

Emergency Medical Services Division



Paramedic First Responder Policies and Procedures

California City Fire Department

October 1, 2013

Ross Elliott
EMS Director

Robert Barnes, M.D.
Medical Director

TABLE OF CONTENTS

I. GENERAL PROVISIONS	1
II. PARAMEDIC FIRST RESPONDER SCOPE OF PRACTICE	1
III. PARAMEDIC FIRST RESPONDER PROVIDER	2
IV. PARAMEDIC FIRST RESPONDER QUALIFICATIONS, ACCREDITATION AND TRAINING	3
V. PARAMEDIC FIRST RESPONDER ACTIVATION AND RESPONSE.....	3
VI. PARAMEDIC FIRST RESPONDER SCENE OPERATIONS	4
VII.EMS RESOURCE UTILIZATION	5
VIII.DOCUMENTATION AND QUALITY ASSURANCE	5
IX. REQUIRED PARAMEDIC FIRST RESPONDER MICU EQUIPMENT AND SUPPLIES.....	6

Revision Log:

08/03/1999 – Initial Draft

09/15/1999 – Second Draft

10/20/1999 – Finalized

11/15/2001 – Addition of transcutaneous cardiac pacing, midazolam, and inventory adjustments

07/15/2004 - Increase minimum stock of midazolam to 12.0 mg

06/01/2010 – Added Amiodarone, MAD, ET confirmation, and ET securing device to inventory

10/01/2013 – Removed medication Furosemide from inventory and updated cover

I. GENERAL PROVISIONS

- A. The Paramedic First Responder Program is an optional prehospital advanced life support program administered by the Kern County EMS Division (Division) through Division authorized Kern County Paramedic First Responder (Paramedic-FR) Providers. The program functions in accordance with state and county Paramedic rules, regulations, policies, procedures, protocols and operates under medical control and authority of the Kern County Division Medical Director.
- B. The primary purpose of the Paramedic-FR Program is to provide expedient ALS response and care prior to transport unit scene arrival at emergency medical calls or to provide support for a transport unit already at scene which may require additional emergency medical personnel, equipment, supply; or resources for medical operations, communication and patient care. Additionally, the Paramedic-FR Program is intended to provide closest ALS response when the Paramedic-FR unit is closest or can provide the shortest response to an EMS call and immediate ALS access and care to patients in areas inaccessible to an ambulance.
- C. A Kern County EMS Division authorized Paramedic First Responder Provider is limited to prehospital first responder BLS and ALS patient care and shall not provide patient transport services within the County of Kern. EMT-1 or Paramedic level transportation services shall only be provided by a Kern County Ambulance Service Permittee in accordance with Kern County Ordinance Code 8.12. and Ordinance Code 8.12. Regulations and Policies.
- D. The Paramedic-FR Program entails utilization of specially equipped and trained Paramedic(s) in the first responder, non-transport patient care capacity with valid state Paramedic licensure and local Paramedic accreditation. The Paramedic-FR operates from an emergency response vehicle that is not to be used for patient transport.
- E. The Paramedic-FR vehicle shall have and maintain valid emergency vehicle authorization from the California Highway Patrol and valid Paramedic-FR MICU authorization from the Division. The Paramedic-FR MICU shall only be operated in a Paramedic-FR capacity when staffed by a minimum of one (1) Paramedic that meets Paramedic-FR qualification and training requirements as specified in these policies.
- F. Use of Paramedic-FR shall not be construed, interpreted or allowed to replace or modify in any way transportation resources maintained by a Kern County Paramedic Provider or a Kern County Ambulance Service Permittee. The Paramedic-FR program shall be operated as an adjunct to the Kern County EMS System and not to replace or supplant any existing level of services.

II. PARAMEDIC FIRST RESPONDER SCOPE OF PRACTICE

- A. The Paramedic-FR is authorized to provide prehospital Advanced Life Support within the scope of practice allowed by the State of California and the Division according to these policies and procedures.

- B. The Paramedic-FR is authorized to provide prehospital advanced life support skills and procedures according to Paramedic treatment protocols authorized by the Division Medical Director. This authorization shall be commensurate with the Paramedic-FR MICU advanced life support supplies and equipment inventory specified in these policies and specially refined for Paramedic-FR function.
- C. The Paramedic-FR shall comply with all Kern County Paramedic rules, regulations, policies, procedures and protocols at all times.
- D. The Paramedic-FR shall coordinate appropriate planning, notification, response, communications and utilization of local EMS resources.

III. PARAMEDIC FIRST RESPONDER PROVIDER

- A. Valid Kern County EMS Division authorization as an Paramedic-FR Provider shall be required for a provider to operate the Paramedic-FR Program.
- B. Paramedic-FR Provider authorization shall immediately be terminated if the provider is unable to provide personnel meeting the requirements of these policies or the program is terminated.
- C. A provider wishing to be authorized as an Paramedic-FR Provider shall provide a written application to the Division. The written application shall include a thorough description of unit(s), Paramedic-FR personnel qualifications and training, staffing, and availability with commitment to comply with Paramedic-FR policies and procedures.
- D. To be eligible for Paramedic-FR Provider authorization all of the following minimum requirements shall be met:
 - 1. Be an existing EMT-1 First Responder Provider within Kern County authorized by the Division;
 - 2. Have and maintain an Paramedic-FR training program which complies with the provisions of these policies and procedures;
 - 3. Have and maintain at least one (1) Paramedic-FR MICU authorized by the Division;
 - 4. Have and maintain a quality assurance mechanism for the Paramedic-FR program to ensure proper utilization; and
 - 5. Have and maintain records, reports and Paramedic-FR activity data according to these policies.
- E. An authorized Paramedic-FR Provider shall ensure the Paramedic-FR program is continually operated according to these policies and procedures. The Division may terminate Paramedic-FR Provider authorization for non-compliance to these policies and procedures.

IV. PARAMEDIC FIRST RESPONDER QUALIFICATIONS, ACCREDITATION AND TRAINING

- A. The Paramedic-FR shall have and maintain active Kern County Paramedic accreditation.
- B. A Paramedic-FR shall receive a minimum of four (4) hours training in Paramedic-FR policies and procedures, Paramedic-FR scope of practice, and the EMS system before being authorized to operate in a Paramedic-FR capacity. The training shall only be provided by Division authorized instructors. Paramedic-FR training shall at minimum include a thorough briefing in Paramedic-FR policies and procedures, orientation in communications systems, Scene Control Policy, EMS resource utilization, ambulance service operating areas and prehospital care capability, dispatch and stand-by procedures, EMS aircraft utilization, multi-casualty incident and Med-Alert operations.
- C. The Paramedic-FR Provider shall maintain records of Paramedic personnel that have completed Paramedic-FR training and are authorized to operate in a Paramedic-FR capacity and shall maintain an active listing on file at the Division.
- D. The Division may withdraw Paramedic-FR authorization at any time for non-compliance with policies and procedures. The Division may also establish re-authorization training requirements or mandatory Paramedic-FR education sessions.

V. PARAMEDIC FIRST RESPONDER ACTIVATION AND RESPONSE

- A. The Paramedic-FR Provider shall ensure appropriate staffing, deployment, and utilization of all Paramedic-FR units.
- B. The Paramedic-FR unit may be used in either a first responder capacity (prior to ALS transport arrival) or in a backup or support capacity when requested by on-scene medical, fire or law enforcement personnel.
- C. Non-emergent activity, movement and positioning of Paramedic-FR unit(s) shall be at the discretion of the Paramedic-FR Provider within their jurisdiction.
- D. The Paramedic-FR unit may be responded Code-2 to an incident at the discretion of the Paramedic-FR Provider dispatch center in accordance with AMPDS/Kern County EMD Protocols.
- E. The Paramedic-FR unit shall only be operated in Code-3 response when medically appropriate as specified in Paramedic-FR Code-3 response criteria, specifically requested to respond Code-3 by the Paramedic-FR provider dispatch center in accordance with AMPDS/Kern County EMD Protocols or requested Code-3 responses by on-scene medical, fire or law enforcement personnel. Paramedic-FR Code-3 response criteria include any one of the following:
 - 1. The Paramedic-FR unit is closest or will provide the shortest response time to an EMS call which warrants Code-3 EMS resource response according to AMPDS/Kern County EMD Protocols;

2. The Paramedic-FR unit is needed in a backup capacity for additional ALS personnel, communications, scene medical operations control, equipment, or supplies essential for emergent prehospital patient care;
3. The Paramedic-FR unit is needed for response to an EMS call located in an inaccessible area for a conventional ambulance;
4. When Code-3 Paramedic-FR response has been requested by on-scene medical, fire, law enforcement personnel or by the Division.

VI. PARAMEDIC FIRST RESPONDER SCENE OPERATIONS

A. First Responder Capacity:

1. First responder capacity means the Paramedic-FR unit is the first medical unit or first ALS level unit arriving at scene.
2. In a first responder capacity, the Paramedic-FR is expected to assume patient health care authority and/or medical group operations responsibility. If the Paramedic-FR unit is the first unit arriving at the scene of an emergency incident, the Paramedic-FR would assume incident commander responsibility until a public agency arrives, then the Paramedic-FR would automatically transition into medical group supervisor responsibility. Upon arrival of an ALS ambulance, medical group supervisor responsibility shall automatically transition to the ALS ambulance Paramedic in conjunction with Kern County EMS Division – Scene Control Policies. The ALS ambulance Paramedic may delegate this responsibility to a Paramedic-FR if appropriate.
3. The Paramedic-FR is expected to establish medical control, complete scene and patient assessment and initiate BLS/ALS patient treatment intervention according to Kern County Paramedic Policies and Procedures and Kern County Paramedic Treatment Protocols as the patient condition necessitates. The Paramedic-FR is expected to initially bring necessary medical equipment and supplies to the patient for appropriate overall patient care management (avoid making patient contact, then leaving for equipment).
4. The Paramedic-FR continues providing on scene patient care and maintains patient health care authority until an ALS ambulance arrives and patient health care authority care responsibility is transferred to the ALS ambulance Paramedic. Patient health care authority shall automatically transfer to the ALS ambulance Paramedic upon arrival. The normal focus of the Paramedic-FR program is to provide immediate care until an ALS ambulance arrives, transfer of patient care responsibility occurs, and the Paramedic-FR rapidly becomes available for additional responses or use. The Paramedic-FR shall provide on-scene support at the discretion of the ALS ambulance Paramedic after arrival in conjunction with Kern County EMS Division – Scene Control Policies. In certain cases warranting specialized personal protective equipment precautions and training (hazardous materials, heavy rescue or tactical operations) the Paramedic-FR transition of care responsibility to the ALS ambulance Paramedic may be delayed until the ALS ambulance Paramedic is able to safely access the patient.

5. The Paramedic-FR shall provide a verbal report to the ALS ambulance Paramedic upon arrival which includes the following patient information at minimum:
 - a. Chief complaint(s) and/or problem(s);
 - b. Signs and symptoms;
 - c. Vital signs;
 - d. Patient history; and
 - e. BLS, ALS treatment provided and patient response to treatment.
6. If a BLS ambulance arrives at scene and ALS patient care procedures are either indicated, initiated or carried out, the Paramedic-FR must bring necessary equipment and supplies from the Paramedic-FR unit to manage the patient and attend the patient during transport to an ALS ambulance or the hospital. If the patient does not require ALS level care, the Paramedic-FR shall bring necessary equipment and supplies from the Paramedic-FR unit to manage the patient and attend the patient during transport to an ALS ambulance or the hospital.
7. During a multi-casualty or mass casualty incident, the Paramedic-FR may use a BLS ambulance for patient transport when ALS procedures have been initiated, if an ALS ambulance is not reasonably available, or the patient(s) require rapid transport and the situation clearly indicates that the Paramedic-FR remain at scene to administer ALS level care to additional patients.

B. Paramedic-FR Backup or Support Capacity:

1. Paramedic-FR backup or support capacity means that an ALS ambulance Paramedic is already on scene and the Paramedic-FR arrives on scene as an additional ALS level resource. In this situation the Paramedic-FR is to assist and at the discretion of the ALS ambulance Paramedic or incident commander.

VII. EMS RESOURCE UTILIZATION

- A. The Paramedic-FR shall be responsible for prudent notification, response and efficient utilization of all EMS resources in conjunction with the Scene Control Policy. During Med-Alert operations, the Paramedic-FR shall coordinate incident communications and resource utilization through the Kern County EMS Division.

VIII. DOCUMENTATION AND QUALITY ASSURANCE

- A. The Paramedic-FR shall complete a Kern County Patient Care (PCR) Data and Narrative Record in accordance with Kern County PCR Policies and Procedures for every public agency or 911 response (with or without patient contact) and for each individual patient contact. Completed PCR's shall be referred to the Division in accordance with Kern County

PCR Policies and Procedures.

- B. For each case of patient transport, a copy of the PCR Narrative shall be sent by facsimile to the receiving hospital emergency department within one (1) hour of the start of patient transport. Emergency activity may reasonably preclude meeting the one (1) hour time requirement, but in no case shall PCR Narrative form referral to the receiving hospital emergency department exceed twelve (12) hours.
- C. The Paramedic-FR provider shall provide Paramedic-FR incident reports, related data or Paramedic-FR program evaluations to the Division upon request.
- D. The Division shall be notified in advance of any anticipated changes in Paramedic-FR unit(s), Paramedic-FR utilization, Paramedic-FR personnel or function of the Paramedic-FR program and shall monitor the program for operational and medical quality assurance.

IX. REQUIRED PARAMEDIC FIRST RESPONDER MICU EQUIPMENT AND SUPPLIES

- A. The Paramedic-FR and Paramedic-FR Provider shall be responsible to maintain a complete inventory of required Paramedic-FR MICU equipment and supplies (Paramedic-FR MICU Inventory) as specified in these policies.
- B. A Paramedic-FR unit shall be inspected and designated by the Division as an Paramedic-FR MICU prior to use in an Paramedic-FR capacity. In order to be designated as an Paramedic-FR MICU, the unit shall meet all Paramedic-FR MICU inventory requirements and pass Division inspection.
- C. The Paramedic-FR MICU Inventory should be configured in the Paramedic-FR unit for efficient removal and transport to the patient or incident site.
- D. The Paramedic-FR and Paramedic-FR Provider shall be responsible for the care and maintenance of all Paramedic-FR MICU inventory. Paramedic-FR unit(s) MICU inventory shall also be subject to inspection by the Division. The Paramedic-FR Provider may obtain temporary authorization from the Division to operate another emergency vehicle in a Paramedic-FR MICU capacity.
- E. The following information shall be provided by the Paramedic-FR provider for Paramedic-FR MICU inspection by the Division:
 - 1. Vehicle make, model, year;
 - 2. Vehicle license number (if not available because of new vehicle - vehicle identification number will suffice);
 - 3. Vehicle identification number;
 - 4. Valid vehicle registration;

5. Valid vehicle insurance documentation, name of carrier and policy number;
6. Unit call sign.

REQUIRED PARAMEDIC-FR MICU MEDICAL SUPPLIES INVENTORY – EXPENDABLE

Medications Inventory:

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Activated Charcoal	50.0 gm
2.	Adenosine (Adenocard)	30.0 mg
3.	Albuterol Sulfate (pre-dilute 2.5 mg per 3 ml inhalation solution)	10.0 mg
4.	Amiodarone	900 mg
5.	Ammonia Inhalants	2 amps
6.	Aspirin (150 to 325 mg. tablets-chewable preferred)	10 tablets
7.	Atropine Sulfate	8.0 mg
8.	Calcium Chloride	1.0 gm
9.	Dextrose 50% (prefilled)	50.0 gm
10.	Diphenhydramine (Benadryl)	100.0 mg
11.	Epinephrine, 1:10,000	8.0 mg
12.	Epinephrine, 1:1,000	2.0 mg
13.	Glucagon	1.0 mg
14.	Intropin (Dopamine)	400.0 mg
15.	Lidocaine, 1% or 2% (IVP)	400.0 mg
16.	Lidocaine, 4% (IVD)	2.0 gm
17.	Magnesium Sulfate	5.0 gm
18.	Naloxone (Narcan)	8.0 mg
19.	Nitroglycerine Tablets - Gr. 1/150, or Metered Dose Aerosol Units	8.0 mg
20.	Pitocin	10 units
21.	Procainamide (Pronestyl)	2.0 gm
22.	Sodium Bicarbonate (prefilled)	100 mEq
23.	Verapamil Hydrochloride (Calan, Isoptin)	15.0 mg

MICU Narcotics Inventory (mandatory amount to be maintained)

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Diazepam	40.0 mg
2.	Morphine Sulfate	40.0 mg
3.	Verapamil Hydrochloride (Calan, Isoptin)	15.0 mg
4.	Lorazepam 4mg/ml single dose vial	8.0 mg

Intravenous Access/Administration - Intravenous Solutions

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	5% Dextrose and Water or NS (50 or 100ml bags)	2
2.	Normal Saline 0.9% (500/1000 ml)	12 liters
3.	Normal Saline 0.9% for Injection – Single Dose Vials	10 ml total

4.	Medication label	2
----	------------------	---

Intravenous Access/Administration – Intravenous Accessories

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Alcohol Preps	10 preps
2.	Betadine Preps	5 preps
3.	Hypodermic Needles (18 or 20 ga)	8
4.	Mucosal Automization Device (MAD)	2
5.	Intraosseous Needles (EMS approved)	2
6.	IV Catheters (14, 16, 18, 20, 22, 24 ga)	4 each
7.	IV Flow Regulator	2
8.	IV Tubing (Microdrip, 60 gtts/ml)	4
9.	IV Tubing (10 gtt/ml or (3) 10 gtts/ml and (3) 15 to 20 gtts/ml)	6 total
10.	Saline Locks	5
11.	Syringes (1, 3, 10/12, 20 cc)	3 each
12.	Tourniquets (1"x5" Penrose or =)	4

Airway Maintenance

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Bite Sticks/Tongue Depressors	2
2.	King Airway Kits (sizes 3, 4, 5)	1 each
3.	Cricothyrotomy Unit (EMS Approved)	1 sterile set
4.	Endotracheal Tubes (2.5, 3, 4, 4.5 mm)(without cuff)	2 each
5.	Endotracheal Tubes (5, 6, 6.5, 7, 8 mm)(with cuff)	2 each
6.	ET Intubation Tube Stylets (adult and pediatric)	2 each
7.	Commercial ET Tube Holder	2
8.	Secondary ET Confirmation Device	2
9.	Lubricant, water soluble (K-Y)	20 ml
10.	Naso-Gastric Tubes (14, 16, 18 french) & (1) in range of 22-32 french)	1 each
11.	Nebulizer set	2 sets
12.	Oral Airways – Must meet CHP, HPH 82.4 recommendations	1 set
13.	Oxygen Nasal Cannula – Adult	2
14.	Oxygen Mask – Adult & Pediatric Non-Rebreather	2 each
15.	Suction Catheters (10, 18 fr.)	2 each
16.	Suction Tubing	2
17.	Rigid suction tubing	2
18.	Bulb Syringe	1
19.	Thoracic Decompression Unit (EMS Approved)	1
20.	Ventilation Bag-Valve unit with oxygen port and reservoir or demand valve bag attachment (Adult, Pediatric, and Infant)	1 each
21.	Ventilation Bag Mask – Semi-open, valveless, transparent (infant, child, and adult)	1 each

Bandages and Dressings

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Band-aids (1"x3")	10
2.	Dressing, Abdominal (8" x 10")	5 sterile
3.	Dressing, Oval Eye Pads	4 sterile
4.	Dressing, 3 " Kling/Kerlix	6 sterile
5.	Dressing, 4" x 4" (30 individual wrap or 4 tubs)	30 (or 4 tubs)
6.	Tape, 2" Adhesive or Silk	2 rolls
7.	Tape, 1" Plastic or Silk	5 rolls

Miscellaneous Supplies

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Burn Pack or Burn Care Supplies	2 sterile
2.	Cervical Collars, Solid Plastic Construction (infant, sm, med, lg or =)	2 each or 4 adult multi-size and 2 pediatric multi-size
3.	Cleaning Solution, 10% Bleach in water or other agent for infection control and cleaning	2 bottles
4.	Cold Packs (single use disposable)	2
5.	Dextrose Sticks/Chemstrips or Blood Glucose Analysis Device	12 strips
6.	ECG Recording Paper (extra)	2 rolls
7.	ECG Electrodes, Adult	9
8.	ECG Electrodes, Pediatric	6
9.	Transcutaneous Pacing Electrodes	2 sets
10.	Electrode Jell (unless using hands-free pads)	1 bottle
11.	Emesis Basins or Emesis Bags (disposable)	2
12.	Gloves, multi-size, non-permeable and non-sterile (box with minimum of 10 individual gloves)	1 box
13.	Irrigation Syringe (50 or 60 cc)	1
14.	Laryngoscope Batteries (extra)	1 set
15.	Laryngoscope Blade Bulbs (extra for each type of blade carried)	1 each type
16.	Non-Permeable Gowns or equivalent, long sleeve, full length protection	2
17.	Non-Permeable plastic bags for infectious medical waste and linen	5
18.	Normal Saline Irrigation Solution	2 liters
19.	Obstetrical Kit	1
20.	Shield, transparent or goggles for eye protection	2
21.	Surgical mask (paper, disposable)	4
22.	Triage Tags (EMS Approved)	10 tags
23.	DOT Emergency Response Guide – Hazardous Materials	1 booklet
24.	Length Based Resuscitation Tape	1

REQUIRED MICU MEDICAL SUPPLIES AND EQUIPMENT INVENTORY NON-EXPENDABLE

Airway Maintenance

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Laryngoscope Blades: Straight (sized 0, 1, 2, 3) Curved (sizes 2, 3)	1 each
2.	Laryngoscope Handle	1
3.	Magill Forceps	1
4.	Oxygen Tank – Extra, Portable (1000 PSI)	1
5.	Oxygen Tank – Portable with regulator, liter flow control (500 PSI)	1
6.	Portable Suction Unit, shall meet CHP, HPH 82.4 recommendations	1 unit

Immobilization Equipment

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Backboard – Long, with straps	1 set
2.	Backboard – Short or KED, with torso and forehead straps	1 set
3.	Cervical spine immobilization pads/device (EMS Approved)	2 sets
4.	Splints	
	A. Skeletal Traction Device – Femur	1 set
	B. Extremity Splints (Long/leg and Short/arm)	1 set

Cardiac and Communications

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Defibrillation Paddles or Pads (adult and peds)	1 set each
2.	Biomedical Radio (Fixed) with voice access into Kern County Medical Communications System (Med channels 1-7, 9 and required PLS codes)	1 unit
3.	Biomedical Radio (portable) with voice access to Med-9, PL-7A; Med-9, PL-7Z, PL-7A; of the Kern County Medical Radio System	1 unit
4.	Oscilloscope/Defibrillator with patient cable and capable of synchronization	1 set
5.	Replacement ECG cable with lead wires	1 set

Miscellaneous Medical Supplies and Equipment

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	Blood Infusion Pump (manual unit)	1
2.	Blood Pressure Cuffs with Gauge – Adult	2
3.	Blood Pressure Cuffs (infant, pediatric, obese)	1 each
4.	Pediatric Dosage Chart and /or copy of valid EMT-P Treatment Protocols	1
5.	Puncture proof sharps container	1
6.	Stethoscope	2
7.	Thermometer, oral (EMS approved patient temperature monitoring device)	1

Optional MICU Supplies and Equipment

#	ITEM/DESCRIPTION	MINIMUM AMOUNT
1.	CPAP	1 unit
2.	Capnography (required for patients on ventilator)	1 unit
3.	Endotracheal tube introducer	
4.		

**PARAMEDIC-FR MOBILE INTENSIVE CARE UNIT
INSPECTION RECORD**

INSPECTION DATE: / /

APPROVED PARAMEDIC-FR PROVIDER: YES ☐ NO ☐

PARAMEDIC-FR PROVIDER SERVICE:

NAME OF OWNER(S):

SERVICE AREA:

PRIMARY ADDRESS:

CITY: ZIP CODE:

PHONE () -

UNIT DESIGNATION: _____ MODEL: _____

YEAR: _____ LICENSE NUMBER: _____

V.I.N.: _____

CURRENT VEHICLE REGISTRATION (ATTACH COPY): YES ☐ NO ☐

CURRENT VEHICLE INSURANCE (ATTACH COPY): YES ☐ NO ☐

NAME OF CARRIER: _____ POLICY #: _____

CURRENT CALIFORNIA HIGHWAY PATROL INSPECTION
CERTIFICATE AND/OR APPROVED INSPECTION SHEET YES ☐ NO ☐
(ATTACH COPY)

CURRENT MICU MEDICAL SUPPLY AND EQUIPMENT YES ☐ NO ☐

REQUIREMENTS SATISFIED (COPY ATTACHED) YES ☐ NO ☐

ALL PRECEDING REQUIREMENTS SATISFIED: YES ☐ NO ☐

SUMMARY OF DISCREPANCY(IES):

CONCLUSION:

EMS DIVISION REPRESENTATIVE NAME:

EMS DIVISION REPRESENTATIVE SIGNATURE:

DATE APPROVED: / /