



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2016**

Submit To:
EMS Bureau
1301 Siler Rd Bldg F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

Due Date: January 23, 2015

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 23, 2015**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (*one staple in the left top corner only- NO PAPERCLIPS or BINDERS*)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	EDGEWOOD FIRE DISTRICT			127030	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	35 Camino Justica		Santa Fe	NM	87508
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	x	1	2	3	505-281-4697
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Nathan Miller		District Chief	Firef1801@gmail.com	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Santa Fe County Fire Department				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
Mailing Address:	35 Camino Justica		Santa Fe	NM	87508
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Contact Person:	David Sperling		Fire Chief		
	<i>(Name)</i>		<i>(Title)</i>		
	505-992-3077		505-992-3073	dsperling@santafecountynm.gov	
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria.

(All responses are subject to review and verification).

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable. Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance: 1		
	Repair and Maintenance of Stryker Gurney's and Lifepak Equipment	5000.00
Training: 2		
	EMTB or EMTI class for district personnel	2000.00
	Conferences and Training for Responding personnel	1000.00
	Purchase Training Equipment	2000.00
Mileage & Per Diem:		
Supplies (Items Under \$500): 3		
	Replace consumable medical supplies	1000.00
	Upgrade Inventory	1000.00
**Capital Outlay (Items Over \$500): 4		
	Radios and Pagers for Responding Personnel	3000.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		15,000.00

* Do not make all items Priority No. 1.

** For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

The Number 1 Priority for the Edgewood Fire District would be Repair and Maintenance. This is because of the population that are service is dedicated to servicing on a daily basis and keeping this equipment updated is a at most need.

The 2nd priority to the Edgewood Fire District would be Training. With Training we would be able to put more students through EMTB classes and Send Current members to EMTI classes that would like to move up in the Medical Professional Service. Also we would be able to send our most active responding members to conference and trainings that would meet our district needs.

The 3rd priority to the Edgewood Fire District would be Supplies. Edgewood Fire District would be able to replace medical supplies that are expiring and would also allow us to upgrade our current inventory at the same time.

The 4th Priority for the Edgewood Fire District would be Capital Outlay. This would allow us to purchase more radios and pager's and allow us to replace some of our outdated communication equipment.

SERVICE NAME: Edgewood Fire District – Santa Fe County Fire Department

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Santa Fe

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Mayor

OR

Chairman, Board of Commissioners

Katherine Miller

Santa Fe

Municipality

County

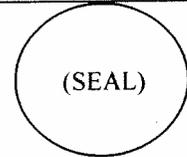
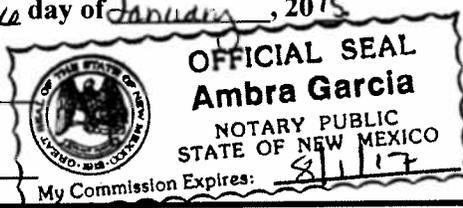
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

X Katherine Miller County Manager
Signature of Official Named Above (Title)

The above was sworn and subscribed to before this 10 day of January, 2015

Notary Public: Ambra Garcia



My commission expires: 8/1/17

PERSON COMPLETING FORM

Name:	Nathan Miller <i>(Name)</i>		District Chief <i>(Title)</i>	
Address:	35 Camino Justica			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87508 <i>(Zip)</i>	<i>(+4)</i>
505-281-4697 <i>(Work Phone)</i>	505-350-6709 <i>(Home Phone #)</i>	505-350-6709 <i>(Cellular Phone #)</i>	FireF1801@gmail.com <i>(E-mail Address)</i>	
Signature:	<u>[Signature]</u>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Approved as to form
Santa Fe County Attorney
By: [Signature]

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. (Please indicate below the number of items “on hand”)

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	Y	Siren	Y
Flashlight	Y	Spare Tire	Y
Fuses (appropriate sizes)	N	Star of Life Displayed	Y
Jack and Handle	N	Tool Box	N
Lug Wrench	N	Triage Tags for MCI's	Y
Maps or Navigational equipment	Y	U.S. DOT Emergency Response Guidebook	Y
Patient Care Reports or Reporting System	Y	Vehicle Registration	Y
Roadway warning devices	Y	Vehicle Spotlight or auxiliary lighting	Y
Service Specific Protocols and guidelines	Y	Warning Lights	Y
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	Y	Spare Batteries/charger system	N
EMSCOM (UHF) Radio	Y		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	Y	Helmet with Face Shield	Y
Eye Protection	Y	N-95 mask (or > particulate mask)	Y
Gloves (Leather or heavy duty)	Y	Safety Vest/Jacket/(ANSI 2008 Compliant)	Y
Hearing Protection	Y	Splash Protection (disposable)	Y
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	Y		
End Title CO2 monitoring device (optional)	Y	Pulse Oximeter	Y
Glucose Monitoring Instrument	Y	Stethoscope	Y
Penlights	Y	Thermometer (Patient)	Y
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	Y	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	Y
Auto Ventilator Devices (ATV/MTV)	Y	Oxygen Supply Tubing	Y
Bag Valve Mask Devices (Adult, Child and Infant)	Y	Patient Restraints	Y
Band-Aids (Assorted Sizes)	Y	Pediatric Drug Dosage Tape or chart	Y
Biohazard Clean-up Supplies	Y	Pediatric Restraint device/car seat	Y
Biohazard Waste bags	Y	Pillows	Y
Blankets	Y	Portable Oxygen Equipment	Y
Body Bags	Y	Portable Suction Unit	Y
Cervical Collars - Rigid (Adult, Child and Infant)	Y	Seated Spinal Immobilization Device	Y
Cervical Immobilization Devices	Y	Semi-Automatic Defibrillator with Pads	Y
Chair Stretcher	Y	Semi-Automatic Defibrillator Batteries	Y
Cold Pack	Y	Sharps Container	Y
Cold Weather Warming Devices	Y	Sheets	Y
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Y	Shoulder/chest/extremity straps	Y
Emesis Basin	Y	Spinal Immobilization device/backboard	Y
Field Stretcher (Scoop, Collapsible, Vacuum)	Y	Splints, Extremity (Rigid, Air, Vacuum)	Y
Foil Blanket	N	Sterile Burn Sheets	Y
Hand Sanitizer	Y	Sterile Gloves (Assorted Sizes)	
Heat Pack	Y	Sterile Water	Y
Inhalation Therapy Equipment	Y	Stokes Basket	Y
Installed Oxygen System	Y	Suction Catheters (Soft & Rigid)	Y
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	Y	Supraglottic Airway Devices	Y
Long Backboard	Y	Multi-lumen Airway Devices	Y
Multi-level Stretcher	Y	Laryngeal Airway Devices	Y
Multi-Lumen Airways	Y	Towels	Y
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	Y	Traction Splint	Y
Nasopharyngeal Airways	Y	Trauma Dressings	Y
Occlusive Dressings	Y	Trauma Shears	Y
On-Board Suction System	Y	Triangular Bandages	Y
On-Board Oxygen Supply	Y	Urinal (Male and Female)	Y
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	Y		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes-X No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	Y	IV Fluid (Normal Saline, D5W, LR)	Y
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	Y	Laryngoscope Blades – Adult	Y
Chest Decompression Catheters	Y	Laryngoscope Blades –Peds	Y
Cricothyroidotomy Kit	Y	Laryngoscope Handle	Y
EKG Monitor Electrodes	Y	Magill Forceps	Y
Electrode Defib Pads	Y	Needles (Assorted Gauges)	Y
End Tidal CO2 Detector	Y	Pediatric Fluid Control Device	Y
Endotracheal Tubes (Assorted)	Y	Scalpels	Y
Ext. Cardiac Pacing Pads	Y	Syringes (1cc, 3cc, 5cc, 10cc)	Y
Infusion Pumps	N	Toomey Syringe (60cc)	Y
Inhalation Therapy Equipment	Y	Tubes, Blood Drawing (Assorted Sizes and Types)	Y
Intraosseous Needles	Y	Tubing, IV Administration (60gtts)	Y
IV Catheters	Y	Tubing, IV Administration Set (10gtts – 20gtts)	Y
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) Yes-X No
Other: <i>(Specify)</i>			



EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
 Due Date: January 23, 2015

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	EDGEWOOD FIRE DISTRICT- Santa Fe County Fire Department <i>(EMS Service)</i>
----------------------	--

Mailing Address:	35 Camino Justicia <i>(Mailing Address)</i>			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87508 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	Nathan Miller <i>(Name)</i>		District Chief <i>(Title)</i>	
	505-281-4697 <i>(Business Phone)</i>	505-350-6709 <i>(Emergency Phone)</i>	505-281-0325 <i>(Fax)</i>	Firef1801@gmail.com <i>(E-mail Address)</i>
Administration:	Santa Fe County Fire Department <i>(County or Municipality)</i>			
	35 Camino Justicia <i>(Mailing Address)</i>			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87508 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	David Sperling <i>(Name)</i>		Fire Chief <i>(Title)</i>	
	505-992-3077 <i>(Telephone #)</i>	505-992-3073 <i>(Fax Phone #)</i>	dsperling@santafecountynm.gov <i>(E-mail Address)</i>	
EMS Region:	Region I	<input checked="" type="checkbox"/>	Region II	Region III

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Edgewood Fire Station #1			
	N 35.092° <i>Latitude</i>		W 106.191° <i>Longitude</i>	
Street Address:	1 Municipal Way			
	Edgewood <i>(City)</i>	New Mexico <i>(State)</i>	87015 <i>(Zip)</i>	 <i>(+4)</i>
#2				
Name of Facility:	Edgewood Station #2			
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	650 Highway 344			
	Cedar Grove <i>(City)</i>	NM <i>(State)</i>	87015 <i>(Zip)</i>	 <i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

Service Name:	EDGEWOOD FIRE DISTRICT- Santa Fe County Fire Department (EMS Service)
----------------------	---

SERVICE INFORMATION

Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<input checked="" type="checkbox"/>	Certified PRC Ambulance		Private for-profit
	Certified Medical/Rescue Service (Non-transport)		Private non-profit
	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based
	Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based
	Special Event(s) Agency		Clinic-based
	Air Ambulance		Hospital-based
	Other (Please Specify):		County-based
			Municipality-based
PRC Certification #	42343		Tribal
Medical Rescue Certification #			Other (Please Specify) :

# of Years In Operation	45		
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)		University of New Mexico, Presbyterian Kaseman, Presbyterian Downtown, Lovelace Women's, Lovelace Downtown, Heart Hospital, Lovelace Westside, Rust Medical Center, Sandoval Regional Medical Center, St Vincent's
<input checked="" type="checkbox"/> Basic 911	Ambulance Service	<input checked="" type="checkbox"/> Central Dispatch	
<input checked="" type="checkbox"/> Enhanced 911	Fire Department	Location of Dispatch:	
Local Phone	Law Enforcement	<u>RECC Dispatch</u>	Santa Fe

EMERGENCY MEDICAL SERVICES PERSONNEL

LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		0	Emergency Medical Dispatch Instructor		0
EMT Basic		10	Nurse		0
EMT Intermediate	5 FT	0	Physician		0
EMT Paramedic	8 FT	1	Driver		0
Emergency Medical Dispatcher	2 FT	0	Other		0

*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Nathan Miller	EMTB	03000706	03/31/2015	09/25/2013	Volunteer
Jens Madsen	EMTB	11000308	03/31/2015	09/25/2013	Volunteer
Jamie Bliss	EMTB	10001381	03/31/2015	06/19/2012	Volunteer
Craig Lake	EMTP	00010886	03/31/2016	01/13/2014	Volunteer

Service Name:	EDGEWOOD FIRE DISTRICT- Santa Fe County Fire Department
	<i>(EMS Service)</i>

For Ground Ambulance/Medical Rescue Services Only				
GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)				
List all non-EMS personnel who are functioning as drivers for your service, and indicate the date of completion of their Bureau approved vehicle operator's course. Also, indicate any medical training they may have completed, for information purposes only. (Use additional sheets as necessary.)				
Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Marcos Montoya	107730028	01/13/2014	E	CPR
Chris Fuertes	509599645	05/17/2013	CDL Class B	CPR
David Jones	502131672	01/13/2014	E	CPR

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES			
Enter the total number of each type of vehicle used by your service. <i>(Mandatory)</i>			
Type I:	3	Type IV:	
Type II:		Medical/Rescue:	
Type III:		Other – Explain:	

List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four wheel drive, patient capacity for supine patients, and the current mileage. *(Mandatory)*
(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMS/COM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
06	International	1	G-67487	Med 70	09/2006	2	3	174994	
98	Ford	1	G-40517	Med 71	07/1998	4	3	94495	
91	Chevy	1	G-09535	Med 72	11/1991	4	3	48586	
EDE 1	EDE2	EDE3	EDE4	EDT1	EDT2	EDT 3	EDT4	EDEB1	EDEB2
EDEB 3									

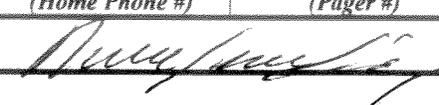
(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)

Service Name:	EDGEWOOD FIRE DISTRICT- Santa Fe County Fire Department (EMS Service)
----------------------	---

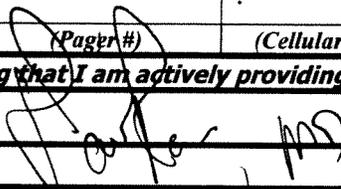
VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY)				

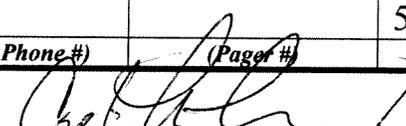
OPERATIONS PLAN				
Please provide information on the Operations Plan for your service.				
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. What was the effective date of your Operations Plan?	1996			
4. Please provide a map of the coverage area for your service.				

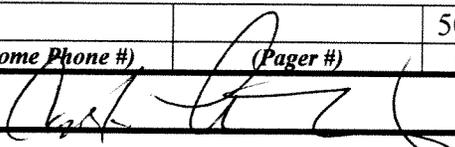
QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
1/10/2014	5/10/2014	9/10/2014		
2/10/2014	6/10/2014	10/10/2014		
3/10/2014	7/10/2014	11/10/2014		
4/10/2014	8/10/2014	12/10/2014		

SERVICE DIRECTOR/CHIEF				
Name:	David Sperling	Fire Chief		
	(Name)	(Title)		
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3077			dsperling@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

Service Name:	EDGEWOOD FIRE DISTRICT- Santa Fe County Fire Department		
	(EMS Service)		

SERVICE MEDICAL DIRECTOR				
Name:	David Rosen	MD	2008-0628	
	(Name)	(Title)	(License #)	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
			davidscottrosen@mac.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
*Signature:				

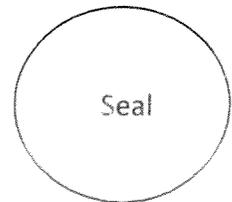
SERVICE TRAINING COORDINATOR				
Name:	Michael Mestas	Captain	00014454	Paramedic
	(Name)	(Title)	(License #)	(Level)
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3075		505-670-6408	mmestas@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

PERSON COMPLETING FORM				
Name:	Nathan Miller	District Chief		
	(Name)	(Title)		
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-281-4697		505-350-6709		
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

The above was sworn and subscribed to before this 29th Day of December, 2014

Donna R. Morris
Notary Public

Oct. 16, 2017
My Commission Expires



**** Notary is for the person completing form