

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



January 18, 2022

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 Emergency Medical Services (EMS) Agency's 2020 EMS plan submission to the EMS Authority on September 15, 2021.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before December 31, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Basnett'.

Elizabeth Basnett, EMEDM  
Acting Director  
Emergency Medical Services Authority

Enclosure

eb:lg



## **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 or for download on your cell phone or tablet using Apple or Android applications.

S-SV EMS to date has designated eight 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)
6. Stroke QI

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. 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.

S-SV employs the Region III RDMHS.



TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINE

## A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINE

## A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARD /RECOMMENDED GUIDELINES

## B. STAFFING/TRAINING

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



TABLE 1: MINIMUM STANDARD /RECOMMENDED GUIDELINES

## C. COMMUNICATIONS

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

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

**D. RESPONSE/TRANSPORTATION**

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



TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES

## E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARD/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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



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

**H. DISASTER MEDICAL RESPONSE**

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

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

Reporting Year: 2020 – S-SV EMS - Placer, Nevada, Yuba, Sutter, Butte, Tehama, Shasta, Siskiyou, Colusa, Glenn

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



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

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

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

**5.     EXPENSES**

Salaries and benefits (All but contract personnel)	1,087,723
Contract Services (e.g. medical director)	187,203
Operations (e.g. copying, postage, facilities)	1,496,614
Travel	77,284
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

<b>TOTAL EXPENSES</b>	<b>\$2,848,284</b>
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**Table 2 - System Organization & Management (cont.)**

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant

This doesn't exist anymore, I suggest removing it

\$ 0

Office of Traffic Safety (OTS)

0

State general fund

582,756

County general fund

0

Other local tax funds (e.g., EMS district)

0

County contracts (e.g. multi-county agencies)

616,890

Certification fees

50,000

Training program approval fees

5,700

Training program tuition/Average daily attendance funds (ADA)

0

Job Training Partnership ACT (JTPA) funds/other payments

0

Base hospital application fees

0

Trauma center designation fees

296,369

Pediatric facility approval fees

0

Pediatric facility designation fees

0

Other critical care center application fees

Type: STEMI, Stroke

145,000

Other critical care center designation fees

0

Type: \_\_\_\_\_

Ambulance service/vehicle fees

0

Contributions

0

EMS Fund (SB 12/612)

0

Other grants: RDMHS, HPP

646,711

Other fees: Air Dispatch

0

Other (specify): Misc/Interest/ALS Application

454,858

**TOTAL REVENUE**

\$ 2,847,272

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

**7. Fee structure**

☐ We do not charge any fees

☒ our fee structure is:

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

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Regional Executive Director	1	133,900	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Regional Executive Director	1	96,344	41%	
ALS Coord/Field Coord/ Training Coordinator	Quality Improvement/Education Coordinator	1	80,844		
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1	75,517		
Trauma Coordinator	Specialty Coordinator	1	72,182		
Medical Director	Medical Director	.5	106,000		Contract position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Emergency Preparedness/Disaster Coordinator	1	81,754	41%	

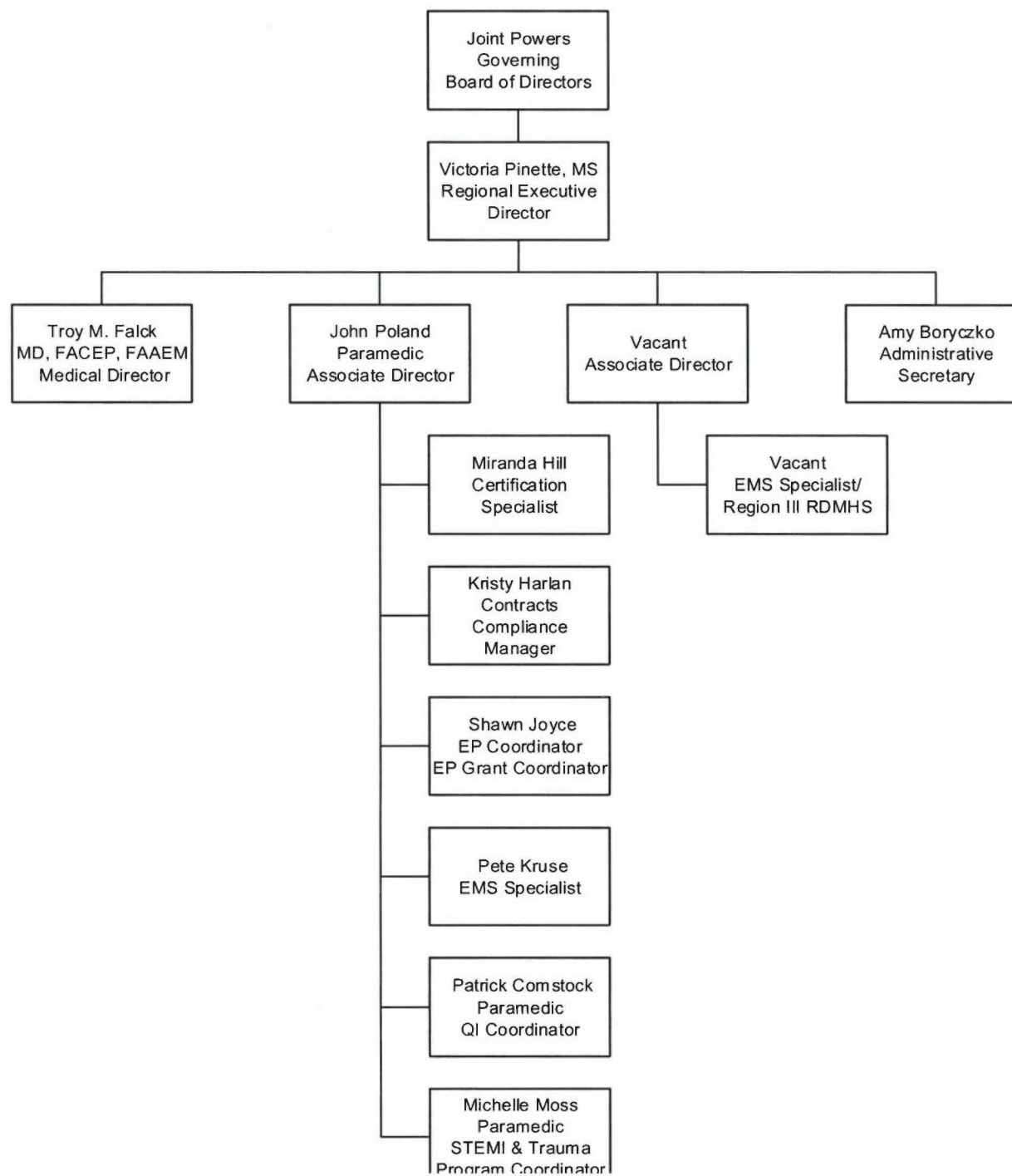
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Specialist/Data Analyst	1	75,517	.41	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Secretary	1	52,874	41%	
Other Clerical	Certification Specialist	1	38,952	41%	
Other	Contract Compliance Monitor	1	73,317	41%	
Other					
Other	RDMHS	1	76,544	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 2019-2020

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

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>	<b>EMS Dispatchers</b>
Total Certified	1749	8	518	240	0
Number newly certified this year	538	4	136	61	0
Number recertified this year	1211	4	382	179	0
Total number of accredited personnel on July 1 of the reporting year	3369	18	1041	438	
a) formal investigations	23	0	7	0	N/A
b) probation	6	0	N/A	0	N/A
c) suspensions	0	0	0	0	N/A
d) revocations	0	0	0	0	N/A
e) denials	0	0	0	0	N/A
f) denials of renewal	0	0	0	0	N/A
g) no action taken	17	0	7	0	N/A

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

EMS System: Sierra-Sacramento Valley EMS

County: Butte

Reporting Year: 2020

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

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



## TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Glenn

Reporting Year: 2020

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

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

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

EMS System: Sierra-Sacramento Valley EMS

County: Colusa

Reporting Year: 2020

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

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

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communicati

EMS System: Sierra-Sacramento Valley EMS

County: Nevada

Reporting Year: 2020

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

1. Number of primary Public Service Answering Points (PSAP) 4
2. Number of secondary PSAPs 2
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 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
8. Do you have an operational area disaster communication system? X Yes ☐ No
  - a. Radio primary frequency Nevada County SO
  - b. Other methods EMSsystems, med net, warn system, CAHAN
  - c. Can all medical response units communicate on the same disaster communications system? X Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? X Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? X Yes ☐ No
    - 1) Within the operational area? X Yes ☐ No
    - 2) Between operation area and the region and/or state? X Yes ☐ No

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

EMS System: Sierra-Sacramento Valley EMS

County: Placer

Reporting Year: 2020

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

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



# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Shasta

Reporting Year: 2020

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

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 1
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 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? X Yes ☐ No
  - a. Radio primary frequency Shasta County SO
  - b. Other methods EMSsystems, med net, warn system CHAN
  - c. Can all medical response units communicate on the same disaster communications system? X Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? X Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? X Yes ☐ No
    - 1) Within the operational area? X Yes ☐ No
    - 2) Between operation area and the region and/or state? X Yes ☐ No



# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Siskiyou

Reporting Year: 2020

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

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

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

EMS System: Sierra-Sacramento Valley EMS

County: Sutter

Reporting Year: 2020

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

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Sutter County SO &amp; City of Yuba</u>       |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Sutter County So</u>                                      |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Sutter County Fire &amp; Law</u>   |   |
| b. Other methods <u>Med net &amp; CAHAN</u>  |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

# TABLE 4: SYSTEM RESOURCE AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Tehama

Reporting Year: 2020

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Yuba

Reporting Year: 2020

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

1. Number of primary Public Service Answering Points (PSAP)	<u>3</u>
2. Number of secondary PSAPs	<u>1</u>
3. Number of dispatch centers directly dispatching ambulances	<u>1</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>1</u>
6. Who is your primary dispatch agency for day-to-day emergencies? <u>Yuba County SO &amp; GVECC City of Marysville</u>	
7. Who is your primary dispatch agency for a disaster? <u>Yuba County SO</u>	
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency <u>Yuba County Fire/Law</u>	
b. Other methods <u>CAHAN, EMSsystems, Mednet</u>	
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



## Med-Net Repeater Frequency and Tone Outline

### Butte, Colusa, Shasta, Siskiyou, Tehama Counties

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

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

UHF Med Channel Name	Tx	Rx	CA Tone Plan	
			CA CTCSS	CTCSS Freq
Med 1	468.0000	463.0000		
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
			10	107.2
VHF Med Channel Name	TX	RX		
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) TX & RX	156.0750	156.0750	16	192.8
STAR (Southern Trinity Area Rescue) Tone 14(151.4)	151.1000	155.8050		

# Receiving Facility Frequency and Tone Guide

## Butte, Colusa, Shasta, Siskiyou, Tehama Counties

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

## CHANNEL AND TONE FREQUENCY INFORMATION

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

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

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2020

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

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	<u>12</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>80</u> %
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	148528
	b) Number non-emergency responses (Code 1: normal)	18522
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	100228
	b) Number of non-emergency transports (Code 1: normal)	18467
	(includes IFT)	

**Early Defibrillation Providers – See attached tables**

5.	Number of public safety defibrillation providers	
	a) Automated	<u>33</u>
	b) Manual	<u>33</u>
		<u>0</u>
6.	Number of EMT-Defibrillation providers	<u>82</u>
	a) Automated	<u>0</u>
	b) Manual	

**Air Ambulance Services**

7.	Total number of responses	
	a) Number of emergency responses	780
	b) Number of non-emergency responses	2111
8.	Total number of transports	
	a) Number of emergency (scene) transports	678
	b) Number of non-emergency transports	2013

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

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

See policy 415 available at [www.ssvems.com](http://www.ssvems.com)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5	8	30	10
Early defibrillation responder	5	8	30	10
Advanced life support responder	5	7	25	8
Transport Ambulance	7	12	30	10

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: 2020

**NOTE:** Table 6 is to be reported by agency. See Policy 505, 505a, 510, T5, 837, 860, available on our website at [www.ssvems.com](http://www.ssvems.com)

**Trauma**

Trauma patients:

- |  |             |
|--|-------------|
| a) Number of patients meeting trauma triage criteria                                     | <u>2822</u> |
| b) Number of major trauma victims transported directly to a Trauma - Center by ambulance | <u>2276</u> |
| c) Number of major trauma patients transferred to a trauma center                        | <u>271</u>  |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center     | <u>546</u>  |

**Emergency Departments**

- |   |           |
|---|-----------|
| Total number of emergency departments'        | <u>17</u> |
| a) Number of referral emergency services      | <u>0</u>  |
| b) Number of standby emergency services       | <u>0</u>  |
| c) Number of basic emergency services         | <u>0</u>  |
| d) Number of comprehensive emergency services | <u>17</u> |

**Receiving Hospitals**

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

Reporting Year: 2020

### 1. Casualty Collections Points (CCP)

- c. Do you have a supply system for supporting them for 72 hours?      yes    x    no

- Do you have a CISD provider with 24 hour capability?                      yes   x       no

- a. Do you have any team medical response capability?                      yes          no    x

- |  |     |    |   |
|--|-----|----|---|
| b. For each team, are they incorporated into your local response plan? | yes | no | x |
|--|-----|----|---|

- c. Are they available for statewide response? yes      no      x

- d. Are they part of a formal out-of-state response system?                      yes                      no                      x

- a. Do you have any HazMat trained medical response teams?                  yes   x        no

- b. At what HazMat level are they trained? \_\_\_\_\_

- c. Do you have the ability to do decontamination in an emergency room? yes ☒ no ☐

- d. Do you have the ability to do decontamination in the field?      yes      x      no

1. Are you using a Standardized Emergency Management System (SEMS)

- that incorporates a form of Incident Command System (ICS) structure?    yes ☒    no ☐

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

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

- [illegible]

- b. exercise?                                  yes    x      no

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

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

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: **Siskiyou**

Reporting Year: 2020

## SYSTEM RESOURCES

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

## OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes   x   no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?            5
3. Have you tested your MCI Plan this year in a:
  - a. real event?      yes   x   no
  - b. exercise?      yes   x   no
4. List all counties with which you have a written medical mutual aid agreement.



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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- c. Do you have a supply system for supporting them for 72 hours?      yes   x   no

- Do you have a CISD provider with 24 hour capability? yes x no

- a. Do you have any team medical response capability?                      yes \_\_\_\_\_ no x

- b. For each team, are they incorporated into your local response plan?                      yes          no    x

- c. Are they available for statewide response? yes ☐ no ☒

- d. Are they part of a formal out-of-state response system?                      yes                      no                      x

- a. Do you have any HazMat trained medical response teams?                  yes x      no \_\_\_\_\_

- b. At what HazMat level are they trained? \_\_\_\_\_

- c. Do you have the ability to do decontamination in an emergency room? yes ☒ no ☐

- d. Do you have the ability to do decontamination in the field?      yes   x   no

1. Are you using a Standardized Emergency Management System (SEMS)

- that incorporates a form of Incident Command System (ICS) structure?    yes   x      no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

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

- [illegible]

- [illegible]

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

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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- b. How are they staffed?

- c. Do you have a supply system for supporting them for 72 hours?      yes   ☒   no

Do you have a CISM provider with 24 hour capability?

- yes x no

a. Do you have any team medical response capability?

- yes            no    x

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

- yes                  no      x

- c. Are they available for statewide response?

- yes                  no      x

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

- yes                  no      x

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

- yes x no

- b. At what HazMat level are they trained? \_\_\_\_\_

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

- emergency room?

- yes x no

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

- yes    x    no

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

- yes x no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

3

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

- a. real event?

- yes x no

- b. exercise?

- yes x no

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



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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- ## OPERATIONS

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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- c. Do you have a supply system for supporting them for 72 hours?      yes   ☒   no

- Do you have a CISM provider with 24 hour capability?                      yes   x       no

- a. Do you have any team medical response capability?                      yes          no    x

- |  |     |    |          |
|--|-----|----|----------|
| b. For each team, are they incorporated into your local response plan? | yes | no | <u>x</u> |
|--|-----|----|----------|

- c. Are they available for statewide response?                      yes          no    x

- d. Are they part of a formal out-of-state response system?                      yes                      no                      x

- a. Do you have any HazMat trained medical response teams?                  yes ☒ no

- b. At what HazMat level are they trained? \_\_\_\_\_

- c. Do you have the ability to do decontamination in an  
Emergency room? yes ☒ no ☐

- d. Do you have the ability to do decontamination in the field?      yes      x      no

1. Are you using a Standardized Emergency Management System (SEMS)

- that incorporates a form of Incident Command System (ICS) structure?      yes x      no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

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

- a. real event?                                  yes x    no

- b. exercise?    yes x no

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



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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- ## OPERATIONS

-

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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- c. Do you have a supply system for supporting them for 72 hours?      yes   x   no

- Do you have a CISM provider with 24 hour capability?                      yes   x        no

- a. Do you have any team medical response capability?                      yes          no    x

- |  |     |    |   |
|--|-----|----|---|
| b. For each team, are they incorporated into your local response plan? | yes | no | x |
|--|-----|----|---|

- c. Are they available for statewide response?                      yes                  no        x

- d. Are they part of a formal out-of-state response system?                      yes                      no                      x

- a. Do you have any HazMat trained medical response teams?                  yes   x        no

- b. At what HazMat level are they trained?

- c. Do you have the ability to do decontamination in an  
Emergency room? yes ☒ no ☐

- d. Do you have the ability to do decontamination in the field?      yes      x      no

1. Are you using a Standardized Emergency Management System (SEMS)

- that incorporates a form of Incident Command System (ICS) structure?    yes ☒    no ☐

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

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

- [illegible]

- |              |  |     |   |    |
|--------------|--|-----|---|----|
| b. exercise? |  | yes | x | no |
|--------------|--|-----|---|----|

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



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

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

Reporting Year: 2020

## 1. Casualty Collections Points (CCP)

- c. Do you have a supply system for supporting them for 72 hours?      yes   x   no

- Do you have a CISM provider with 24 hour capability?                      yes   x       no

- ### 3. Medical Response Team

- a. Do you have any team medical response capability?                      yes \_\_\_\_\_ no x

- |  |     |    |   |
|--|-----|----|---|
| b. For each team, are they incorporated into your local response plan? | yes | no | x |
|--|-----|----|---|

- c. Are they available for statewide response?                      yes          no    x

- d. Are they part of a formal out-of-state response system?                      yes                      no                      x

- #### 4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?                      yes ☒      no ☐

- b. At what HazMat level are they trained?

- c. Do you have the ability to do decontamination in an emergency room? yes   x   no

- d. Do you have the ability to do decontamination in the field?      yes        x        no

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

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

- a. real event?    yes x      no

- b. exercise? yes ☒ no ☐

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

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

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

Reporting Year: 2020

- 4.

## OPERATIONS



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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: 49er Fire Response Zone: Nevada Zone 2Address: PO Box 354 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Grass ValleyPhone Number: 530-265-4431 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Fall River Mills Fire Response Zone: Zone 1Address: PO Box 582 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Fall River MillsPhone Number: 530-336-6117 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Shasta **Provider:** AMR Shasta **Response Zone:** Zone 3**Address:** 4989 Mountain Lake Blvd  
Redding **Number of Ambulance Vehicles in Fleet:** 11**Phone Number:** 530-241-2323 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

**Transporting Agencies**
18364 Total number of responses  
17286 Number of emergency responses  
1078 Number of non-emergency responses

12898 Total number of transports  
12276 Number of emergency transports  
622 Number of non-emergency transports
**Air Ambulance Services**
\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Anderson FPD Response Zone: Zone 3Address: 1925 Howard St Number of Ambulance Vehicles in Fleet: \_\_\_\_\_AndersonPhone Number: 530-379-6699 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Colusa **Provider:** Arbuckle FPD **Response Zone:** Colusa Zone 1**Address:** PO Box 727 **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_Arbuckle**Phone Number:** 530-476-2231 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Auburn Fire Response Zone: Placer Zone 3Address: 1225 Lincoln Way Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
AuburnPhone Number: 530-823-4211 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Bi-County Ambulance Response Zone: Yuba Zone1Address: PO Box 3130 Number of Ambulance Vehicles in Fleet: 17  
Yuba City CAPhone Number: 530-674-2780 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**24802 Total number of responses  
22203 Number of emergency responses  
2599 Number of non-emergency responses18936 Total number of transports  
16682 Number of emergency transports  
2254 Number of non-emergency transports**Air Ambulance Services**         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Beale AFB Ambulance Response Zone: Yuba Zone2Address: 6451 B St Number of Ambulance Vehicles in Fleet: 2  
Beale AFB CAPhone Number: 530-634-8672 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

130 Total number of responses  
119 Number of emergency responses  
11 Number of non-emergency responses

49 Total number of transports  
48 Number of emergency transports  
1 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Bear Valley Indian FPD Response Zone: Colusa Zone 1Address: PO Box 127  
Stonyford Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-963-3231 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Burney Fire Response Zone: Zone 2Address: 37072 Hwy 299 E Number of Ambulance Vehicles in Fleet: 2  
BurneyPhone Number: 530-335-2212 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

651 Total number of responses  
645 Number of emergency responses  
6 Number of non-emergency responses

531 Total number of transports  
526 Number of emergency transports  
5 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Butte Provider: Butte County EMS Inc. Response Zone: Butte Zone1Address: 333 Huss Dr Ste 100 Number of Ambulance Vehicles in Fleet: 24ChicoPhone Number: 530-879-5512 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

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

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

28145 Total number of responses  
26691 Number of emergency responses  
1454 Number of non-emergency responses

20819 Total number of transports  
19518 Number of emergency transports  
1301 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Butte Valley Ambulance Response Zone: Zone 1Address: 104 N Railroad Number of Ambulance Vehicles in Fleet: 2  
DorrisPhone Number: 530-397-2105 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

92 Total number of responses  
91 Number of emergency responses  
1 Number of non-emergency responses

87 Total number of transports  
86 Number of emergency transports  
1 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: CAL Fire Response Zone: Zone 3Address: 6105 Airport Rd Number of Ambulance Vehicles in Fleet: 0  
ReddingPhone Number: 530-224-2460 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: CAL Fire Siskiyou Response Zone: Siskiyou Zone 1-6Address: PO Box 128 Number of Ambulance Vehicles in Fleet: 0  
YrekaPhone Number: 530-842-3516 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Colusa **Provider:** CAL Fire Colusa **Response Zone:** Colusa Zone 1**Address:** 1199 big Tree  
St Helena **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 707-994-2441 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Placer, Nevada, Yuba, **Provider:** CALSTAR **Response Zone:** Placer Zones 1,2,3 Nevada Zones 2,3 Yuba Zone 1,2**Address:** 13750 Lincoln Wy  
Auburn CA 95603**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 530-887-0569**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

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

**Air Ambulance Services**

154 Total number of responses  
67 Number of emergency responses  
86 Number of non-emergency responses

153 Total number of transports  
67 Number of emergency transports  
86 Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tehama **Provider:** Capay Fire **Response Zone:** Tehama Zone 1**Address:** 50 4th Ave **Number of Ambulance Vehicles in Fleet:** 0  
Orland**Phone Number:** 530-865-2070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Colusa Fire Response Zone: Colusa Zone 1Address: 750 Market st Number of Ambulance Vehicles in Fleet: 1ColusaPhone Number: 530-458-7721 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Enloe Ambulance Response Zone: Colusa Zone1Address: 333 Huss Dr Ste 100 Number of Ambulance Vehicles in Fleet: 2  
ChicoPhone Number: 530-879-5512 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**1265 Total number of responses  
1186 Number of emergency responses  
79 Number of non-emergency responses794 Total number of transports  
723 Number of emergency transports  
71 Number of non-emergency transports**Air Ambulance Services**           Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Colusa Fire Response Zone: Colusa Zone 1Address: 750 Market st  
Colusa Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-458-7721 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Cottonwood Fire Response Zone: Zone 3Address: PO Box 618 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
CottonwoodPhone Number: 530-347-4737 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports**Air Ambulance Services**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Dobbins Oregon House Fire Response Zone: Yuba Zone1Address: PO Box 164 Number of Ambulance Vehicles in Fleet: 0  
Oregon House CAPhone Number: 530-675-2343 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Dorris Volunteer Fire Department Response Zone: Zone 4Address: PO Box 786 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
DorrisPhone Number: 530-397-2121 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports**Air Ambulance Services**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Dunsmuir Fire Response Zone: Zone 4Address: PO Box 196 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_DunsmuirPhone Number: 530-235-2551 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Dutch Flat Fire Response Zone: Placer Zone 3Address: PO Box 83 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Dutch FlatPhone Number: 530-389-2287 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Glenn Provider: Enloe Ambulance Response Zone: Glenn Zone1Address: 333 Huss Dr Ste 100 Number of Ambulance Vehicles in Fleet: 2ChicoPhone Number: 530-879-5512 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

1357 Total number of responses  
1007 Number of emergency responses  
350 Number of non-emergency responses

1015 Total number of transports  
686 Number of emergency transports  
329 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Butte, Colusa, Glenn **Provider:** Enloe Flightcare Chico **Response Zone:** Colusa Zone 1, Butte Zone 1, 2, Glenn Zone 1, 2**Address:** 1531 Esplande  
Chico CA 95926**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** 530-680-2428**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

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

**Air Ambulance Services**

1387 \_\_\_\_\_ Total number of responses  
 314 \_\_\_\_\_ Number of emergency responses  
 1073 \_\_\_\_\_ Number of non-emergency responses

1183 \_\_\_\_\_ Total number of transports  
 244 \_\_\_\_\_ Number of emergency transports  
 939 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Etna Ambulance Response Zone: Zone 2Address: 450 Main st Number of Ambulance Vehicles in Fleet: 2EtnaPhone Number: 530-467-3331 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

405 Total number of responses  
379 Number of emergency responses  
26 Number of non-emergency responses

286 Total number of transports  
267 Number of emergency transports  
19 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Fall River Mills Fire Response Zone: Zone 1Address: PO Box 582  
Fall River Mills Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-336-6117 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Foresthill Fire Response Zone: Placer Zone 1Address: PO Box 557 Number of Ambulance Vehicles in Fleet: 3  
ForesthillPhone Number: 530-389-2287 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

418 Total number of responses  
414 Number of emergency responses  
4 Number of non-emergency responses

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Foothill Fire Response Zone: Yuba Zone1Address: PO Box 332  
Brownsville CANumber of Ambulance Vehicles in Fleet: 0Phone Number: 530-675-2343Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Tehama Provider: Gerber VFD Response Zone: Tehama Zone 1Address: 327 Benito Ave Number of Ambulance Vehicles in Fleet: 0  
GerberPhone Number: 530-385-1549 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Grass Valley Fire Response Zone: Nevada Zone 2Address: 125 E. Main St  
Grass Valley Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-274-4370 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Butte Provider: Gridley Fire Response Zone: Butte Zone2Address: PO Box 1119 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_OrovillePhone Number: 530-538-7111 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Happy Camp Ambulance Response Zone: Zone 3Address: 26 4th Ave Number of Ambulance Vehicles in Fleet: 2  
Happy CampPhone Number: 530-4932643 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

260 Total number of responses  
255 Number of emergency responses  
5 Number of non-emergency responses

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Happy Valley Fire Response Zone: Zone, 3Address: 17441 Palm Ave Number of Ambulance Vehicles in Fleet: \_\_\_\_\_AndersonPhone Number: 530-357-2345 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Higgins Fire Response Zone: Nevada Zone 2Address: 10106 Combie Road Number of Ambulance Vehicles in Fleet: \_\_\_\_\_AuburnPhone Number: 530-274-4370 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Lincoln Fire Response Zone: Placer Zone 3Address: 472 E St Number of Ambulance Vehicles in Fleet: \_\_\_\_\_LincolnPhone Number: 916-645-4040 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Transport  <input checked="" type="checkbox"/> Non-Transport         </div> <div style="width: 50%;"> <input type="checkbox"/> ALS  <input checked="" type="checkbox"/> BLS  <input type="checkbox"/> LALS         </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> 9-1-1  <input type="checkbox"/> 7-Digit  <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water         </div> </div>
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

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

\_\_\_\_\_ Total number of transports

\_\_\_\_\_ Number of emergency transports

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

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

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

\_\_\_\_\_ Total number of transports

\_\_\_\_\_ Number of emergency transports

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Linda Fire Response Zone: Yuba Zone1Address: 1286 Scales Ave Number of Ambulance Vehicles in Fleet: 0  
Marysville CAPhone Number: 530-743-1553 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Yuba **Provider:** Loma Rica/Browns Valley Fire **Response Zone:** Yuba Zone1**Address:** PO Box 8153  
Marysville CA **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-749-2316 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Marysville Fire Response Zone: Yuba Zone1Address: 107 Ninth St  
Marysville CA Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-741-6622 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Maxwell FPD Response Zone: Colusa Zone 1Address: 260 Oak St Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
MaxwellPhone Number: 530-458-7230 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: McCloud Community Services District Response Zone: Siskiyou Zone 4Address: 220 W. Minnesota Ave Number of Ambulance Vehicles in Fleet: 1McCloudPhone Number: 530-964-2017 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Mercy Ambulance Service Response Zone: Zone, 3Address: 2175 Rosalina Ave Number of Ambulance Vehicles in Fleet: 7  
ReddingPhone Number: 530-245-4847 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

9814 Total number of responses  
8848 Number of emergency responses  
966 Number of non-emergency responses

7403 Total number of transports  
6494 Number of emergency transports  
909 Number of non-emergency transports

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Montague Fire Response Zone: Siskiyou Zone 5Address: PO Box 281 Number of Ambulance Vehicles in Fleet: 0MontaguePhone Number: 530-459-5343 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Siskiyou **Provider:** MT Shasta Ambulance **Response Zone:** Siskiyou Zone 1, 2**Address:** PO Box  
Mt Shasta **Number of Ambulance Vehicles in Fleet:** 10**Phone Number:** 530-926-7546 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

5495 Total number of responses  
4691 Number of emergency responses  
804 Number of non-emergency responses

4033 Total number of transports  
3284 Number of emergency transports  
749 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Siskiyou Provider: Mt Shasta Fire Response Zone: Siskiyou Zone 5Address: 305 N. Mt Shasta Blvd Number of Ambulance Vehicles in Fleet: 0  
Mt ShastaPhone Number: 530-926-7546 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Nevada City Fire Response Zone: Nevada Zone 2Address: 317 Broad St Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Nevada CityPhone Number: 530-265-2351 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Placer **Provider:** North Tahoe Fire **Response Zone:** Placer Zone 4**Address:** PO Box 5879 **Number of Ambulance Vehicles in Fleet:** 6  
Tahoe City**Phone Number:** 530-583-6913 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

1288 Total number of responses  
1100 Number of emergency responses  
188 Number of non-emergency responses

995 Total number of transports  
812 Number of emergency transports  
183 Number of non-emergency transports

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Northstar Fire Response Zone: Placer Zone 4Address: PO Box 210  
Truckee

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

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

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

**Transporting Agencies**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports**Air Ambulance Services**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Butte Provider: Oroville City Fire Response Zone: Butte Zone1Address: 2055 Lincoln St  
Oroville Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-538-2480 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Butte Provider: Paradise Fire (contracting with Cal Fire) Response Zone: Butte Zone1Address: 767 Burch St  
Paradise Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: 530-872-6264 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports**Air Ambulance Services**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Penryn Fire Response Zone: Placer Zone 3Address: PO Box 219 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_PenrynPhone Number: 916-663-3389 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: 2020

## Response/Transportation/Providers

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

County: Shasta Provider: PHI Response Zone: Shasta Zone 1,2,3

Address: 5900 Old Oregon Trail Number of Ambulance Vehicles in Fleet: 1  
Redding CA 96002

Phone Number: 530-221-0646 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

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

## Air Ambulance Services

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Placer Hills Fire Response Zone: Placer Zone 3Address: PO Box 308 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Meadow VistaPhone Number: 530-878-0405 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports**Air Ambulance Services**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Sutter Provider: Pleasant Grove Fire Response Zone: Sutter Zone 1Address: 3100 Howsley Number of Ambulance Vehicles in Fleet: 0  
Pleasant GrovePhone Number: 530-655-3937 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Princeton FPD Response Zone: Colusa Zone 1Address: PO Box 176 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
PrincetonPhone Number: 530-439+2235 Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Penn Valley Fire Response Zone: Nevada Zone 3Address: Penn Valley Number of Ambulance Vehicles in Fleet: 3Phone Number: 530-432-2630 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

833 Total number of responses  
829 Number of emergency responses  
4 Number of non-emergency responses

575 Total number of transports  
573 Number of emergency transports  
2 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sutter, Yuba, Shasta, Butte, Tehama, Colusa **Provider:** REACH 5 & REACH 7 **Response Zone:** Sutter Zone 1, Yuba Zone 1, Shasta Zone 3, Tehama Zone 1**Address:** 5010 Flightline Dr  
Santa Rosa**Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 530-221-0646**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

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

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

**Air Ambulance Services**

481 \_\_\_\_\_ Total number of responses  
110 \_\_\_\_\_ Number of emergency responses  
371 \_\_\_\_\_ Number of non-emergency responses

477 \_\_\_\_\_ Total number of transports  
107 \_\_\_\_\_ Number of emergency transports  
370 \_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Tehama Provider: Red Bluff Fire Response Zone: Tehama Zone 1Address: 555 Washington St Number of Ambulance Vehicles in Fleet: 0  
Red Bluff CAPhone Number: 530-527-1126 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Redding Fire Response Zone: Zone, 3Address: PO Box 496071 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_ReddingPhone Number: 530-225-2418 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Nevada Placer **Provider:** REMSA CareFlight **Response Zone:** Nev Zone 1,2,3,4 Placer 4**Address:** 750 Edison Way **Number of Ambulance Vehicles in Fleet:** 1Reno NV**Phone Number:** 775-858-5700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

**Air Ambulance Services**

119 \_\_\_\_\_ Total number of responses  
49 \_\_\_\_\_ Number of emergency responses  
70 \_\_\_\_\_ Number of non-emergency responses

116 \_\_\_\_\_ Total number of transports  
47 \_\_\_\_\_ Number of emergency transports  
69 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: Rocklin Fire Response Zone: Placer Zone 3Address: PO Box 1380 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_RocklinPhone Number: 916-632-4150 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Placer **Provider:** Roseville Fire **Response Zone:** Placer Zone 3**Address:** 401 Oak St  
Roseville CA**Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_**Phone Number:** 916-774-5844**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

3488 Total number of responses  
 3323 Number of emergency responses  
 165 Number of non-emergency responses

N/A Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Colusa Provider: Sacramento River FPD Response Zone: Colusa Zone 1Address: 235 Market St Number of Ambulance Vehicles in Fleet: \_\_\_\_\_ColusaPhone Number: 530-439-2235 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Shasta **Provider:** Mayers Memorial Hospital Ambulance (SEMSA Run) **Response Zone:** Zone 1**Address:** PO Box 459  
Fall River Mills **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 530-336-5511 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

528 Total number of responses  
338 Number of emergency responses  
190 Number of non-emergency responses

372 Total number of transports  
206 Number of emergency transports  
166 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Shasta County Fire Response Zone: Zone 2, 3Address: 875 Cypress Ave Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
ReddingPhone Number: 530-225-2418 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Shasta Provider: Shasta Lake FPD Response Zone: Zone 1Address: 4126 Ashby Ct Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Shasta LakePhone Number: 530-336-5511 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Glenn Provider: SideTrax Response Zone: Glenn Zone 3Address: 604 Fourth St. Number of Ambulance Vehicles in Fleet: 0  
OrlandPhone Number: 530-865-5981 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**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 2Address: 13120 Loma Rica Dr Number of Ambulance Vehicles in Fleet: 10  
Grass ValleyPhone Number: 530-265-2351 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

8535 Total number of responses  
6374 Number of emergency responses  
2161 Number of non-emergency responses

7135 Total number of transports  
5000 Number of emergency transports  
2135 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Placer Provider: South Placer Fire Response Zone: Placer Zone 2Address: 6900 Eureka Road Number of Ambulance Vehicles in Fleet: 3  
Granite BayPhone Number: 916-791-7059 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

**Transporting Agencies**1722 Total number of responses  
1722 Number of emergency responses  
0 Number of non-emergency responses1261 Total number of transports  
1261 Number of emergency transports  
0 Number of non-emergency transports**Air Ambulance Services**         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Tehama Provider: St Elizabeth's Ambulance Response Zone: Tehama Zone 1Address: 2550 Sister Columba Dr Number of Ambulance Vehicles in Fleet: 7  
Red Bluff CAPhone Number: 530-529-8318 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**8559 Total number of responses  
7586 Number of emergency responses  
973 Number of non-emergency responses5864 Total number of transports  
5028 Number of emergency transports  
836 Number of non-emergency transports**Air Ambulance Services**           Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Sutter Provider: Sutter County Fire Response Zone: Sutter Zone 1Address: 1160 Civic Center Blvd Number of Ambulance Vehicles in Fleet: 0  
Yuba CityPhone Number: 530-822-7400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Placer **Provider:** Squaw Valley Fire **Response Zone:** Placer Zone 4**Address:** PO Box 2522  
Olympic Valley **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 530-583-6111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

57 Total number of responses  
56 Number of emergency responses  
1 Number of non-emergency responses

N/A Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Nevada **Provider:** Truckee Fire - Donner Summit **Response Zone:** Nevada Zone 1**Address:** 53823 Sherrit Ln  
Soda Springs, CA 95728 **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 530-426-9249 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

1558 Total number of responses  
1335 Number of emergency responses  
223 Number of non-emergency responses

1090 Total number of transports  
875 Number of emergency transports  
215 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Nevada Provider: Truckee Fire Response Zone: Nevada Zone 4Address: PO Box 2768 Number of Ambulance Vehicles in Fleet: 6TruckeePhone Number: 530-414-6871 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

1684 Total number of responses  
1460 Number of emergency responses  
224 Number of non-emergency responses

1163 Total number of transports  
947 Number of emergency transports  
216 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Glenn Provider: Westside Ambulance Response Zone: Glenn Zone2Address: 604 Fourth St. Number of Ambulance Vehicles in Fleet: 2  
OrlandPhone Number: 530-865-5981 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

1493 Total number of responses  
1445 Number of emergency responses  
48 Number of non-emergency responses

1138 Total number of transports  
1109 Number of emergency transports  
29 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Yuba Provider: Wheatland Fire Response Zone: Yuba Zone1Address: PO Box 395 Number of Ambulance Vehicles in Fleet: 0Wheatland CA 95692Phone Number: 530-633-2930 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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



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

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: 2020**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Sutter Provider: Yuba City Fire Response Zone: Sutter Zone 1Address: 824 Clark Ave  
Yuba City Number of Ambulance Vehicles in Fleet: 0Phone Number: 530-741-4691 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

**Air Ambulance Services**

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

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

Date: 2020

**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: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Colusa County

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

Zone 1  
Colusa County

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

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

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

Colusa County

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

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

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

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

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>  <b>Sierra-Sacramento Valley</b>
<b>Area or Subarea (Zone) Name or Title:</b>  <b>Glenn County, Zone 2</b>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  <b>Enloe Ambulance</b>
<b>Area or Subarea (Zone) Geographic Description:</b>  <b>All of Glenn County south of county road 33</b>
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> <small>Include intent of local EMS agency and board action.</small>  <b>Non-Exclusive</b>
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>  <b>Sierra-Sacramento Valley</b>
<b>Area or Subarea (Zone) Name or Title:</b>  <b>Glenn County, Zone 1</b>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  <b>Orland Community Ambulance Association dba Westside Ambulance Association</b>
<b>Area or Subarea (Zone) Geographic Description:</b>  <b>All of Glenn County north of county road 33</b>
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> <small>Include intent of local EMS agency and board action.</small>  <b>Exclusive</b>
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>  <b>Emergency Ambulance Service, 911 emergency ambulance transport, 7-digit emergency ambulance transport</b>
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <b>Grandfathered</b>



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Nevada County

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

Zone 1 – Donner Summit

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

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

Donner Summit Public Utility district

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

Donner Summit

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

Include intent of local EMS agency and Board action.

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

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

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

Emergency Ambulance, 9-1-1 Emergency Response,

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

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

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

Uninterrupted ambulance transport service since 1979 documented by patient care reports and statements of EMT-Is employed at the time.

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Nevada County

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

Zone 2 – Nevada City/Grass Valley

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

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

Sierra-Nevada Hospital Ambulance Service

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

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

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

Include intent of local EMS agency and Board action.

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

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

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

Emergency Ambulance, 911 Emergency Response

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

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Nevada County

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

Zone 3 – Penn Valley

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

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

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

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

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

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

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

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

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

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

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

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

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



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Nevada County

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

Zone 4 Truckee

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

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

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

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

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

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

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

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

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

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

Zone 1 Foresthill

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

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

Foresthill Fire Protection District

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

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

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

Include intent of local EMS agency and Board action.

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

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

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

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

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

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

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

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



Date: 2020

**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: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

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

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

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

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

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

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

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

Include intent of local EMS agency and Board action.

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

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

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

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

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

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

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

See attached affidavit

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Placer County

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

Zone 4 North Tahoe

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

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

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

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

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

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

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

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

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

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

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

Uninterrupted ambulance service since 1976



Date: 2020

**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.

Revised 10/12

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Shasta County

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

Zone 2

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

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

Burney Fire

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

North: Hwy 89 at Dana cutoff

East: Hwy 299 E at the Pit River bridge

Southeast: SR 44 at the Lassen County Line

Southwest: Hwy 44 at the Lassen Park turnoff

West: Hwy 299 E x Halcumb Cemetery

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

N/A

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

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

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

Revised 10/18



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Shasta County

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

Zone 3

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

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

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

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

North: 1-5 to Pollard Flat; east along Fenders Ferry Rd to Montgomery Creek  
East: SR 299E to Fenders Ferry Rd; east of Oak Run and Whitmore to Lassen Park  
SR 44 to Lassen Park entrance; approximately 25 miles into the park, Summit  
Lake, and southwest to Tehama County Line  
South: 1-5 to Tehama County Line, then following Cottonwood Creek  
West: Western horn of Shasta County, Platina from Tehama County Line north;  
Western boundary of Shasta County, including SR 299 to Buckhorn Summit to  
the area of Dog Creek Rd. and Trinity Mountain Rd.

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

Non-exclusive

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

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

N/A

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

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

Zone 1 – Butte Valley and surrounding areas

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

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

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

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

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

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

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

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

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

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

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

Revised 10/12

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

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

Zone 2 Etna and surrounding areas

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

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

Etna Ambulance

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

North: SR 3 to Forest Mountain Summit

East: Gazelle-Callahan Road to Gazelle Summit

South: SR 3 to Scott Mountain Summit

Southwest: Cecilville Rd. to Cecilville Summit

West: Sawyers Bar Rd. to Etna Summit

Northwest: Scott River Rd. to Thompson Creek

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

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



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

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

Zone 3 – Happy Camp and surrounding areas

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

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

Happy Camp Ambulance

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

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

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

South: SR 96 at Somes Bar

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

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

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

Zone 4 – McCloud and surrounding areas

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

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

McCloud Community Services District

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

North: Military Pass Road, 1 mile south of Medicine Lake

East: SR 89 to the Modoc County Line

South: Southwest Gerard Ridge east of Sims/So Grizzly Peak! SE Ponderosa @ SR 89

West: Mt. Shasta peak! Snowman Summit / SR 89 at Gerard Ridge

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

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



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

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

Zone 5 Mount Shasta and surrounding areas

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

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

Mt Shasta Ambulance

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

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

East: SR 89 to Siskiyou County Line

South: 1-5 at Pollard Flat

West: Mt. Eddy Range

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

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

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

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

Emergency ambulance service, 9-1-1

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

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

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

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

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

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

Mt Shasta Ambulance service

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

North: Oregon State Line

East: West Siskiyou Mountains

South: 1-5 at Parks Creek

West: SR 96 to Horse Creek; SR 3 to Fort Jones Rd.

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

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

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Sierra-Sacramento Valley EMS Agency – Sutter County
<b>Area or subarea (Zone) Name or Title:</b> Sutter County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> All of Sutter County
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response, ALS Transport
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.



Date: 2020

**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.

Revised 10/12



Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Yuba County

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

Yuba County

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

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

Beale Air Force Base

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

Beale Air Force Base

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

N/A

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

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

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

N/A

Date: 2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Yuba County

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

Yuba County

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

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

Bi-County Ambulance

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

All of Yuba County

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

Include intent of local EMS agency and Board action.

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

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

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

Emergency Ambulance, 9-1-1, ALS

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

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

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

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

### Table 9: Resources Directory

## Facilities

**County:** Colusa

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

**Facility:** Colusa Regional Medical Center  
**Address:** 199 E. Webster St Colusa CA 95932

Telephone Number: 530-458-5821

<u><b>Written Contract:</b></u>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Service:</b></u>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<u><b>Base Hospital:</b></u>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Burn Center:</b></u>  <input type="checkbox"/> Yes   x <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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☒<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Butte

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Table 9: Resources Directory**

**Facilities**

**County:** Siskiyou

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

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes    No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Sutter

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Placer

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

**Facility:** Kaiser Roseville Medical Center **Telephone Number:** 916-784-5390  
**Address:** 1600 Eureka Road Roseville CA

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County** Shasta

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

**Facility:** Mayers Memorial Hospital  
**Address:** 43563 Hwy 299 E  
Fall River Mills CA

**Telephone Number:** (530) 336-5511

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<div style="display: flex; justify-content: space-between;"> <div> <b>Pediatric Critical Care Center<sup>1</sup></b>  <b>EDAP<sup>2</sup></b>  <b>PICU<sup>3</sup></b> </div> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> </div>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**Table 9: Resources Directory**

**Facilities**

**County:** Siskiyou

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

**Facility:** Mercy Medical Center Mt Shasta **Telephone Number:** (530) 926-6111  
**Address:** 914 Pine St Mt Shasta CA

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes      No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Shasta

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

**Facility:** Mercy Medical Center Redding **Telephone Number:** (530) 225-6000  
**Address:** 2175 Rosaline Ave Redding CA 96001

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Butte

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

**Facility:** Orchard Hospital (formerly Biggs Gridley Memorial Hospital) **Telephone Number:** (530) 846-9068  
**Address:** 240 Spruce St Gridley CA 95948

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Butte

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

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

**Telephone Number:** (530) 532-8342

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Table 9: Resources Directory**

**Facilities**

**County:** Shasta

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

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

**Telephone Number:** (530) 244-5353

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Nevada

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Placer

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Placer

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Table 9: Resources Directory**

**Facilities**

**County:** Nevada

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: APPROVED TRAINING PROGRAMS

County: ButteReporting Year: 2020

Training Institution: <u>Butte-Glenn Community College</u>		Telephone Number: <u>530-893-7532</u>	
Address: <u>3536 Butte Campus Drive</u>			
<u>Oroville, Ca. 95965</u>			
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMR</u>		
Cost of Program:			
Basic: <u>\$184</u>	Number of students completing training per year:		
Refresher: <u>          </u>	Initial training:	<u>150</u>	
	Refresher:	<u>0</u>	
	Continuing Education:	<u>0</u>	
	Expiration Date:	<u>12/31/24</u>	
	Number of courses:		
	Initial training:	<u>4</u>	
	Refresher:	<u>0</u>	
	Continuing Education:	<u>2</u>	

Training Institution: <u>Butte-Glenn Community College</u>		Telephone Number: <u>530-893-7532</u>	
Address: <u>3536 Butte Campus Drive</u>			
<u>Oroville, Ca. 95965</u>			
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMT</u>		
Cost of Program:			
Basic: <u>\$322</u>	Number of students completing training per year:		
Refresher: <u>\$46</u>	Initial training:	<u>118</u>	
	Refresher:	<u>80</u>	
	Continuing Education:	<u>0</u>	
	Expiration Date:	<u>12/31/24</u>	
	Number of courses:		
	Initial training:	<u>5</u>	
	Refresher:	<u>2</u>	
	Continuing Education:	<u>2</u>	

Butte-Glenn Community College  
3536 Butte Campus Drive  
Oroville, Ca. 95965

Telephone Number: 530-893-7532

Address:

Student Eligibility\*: General Public

\*\*Program Level Paramedic

Cost of Program:

Basic \$7800

Refresher:

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Initial training:

Refresher:

Continuing Education:

22

0

0

12/31/21

1

0

TABLE 10: APPROVED TRAINING PROGRAMS

County: SiskiyouReporting Year: 2020

Training Institution: <u>College of the Siskiyous</u>		Telephone Number: <u>530-938-5512</u>	
Address: <u>800 College Ave</u>			
<u>Weed, Ca 96094</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT-1</u>	
	Basic: <u>\$368</u>	Number of students completing training per year:	
	Refresher: <u>\$46</u>	Initial training:	<u>75</u>
		Refresher:	<u>20</u>
		Continuing Education:	<u>25</u>
		Expiration Date:	<u>12/31/2021</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>varies</u>

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

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

Training Institution: <u>College of the Siskiyous</u>		Telephone Number: <u>530-938-5512</u>	
Address: <u>800 College Ave</u>			
<u>Weed, CA 96094</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT-Paramedic</u>	
	Basic: <u>\$5800</u>	Number of students completing training per year:	
	Refresher: <u>\$0</u>	Initial training:	<u>30</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>12/31/2022</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: PlacerReporting Year: 2020

Training Institution: <u>National College of Technical Instruction</u>		Telephone Number: <u>888-609-6284</u>	
Address: <u>2995 Foothills Blvd STE 100</u>			
<u>Roseville CA 95747</u>			
Student Eligibility*:	General Public	**Program Level	<u>EMT-1</u>
Cost of Program:			
	Basic: <u>\$1895</u>	Number of students completing training per year:	
	Refresher: <u>\$398</u>	Initial training:	<u>200</u>
		Refresher:	<u>100</u>
		Continuing Education:	<u>3200</u>
		Expiration Date:	<u>12/31/2021</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>varies</u>

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

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

Training Institution: <u>National College of Technical Instruction</u>		Telephone Number: <u>888-609-6284</u>	
Address: <u>2995 Foothills Blvd STE 100</u>			
<u>Roseville CA 95747</u>			
Student Eligibility*:	General Public	**Program Level	<u>EMT-Paramedic</u>
Cost of Program:			
	Basic: <u>\$10240</u>	Number of students completing training per year:	
	Refresher: <u>\$0</u>	Initial training:	<u>100</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>3200</u>
		Expiration Date:	<u>12/31/2021</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>varies</u>

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

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



**TABLE 11: DISPATCH AGENCY**

County: Yuba/Sutter

Reporting Year: 2020

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

Name:	<u>Bi-County Ambulance INC</u>		Primary Contact:	<u>Cameron Bumpus</u>	
Address:	<u>1700 Poole Blvd</u>				
	<u>Yuba City, CA 95993-2610</u>				
Telephone Number:	<u>(530) 674-2780</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>n/a</u> EMD Training	<u>n/a</u> EMT-D	<u>75</u> ALS
			<u>n/a</u> BLS	<u>n/a</u> LALS	<u>n/a</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

Name:	_____		Primary Contact:	_____	
Address:	_____				
	_____				
Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS
			_____ BLS	_____ LALS	_____ Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

TABLE 11: DISPATCH AGENCY

County: Placer County Reporting Year: 2020**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>American Medical Response</u>		Primary Contact:	<u>Rich Silva</u>	
Address:	<u>1041 Fee Drive</u>				
	<u>Sacramento, CA 95815-3908</u>				
Telephone Number:	<u>(916) 563-0600</u>				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>66</u>	EMD Training	<u>n/a</u> EMT-D
			<u>n/a</u>	BLS	<u>n/a</u> LALS
					<u>n/a</u> ALS
Ownership:		If Public:			<u>n/a</u> Other
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

Name:	_____		Primary Contact:	_____	
Address:	_____				
	_____				
Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____	EMD Training	_____ EMT-D
			_____	BLS	_____ LALS
					_____ ALS
Ownership:		If Public:			_____ Other
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

**TABLE 11: DISPATCH AGENCY**

County: Butte

Reporting Year: 2020

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

Name:	<u>Chico Police &amp; Fire Dispatch</u>		Primary Contact:	<u>Nancy Wilson</u>
Address:	<u>1460 Humboldt Road</u>			
	<u>Chico, CA 95928-9111</u>			
Telephone Number:	<u>(530) 895-4911</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>n/a</u> EMD Training <u>n/a</u> EMT-D <u>n/a</u> ALS <u>n/a</u> BLS <u>n/a</u> LALS   Other: <u>Fire &amp; Police</u> <u>dispatching only caller transferred to Butte County EMS if pre-arrival is needed</u>	
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other Explain:		

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training   _____ EMT-D   _____ ALS _____ BLS   _____ LALS   _____ Other	
Ownership:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other Explain: _____		

**TABLE 11: DISPATCH AGENCY**

County: Butte

Reporting Year: 2020

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

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

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
			_____ EMD Training	_____ EMT-D
			_____ BLS	_____ ALS
			_____ LALS	_____ Other
Ownership:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

TABLE 11: DISPATCH AGENCY

County: ColusaReporting Year: 2020

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

Name:	<u>Colusa County Sheriff's Office</u>		Primary Contact:	<u>Lt. Russ Jones</u>
Address:	<u>929 Bridge Street</u>			
	<u>Colusa, CA 95932-2837</u>			
Telephone Number:	<u>(530) 458-0200</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <b>0</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law		
		<input checked="" type="checkbox"/> Other		
		<b><u>Consolidated PSAP</u></b>		

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		



TABLE 11: DISPATCH AGENCY

County: NevadaReporting Year: 2020**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Grass Valley Police Department</u>		Primary Contact:	<u>GVPD Lt. Alex Gammelgard</u>
Address:	<u>129 S. Auburn Street</u>			<u>NCSO Dispatch Mike Walsh</u>
	<u>Grass Valley, CA 95945-6501</u>			
Telephone Number:	<u>(530) 265-7880</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <b>18</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	<u>Dispatch Center</u>		Primary Contact:	<u>NCSO Dispatch Mike Walsh</u>
Address:	<u>950 Maidu Ave</u>			
	<u>Nevada City, CA 95959-8600</u>			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

**TABLE 11: DISPATCH AGENCY**County: SiskiyouReporting Year: 2020**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Mt. Shasta Police Department</u>	Primary Contact:	<u>Kelly Stenmark</u>
Address:	<u>303 N. Mt. Shasta Blvd</u>		
	<u>Mt. Shasta, CA 96067-2231</u>		
Telephone Number:	<u>(530) 926-7540</u>		
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <b>0</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>0</u> EMD Training <u>0</u> EMT-D <u>0</u> ALS
			<u>0</u> BLS <u>0</u> LALS <u>0</u> Other
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		
	<input checked="" type="checkbox"/> Law		
	<input type="checkbox"/> Other		
	Explain: _____		

Name:	_____	Primary Contact:	_____
Address:	_____		
	_____		
Telephone Number:	_____		
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		
	<input type="checkbox"/> Law		
	<input type="checkbox"/> Other		
	Explain: _____		

TABLE 11: DISPATCH AGENCY

County: ButteReporting Year: 2020**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Paradise Police Department</u>		Primary Contact:	<u>Meghan McGee</u>
Address:	<u>5595 Black Olive Drive</u>			
	<u>Paradise, CA 95969-4606</u>			
Telephone Number:	<u>(530) 872-6241</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: <b>0</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:	<u>n/a</u> EMD Training <u>n/a</u> EMT-D <u>n/a</u> ALS <u>n/a</u> BLS <u>n/a</u> LALS <u>n/a</u> Other	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:	_____ EMD Training    _____ EMT-D    _____ ALS _____ BLS                _____ LALS    _____ Other	
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

**TABLE 11: DISPATCH AGENCY**

County: Placer

Reporting Year: 2020

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

Name:	<u>Placer County Sheriff's Office</u>		Primary Contact:	<u>Christopher Herren</u>
Address:	<u>2929 Richardson Drive Suite 1</u>			
	<u>Auburn, CA 95603-2615</u>			
Telephone Number:	<u>(530) 886-5350</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	_____		Primary Contact:	_____
Address:	_____			
	_____			
Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

TABLE 11: DISPATCH AGENCY

County: PlacerReporting Year: 2020**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Rocklin Police Department</u>	Primary Contact:	<u>Sandi Bumpus</u>
Address:	<u>4000 Rocklin Road</u>		
	<u>Rocklin, CA 95677</u>		
Telephone Number:	<u>(916) 625-5400</u>		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	
		<u>17</u> EMD Training <u>n/a</u> EMT-D <u>17</u> ALS <u>n/a</u> BLS <u>n/a</u> LALS <u>n/a</u> Other	
Ownership:	If Public:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

Name:	_____	Primary Contact:	_____
Address:	_____		
	_____		
Telephone Number:	_____		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	
		_____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership:	If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		



TABLE 11: DISPATCH AGENCY

County: PlacerReporting Year: 2020**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Roseville Police/Fire Dispatch</u>	Primary Contact:	<u>Katie Braverman</u>
Address:	<u>1051 Junction Blvd.</u>		
	<u>Roseville, CA 95678-7191</u>		
Telephone Number:	<u>(916) 774-5000</u>		
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>24</u> EMD Training <u>n/a</u> EMT-D <u>n/a</u> ALS
			<u>n/a</u> BLS <u>n/a</u> LALS <u>n/a</u> Other
Ownership:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input checked="" type="checkbox"/> Law		
	<input type="checkbox"/> Other		
	Explain: _____		

Name:	_____	Primary Contact:	_____
Address:	_____		
	_____		
Telephone Number:	_____		
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:	If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input type="checkbox"/> Law		
	<input type="checkbox"/> Other		
	Explain: _____		

**County:** Sutter

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

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 \_\_\_\_\_  
☐ Law \_\_\_\_\_  
☐ Other \_\_\_\_\_  
Explain: \_\_\_\_\_

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

# TABLE 11: DISPATCH AGENCY

County: Siskiyou

Reporting Year: 2020

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

Name:	<u>Yreka Interagency Command Center</u>		Primary Contact:	<u>Jason Stone</u>
Address:	<u>P.O. Box 128</u>			
	<u>Yreka, CA 96097-0218</u>			
Telephone Number:	<u>(530) 842-7066</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input checked="" type="checkbox"/> Other		
		Explain: <u>EMS</u>		

Name:			Primary Contact:	
Address:				
Telephone Number:				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

**County:** Yuba

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

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 If Public: ☐ Fire ☐ Law ☐ Other  
Explain: \_\_\_\_\_ If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal