:	No.			
Telephone Number: Written Contract: ☐ Yes ☐ No	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster	Number of Personnel Providing Services: EMD Training EMT-D ALS BLS LALS Other	
Ownership: ☐ Public ☐ Private		If Public: ☐ Fire ☐ Law ☐ Other Explain:	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	