



2013-0251-I-FD/MS

**EMS FUND ACT
LOCAL FUNDING PROGRAM APPLICATION
FISCAL YEAR 2014**

Due Date: January 21, 2013

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

Local Recipient:	LA PUEBLA FIRE DISTRICT	127066
	<i>(EMS Service that will benefit)</i>	<i>(EMS Service #)</i>
Mailing Address:	35 Camino Justicia	SANTA FE NM 87508
	<i>(Street/Mailing Address)</i>	<i>(City) (State) (Zip)</i>
	X 1 2 3 505-753-1177	911 505-753-9624
	<i>(EMS Region)</i>	<i>(Business Phone #) (Emergency Phone #) (Fax Phone #)</i>
Contact Person:	Joseph V Sandoval	District Chief lpfd@windstream.com
	<i>(Name)</i>	<i>(Title) (E-mail Address)</i>

Applicant:	Santa Fe County
	<i>(County or Municipality serving as Fiscal Agent)</i>
Mailing Address:	35 Camino Justicia Santa Fe NM 87508
	<i>(Mailing Address) (City) (State) (Zip)</i>
Contact Person:	Dave Sperling SFCFD Chief
	<i>(Name) (Title)</i>
	505-992-3070 505-992-3073 dsperling@co.santa-fe.nm.us
	<i>(Telephone #) (Fax Phone #) (E-mail Address)</i>

Number of Years In Operation	Total EMS Runs 10/01/11 to 09/30/12 Entered into NMEMSTARS database.
29	355

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	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
GTS Khalsa	ILS	10001266	3/31/15	Volunteer
Joseph B Schwaegel	BLS	03001158	3/31/14	Volunteer
Wladimir Senutovitch	BLS	00021429	3/31/14	Volunteer
John Wickersham	ILS	07000555	3/31/14	Volunteer
Don Yardman	BLS	02001134	3/31/14	Volunteer

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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic & advanced medical supplies and equipment.
	Attached copy of mutual aid agreement(s).		Attached copy of mutual aid agreement(s).		Attached copy of mutual aid agreement(s) or other cooperative plan(s) with first response or transporting ambulance service(s).		Attached copy of mutual aid agreement(s) or other cooperative plan(s) with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.
	Submitting all runs to NMEMSTARS Database		Submitting all runs to NMEMSTARS Database		Submitting all runs to NMEMSTARS Database	X	Submitting all runs to NMEMSTARS Database
			A Medical Director if performing skills requiring medical direction (see Scope of Practice) and appropriate medical protocols.		A Medical Director and appropriate medical protocols.	X	A Medical Director and appropriate BLS and ALS medical protocols.
					Complies with PRC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the PRC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	X	Routinely responds (<u>defined as "available ... 24 hours per day, 7 days per week"</u>) when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	X	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
						N/A	Complies with Air Ambulance certification regulations, if applicable.
						X	Complies with PRC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the PRC regarding registered medical - rescue or the EMS Bureau regarding certificated ambulances.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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.

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

*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:	
3	Contract Maintenance 4 Life Pack 1000's	3,000
	Life Pack batteries, 4	
	Training:	
5	EMS Conference for 5 Members	\$3,500
	Mileage & Per Diem:	
6	EMS conf. For 5 members	\$500.00
	Supplies (Items Under \$500):	
4	Misc. air way, bandages, batteries, drugs, PPE, and AED pads	2,800.00
	**Capital Outlay (Items Over \$500):	
1	Update Rescue 7 with equipment	10,000
	Other Operational Costs:	
2	EMS License Recertification and Refreshers	600.00
	TOTAL AMOUNT OF REQUEST	\$20,400

*Do not make all items Priority No. 1.

Use each number only once.

(Use additional sheets if necessary.)

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.)

La Puebla is a rural EMS provider with a small local hospital and an approximate population of 20,000 in the service area. Keeping our equipment up to date and running properly is a top priority. It is also imperative that our responders are well educated in the duties of their job.

SERVICE NAME:

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Santa Fe County

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

Mayor	OR	Katherine Miller County Manager or Chairman, Board of Commissioners
		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:

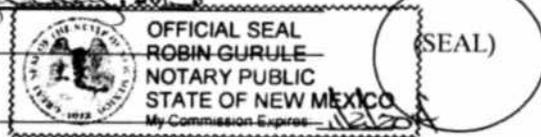
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political 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.

Approved as to form
Santa Fe County Attorney
By: *[Signature]*
Date: 1-8-13

[Signature]
Signature of Official Named Above

The above was sworn and subscribed to before this 8 day of Jan 2013

Notary Public: *[Signature]*



My commission expires: 12/2014

PERSON COMPLETING FORM

Name:	John Wickersham		District EMS Captain	
	(Name)		(Title)	
Address:	35 Camino Justicia			
	Santa Fe	NM	87567	
	(City)	(State)	(Zip)	(+4)
(Work Phone)	505-753-1177	(Home Phone #)	505-690-3649	lpfd@windstream.net
	(Pager #)	(Cellular Phone #)	(E-mail Address)	
Signature:	<i>[Signature]</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:



**EMS ANNUAL SERVICE REPORT
Fiscal Year 2014
Due Date: January 21, 2013**

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

Applicant:	Santa Fe County		
	<i>(County or Municipality serving as Fiscal Agent)</i>		
Mailing Address:	35 Camino Justicia		
	<i>(Mailing Address)</i>		
	Santa Fe	NM	87508
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
			<i>(+4)</i>
Contact Person:	David Sperling	SFCFD Chief	
	<i>(Name)</i>	<i>(Title)</i>	
	505-992-3070		dsperling@co.santa-fe.nm.us
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>

Local Recipient:	La Puebla Fire District	127066
	<i>(EMS Service that will benefit)</i>	<i>(EMS Service #)</i>
Mailing Address:	35 Camino Justicia	
	<i>(Street/Mailing Address)</i>	
	Santa Fe	NM 87508
	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
		<i>(+4)</i>
	X 1 2 3	505-753-1177 911 505-753-9614
	<i>(EMS Region)</i>	<i>(Business Phone #)</i> <i>(Emergency Phone #)</i> <i>(Fax Phone #)</i>
Contact Person:	Joseph V Sandoval	lpfd@windstream.net
	<i>(Name)</i>	<i>(Title)</i> <i>(E-mail Address)</i>

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	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	EVOC Course Date	Paid/Volunteer
GTS Khalsa	ILS	10001266	3/31/15	11/10/12	Volunteer
Joseph B Schwaegel	BLS	03001158	3/31/14	11/10/12	Volunteer
Wladimir Senutovitch	BLS	00021429	3/31/14	11/10/12	Volunteer
John Wickersham	ILS	07000555	3/31/14	11/10/12	Volunteer
Don Yardman	BLS	02001134	3/31/14	11/10/12	Volunteer

--	--	--	--	--

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

Enter the total number of each type of vehicle used by your service. (Mandatory)

Type I:		Type IV:	
Type II:		Medical/Rescue:	Rescue 7
Type III:		Other – Explain:	Brush 2

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. (Use additional pages as necessary.) **MANDATORY**

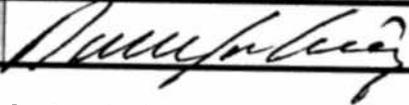
Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1993	GMC	Rescue	G-09509	RESCUE 7	1993	4 WD	No	59147	Oct
1990	Ford	Brush	G-09507	BRUSH 2	1990	4 WD	No	19325	Oct

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

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

# of Years In Operation	Total EMS Runs 10/01/11 to 09/30/12 Entered into NMEMSTARS database.
29	355

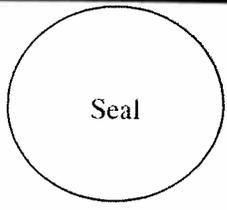
EMS CALLS			Local Receiving Hospital(s)
Received By (Mark One)	Dispatched By (Mark One)		
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	<input checked="" type="checkbox"/> Central Dispatch	Espanola Valley Hospital
<input checked="" type="checkbox"/> Enhanced 911	<input type="checkbox"/> Fire Department	Location of Dispatch:	St. Vincent Hospital (Santa Fe)
<input type="checkbox"/> Local Phone	<input type="checkbox"/> Law Enforcement	<input checked="" type="checkbox"/> RECC	Los Alamos Hospital
			Indian Health Services

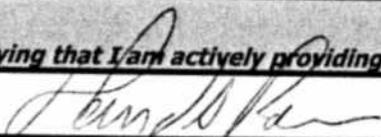
SERVICE DIRECTOR/CHIEF				
Name:	David Sperling		Chief, SFCFD	
	(Name)		(Title)	
Address:	David Sperling		Chief, SFCFD	
	(Street/Mailing)		(City)	(State) (Zip)
505-992-3070	35 Camino Justicia	Santa Fe	NM	87508
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

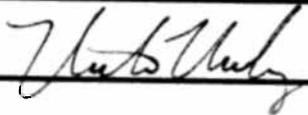
The above was sworn and subscribed to before this _____ day of _____, 20__

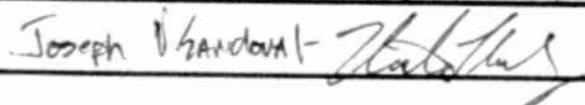
Notary Public

My Commission Expires



SERVICE MEDICAL DIRECTOR				
Name:	Dr. Rosen		Medical Director	2008-0628
	(Name)		(Title)	(License #)
Address:	35 Camino Justicia		Santa Fe	NM 87508
	(Street/Mailing)		(City)	(State) (Zip)
			215-880-7131	davidscottrosen@mac.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
<i>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.</i>				
*Signature:				

SERVICE TRAINING COORDINATOR				
Name:	Mike Neely		OpsChief	12634 EMT-P
	(Name)		(Title)	(License #) (Level)
Address:	35 Camino Justicia		Santa Fe	NM 87508
	(Street/Mailing)		(City)	(State) (Zip)
505-992-3079			505-604-0478	mneely@santafecounty.org
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

PERSON COMPLETING FORM				
Name:	Joseph V Sandoval		District Chief	
	(Name)		(Title)	
Address:	35 Camino Justicia		Santa Fe	NM 87508
	(Street/Mailing)		(City)	(State) (Zip)
505-753-1177			505-690-3649	lpfd@windsream.net
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

SERVICE NAME: La Puebla Fire District

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			Emergency Medical Dispatch Instructor		
EMT Basic		3	Nurse		
EMT Intermediate		2	Physician		
EMT Paramedic			Driver		7
Emergency Medical Dispatcher			Other		

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

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	Drivers License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Mark Herrera	123519752	11/10/12	E	CPR
Justin Maestas	502661396	11/10/12	E	CPR
Tony Maestas	002470187	11/10/12	E	CPR
Adam Martinez	030191901	11/10/12	E	CPR
David Rodriguez	012264593	11/10/12	E	CPR
Joseph Sandoval	103180325	11/10/12	E	CPR
Andrew Ulibarri	504627012	11/10/12	E	CPR

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)					

SERVICE NAME: La Puebla Fire District

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	La Puebla Fire Station #1			
	N35 Deg 59.185		W 106 Deg 01.913	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	31 Firehouse Rd			
	La Puebla	NM	87567	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:	La Puebla Station #2			
	N 35 Deg 57.836		W 106 Deg 01.913	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	1 Cowboy Lane			
	Arroyo Seco	NM	87567	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Attach Additional Sheets If Necessary				

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

SERVICE NAME: La Puebla Fire District

Equipment Inventory Report

Mandatory: If you have State Radio Equipment Please indicate it on a separate sheet and attach to Annual Service Report, if none indicate N/A.

On Board Vehicle Equipment: (Check if you're Unit has these Items)

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	X	Spare Tire	
EMSCOM (UHF) Radio	X	Lug Wrench	X
EMSCOM Manual	X	Tool Box	X
EMS Run Report	X	Fire Extinguisher	X
On-Board Suction System		Jack and Handle	X
Installed Oxygen System		Flares/Warning Devices	X
Triage Tags for MCI's	X	Fuses	X
Sharps Container	X	EMS Resource Manual	X
Vehicle Spotlight	X	Mutual Aid Guide	X
Warning Lights	X	Star of Life Displayed	X
Siren	X	Service Name Displayed	X
Flashlight	X	Hazmat Guide	X
Roof Top Unit Number (Recommended)		EMS Medical Director's Handbook (Including Medical Protocols)	X
		Other: <i>(Specify)</i>	

Extrication Equipment: (Check if you're Unit has these Items)

Item Description	On Hand	Item Description	On Hand
Air Chisel Set	X	Manual Hydraulic Tool	X
Hay Hooks		Jack Hydraulic Tool	X
Tool "Come Along"	X	Clothing Protective (Bunker Gear)	X
Bar, Pry	X	Air Bag Set	X
Flashlight	X	Bolt Cutters	X
Blankets	X	Flood Lights/External	X
Fire Extinguisher	X	Heavy Hydraulic Tool	X
Generator	X	Cribbing Blocks	X
Rope	X	Hi-Lift jack	X
Halligan Tool	X	"Sawzall" Reciprocating Saw	X
Pneumatic Spreader	X	Fire Axe	X
Rescue Chain	X	Pike Pole	X
Hack Saw	X	Other: <i>(Specify)</i>	

SERVICE NAME: La Puebla Fire District

Patient Handling Equipment: (Check if you're Unit has these Items)

Item Description	On Hand	Item Description	On Hand
KED or Seated Spinal Immobilization Board	X	Field Stretcher (Scoop, Stokes, Collapsible, Vacuum)	X
Long Backboard	X	Sheets	X
Backboard Straps (Assorted)	X	Blankets	X
Chair Stretcher		Body Bags	
Emesis Basin	X	Pillows	X
Urinal (Male and Female)	X	Biohazard Waste bags	X
Towels	X	Biohazard Clean-up Supplies	X
		Other: (Specify)	

Basic Life Support Drugs/Medical Equipment: (must indicate # stocked on truck if applicable)

Item Description	On Hand	Item Description	On Hand
Activated Charcoal		Adhesive Tape 1" and 2"	10
Oral Glucose Preparations	2	Sterile Burn Sheets	6
Acetaminophen		Triangular Bandages	10
Aspirin	4	Occlusive Dressings	10
Albuterol	15	Multi-Lumen Airways	4
Ipratropium (Atrovent)		Pulse Oximeter	2
Epinephrine Auto- Injection Devices		Splints, Extremity (Rigid, Air, Vacuum)	1
Epinephrine 1: 1,000	6	Trauma Shears	6
Naloxone (Narcan)	8	Blood Pressure Cuff (Adult, Child and Infant)	4
Mark I Antidote Kit (or similar device)		Stethoscope	4
Cervical Immobilization Devices (Head blocks or Blanket Rolls)	6	Penlight	4
Cervical Collar Set (Rigid) (Adult, Child and Infant)	10	Sterile Water	10
Bag Valve Mask Devices (Adult, Child and Infant)	4	Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	4
Oropharyngeal Airway Set (Sizes 0 – 5, Infant – Adult)	4	Heat Pack	6
Trauma Dressings	10	Cold Pack	6
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	20	Sterile Gloves (Assorted Sizes)	
Cold Weather Warming Devices (Blankets, etc.)	6	Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	6
Thermometer (Standard)	2	Portable Oxygen Equipment	2
Thermometer (Cold Weather)	2	Oxygen Delivery Devices (Nasal Cannulas, Non-Rebreather Masks (Adult, Child and Infant Sizes)	25
Band-Aids (Assorted Sizes)	30	Glucometer	2

SERVICE NAME: La Puebla Fire District

Basic Life Support (Cont.)

Semi-Automatic Defibrillator AED Pads	2	Suction Catheters (Soft & Rigid)	2
Auto Ventilator Devices (ATV/MTV)		Portable Suction Unit	2
		Other: <i>(Specify)</i>	

Intermediate Life Support Drugs/Medical Equipment: (must indicate # stocked on truck if applicable)

Item Description	On Hand	Item Description	On Hand
All BLS Medications		All BLS Equipment	
Epinephrine 1:10,000, Pre-filled	8	Alcohol and Betadine Prep Pads	2000
Dextrose 50%	4	Syringes (1cc, 3cc, 5cc, 10cc)	20
Diphenhydramine HCL (Benadryl)	4	Inhalation Therapy Equipment	5
Glucagon		Tubing, IV Administration Set (10gtts - 20gtts)	5
Narcotic Analgesics (Morphine, fentanyl, or dilaudid)		Tubing, IV Administration (60gtts)	5
Nitroglycerin	4	Needles (Assorted Gauges)	20
Promethazine and anti-emetic agents		IV Fluid (Normal Saline, D5W, LR)	4
Methyprednisoline		Tubes, Blood Drawing (Assorted Sizes and Types)	
Hydroxycobalamine		Other: <i>(Specify)</i>	

Advanced Life Support Drugs/ Medical Equipment: (must indicate # stocked on truck if applicable)

Item Description	On Hand	Item Description	On Hand
All BLS & ILS Medications		Sodium Bicarbonate	
Adenosine		Naloxone (Narcan)	8
Amiodarone		Nitroglycerine	4
Atropine Sulfate		Sodium Bicarbonate	
Benzodiazepines (Assorted)		Thiamine	
Bretylum Tosylate		Topical anesthetic ophthalmic solutions	
Calcium Preparations		Vasopressin	
Corticosteroids		All BLS & ILS Equipment	
Dopamine HCL		Electrode Defib Pads	
Furosemide (Lasix)		EKG Monitor Pads	
Lidocaine		Ext. Cardiac Pacing Pads	
Magnesium Sulfate		Infusion Pumps	
Narcotic Analgesics (other than ILS approved)		Scalpels	
Oxytocin		Chest Decompression Catheters	

SERVICE NAME:	La Puebla Fire District
----------------------	-------------------------

Advanced Life Support (Cont.) (must indicate # stocked on truck if applicable)

Phenylephrine nasal spray		Intraosseous Needles	
Manual Cardiac Monitor/ Defibrillator/Ext. Pacer		End Tidal CO2 Detector	
Laryngoscope Handle		Toomey Syringe (60cc)	
Laryngoscope Blades – Adult		Cricothyroidotomy Kit	
Laryngoscope Blades –Peds		Magill Forceps	
Endotracheal Tubes (Assorted) (Adult – Peds)		Other: (Specify)	

INFORMATION SYSTEM ANALYSIS			
1. Are you currently collecting run data in an electronic format?	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO
If yes, what software are you utilizing?	emergencyreporting		
2. Does your service currently own a computer?	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO
Internet Access?	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO
Please list the person responsible for your data collection/information technology:			
Contact Name:	Karen Griego		
Phone Number:	505-992-3070		
E-mail:	kgriego@santafecounty.org		

FOR BUREAU USE ONLY	
Date Entered (DB) _____	Reviewer: _____
Entered (CS): _____	Reviewer: _____
Approved: Yes No	
BUREAU COMMENTS:	
Correction: _____	Date Approved _____