



2013-0251-K-FD/JMS

**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:	Pojoaque Volunteer Fire District	127062
	<i>(EMS Service that will benefit)</i>	<i>(EMS Service #)</i>
Mailing Address:	11 W. Gutierrez Box 3458	Pojoaque NM 87506
	<i>(Street/Mailing Address)</i>	<i>(City) (State) (Zip)</i>
	X 1 2 3	505-455-2446 505-231-5837 505-455-0629
	<i>(EMS Region)</i>	<i>(Business Phone #) (Emergency Phone #) (Fax Phone #)</i>
Contact Person:	Nick Martinez	District Chief
	<i>(Name)</i>	<i>(Title)</i>
		nickmartinezpvfd42@msn.com
		<i>(E-mail Address)</i>

Applicant:	Santa Fe County Fire Department
	<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:	David Sperling
	<i>(Name)</i>
	Chief, Santa Fe County Fire Dept.
	<i>(Title)</i>
	505-992-3070 505-992-3073 dsperling@santafecountynm.gov
	<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.
19	946

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
Luana H. Berger	EMT-I	21197	03-2013	Volunteer
Stephanie Maley	EMT-B	07000101	03-2013	Volunteer
David Dogruel	EMT-B	15852	03-2013	Volunteer
Martin P. Maley	EMT-B	00011409	03-2013	Volunteer
Nick Martinez	EMT-B/D	24343	03-2013	Volunteer
Jessica Martinez	EMT-B	07001030	03-2014	Volunteer
Michael Romero	EMT-B	11000539	03-2014	Volunteer
Darian Gonzales	EMT-B	12000071	03-2014	Volunteer

Continued on attached sheet

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).	X	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.
							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 (\$)
2	Repair and Maintenance:	
	Ambulance repair and maintenance	1500
3	Training:	
	Training courses/relicensing (FR, EMT-B, EMT-I)	1200
4	Mileage & Per Diem:	
	EMS conferences, including travel	1000
1	Supplies (Items Under \$500):	
	Expendable medical and ambulance supplies	4000
	Capital Outlay (Items Over \$500):	
	Portable suction unit	800
	Trauma, airway and triage storage/organization bags	1200
	Other Operational Costs:	
	TOTAL AMOUNT OF REQUEST	9700

*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.)

1. The PVFD received an EMS vehicle replacement award in FY2013 from the NM EMS Bureau (thank you!) to replace a 13 year old ambulance. While some equipment and supplies will be transferred from the old ambulance, supplies funding is requested to fully outfit the patient compartment and upgrade the EMS supplies storage system.
2. Until the new ambulance is delivered and placed into service, repair and maintenance on our 13 year old ambulance will still be required.
3. Training of new EMTs and continuing education and recertification of EMTs is an ongoing need in order to meet the increasing call volume. The PVFD is partnering with neighboring fire/EMS districts and EMS services to provide as much cross-training and interoperability as possible with limited volunteer time and budgets.
4. Training conferences often held away from home district, travel required to attend.

SERVICE NAME: Pojoaque Volunteer Fire District

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** 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:

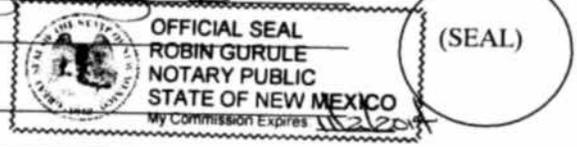
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political 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 4 day of January, 2013

Notary Public: *[Signature]*



My commission expires: 11/21/2014

PERSON COMPLETING FORM

Name:	David Dogruel	EMT-B		
	(Name)	(Title)		
Address:	11 E. Gutierrez Box 3458			
	Santa Fe	NM	87506	
	(City)	(State)	(Zip)	(+4)
505-665-3965	505-455-7612			ddogruel@earthlink.net
(Work Phone)	(Home Phone #)	(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: _____

SERVICE NAME: Pojoaque Volunteer Fire District

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
Ramos Tsosie	EMT-P	00023552	3/14	Paid
Robert Egan	EMT-P	10000571	3/14	Paid
Jeremy Renda	EMT-P	00012236	3/13	Paid
Pedro Nandino	EMT-P	08001630	3/13	Paid
Daniel Meyer	EMT-P	07000706	3/14	Paid
Jeremiah Sandoval	EMT-P	04000282	3/14	Paid
Steve Vogel	EMT-P	06000537	3/14	Paid
Daisy Graves	EMT-P	05000003	3/14	Paid
Sam Patty	EMT-B	07000840	3/14	Paid
Craig Moya	EMT-B	07000433	3/14	Paid
Thomas Dominguez	EMT-B	11001014	3/14	Paid
Kris Karlin	EMT-B	04000282	3/14	Paid
Grant Lundquist	EMT-I	09001384	3/14	Paid
Christopher Bonifer	EMT-B	07000503	3/14	Paid
Justin Armijo	EMT-B	12000026	3/14	Paid
Jon Hall	EMT-B	10000344	3/13	Paid
Robert Herrera	EMT-I	00020403	3/14	Paid



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 Fire Department			
	<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		Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-992-3070	505-992-3073	dsperling@co.santa-fe.nm.us	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

Local Recipient:	Pojoaque Volunteer Fire District			127062
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
Mailing Address:	11 W. Gutierrez Box 3432			
	<i>(Street/Mailing Address)</i>			
	Santa Fe	NM	87506	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	x 1 2 3	(505) 455-2446	(505) 231-5837	(505) 455-0629
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Nick Martinez		Chief	nickmartinezpvfd42@msn.com
	<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
Luana H. Berger	EMT-I	21197	03-2013	02-2011	Volunteer
Stephanie Maley	EMT-B	07000101	03-2013	11-2012	Volunteer
David Dogruel	EMT-B	15852	03-2013	11-2012	Volunteer
Martin P. Maley	EMT-B	00011409	03-2013	11-2012	Volunteer
Nick Martinez	EMT-B/D	24343	03-2013	11-2012	Volunteer
Jessica Martinez	EMT-B	07001030	03-2014	11-2012	Volunteer
Michael Romero	EMT-B	11000539	03-2014	11-2012	Volunteer
Darian Gonzales	EMT-B	12000071	03-2014	11-2012	Volunteer

Continued on attached sheet

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

Type I:	2	Type IV:	
Type II:		Medical/Rescue:	1
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. (Use additional pages as necessary.) **MANDATORY**

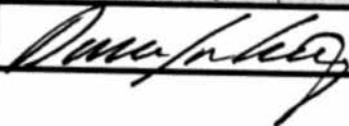
Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1999	Ford F350/Horton	Ambulance Type 1	G-40518		2-99	4WD	2	61200	2012
2007	International/Horton	Ambulance Type 1	G-67489		4-06	2WD	2	176000	2012
1994	Chevrolet/Independent Fire	Rescue	G28375	n/a	4-94	4WD	0	22850	2012
1998	FL70/Central States	Engine	G39816	n/a	9-98	2WD	0	28400	2012
1993	Ford/Luverne	Engine	G09489	n/a	4-93	2WD	0	23000	2012
1985	International/Allegheny	Engine	G09522	n/a	1-85	2WD	0	17900	2012
1998	FL70/Becker	Tanker	G34593	n/a	4-98	2WD	0	8700	2012
2002	FL80/Central States	Tanker	G55575	n/a	4-02	2WD	0	8050	2012
1999	Dodge	Brush Truck	G41895	n/a	4-99	4WD	0	16250	2012
2001	Ford	Brush Truck	G47659	n/a	1-01	4WD	0	71700	2012

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

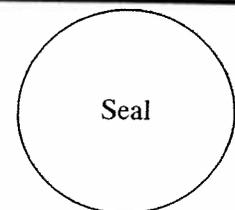
Type of Service (Must Check Only One)	Affiliation Type (Mark Primary Affiliation Only)
<input checked="" type="checkbox"/> Certified Ambulance- PRC ONLY	<input type="checkbox"/> Private for-profit
<input type="checkbox"/> Medical/Rescue Service (Non-transport)	<input type="checkbox"/> Private non-profit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

# of Years In Operation	Total EMS Runs 10/01/11 to 09/30/12 Entered into NMEMSTARS database.
19	946

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

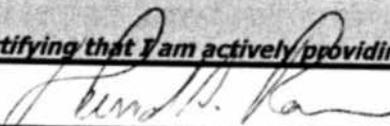
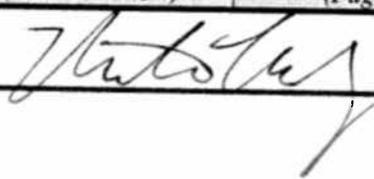
SERVICE DIRECTOR/CHIEF				
Name:	David Sperling		Chief	
	(Name)		(Title)	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3070				dsperling@santafecountymn.gov
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

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

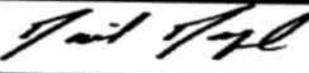


Notary Public

My Commission Expires

SERVICE MEDICAL DIRECTOR				
Name:	David Rosen		MD	2008-0628
	(Name)		(Title)	(License #)
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
			213-880-7131	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		Ops Chief	00012634 EMT-P
	(Name)		(Title)	(License #) (Level)
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3070			505-604-0478	mneely@santafecountty.org
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

PERSON COMPLETING FORM

Name:	David Dogruel		EMT-B	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	11 W. Gutierrez Box 3458		Santa Fe	NM 87506
	<i>(Street/Mailing)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
505-665-3965	505-455-7612			ddogruel@earthlink.net
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

SERVICE NAME: Pojoaque Volunteer 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_ Full Time	6	Nurse		
EMT Intermediate	_7_ Full Time	1	Physician		
EMT Paramedic	_7_ Full Time	0	Driver		7
Emergency Medical Dispatcher		1	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	Social Security Number	EVOC Course Date	Drivers License Number	Other Medical Training
Darren Quintana	585-35-4542	11-2012	031373140	CPR
Casey Montoya	585-34-4698	02-2011	008218544	CPR
Danny Trujillo	525-96-8351	11-2012	012917902	CPR
Danny Urquhart	541-56-0662	11-2012	031499356	CPR
Stephen Baca	525-57-6325	11-2012	106830037	CPR
Antonio Morales	509-08-6092	08-2011	510720679	
Daniel Martinez	585-69-5893	11-2012	106165009	

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 type="checkbox"/>	Weekly	<input checked="" type="checkbox"/>	Monthly	<input checked="" type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units (PRC ONLY)									

SERVICE NAME: Pojoaque Volunteer Fire District

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Pojoaque Station 1			
	N 35° 52.674'	W 106° 0.593'		
	<i>Latitude</i>	<i>Longitude</i>		
Street Address:	17919 US 84/285			
	Santa Fe	NM	87506	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:	Pojoaque Station 2			
	N 35° 54.2620'	W 105° 58.532'		
	<i>Latitude</i>	<i>Longitude</i>		
Street Address:	302 NM Highway 503			
	Santa Fe	NM	87506	
	<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?			
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: Pojoaque Volunteer 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 your 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	X	Jack and Handle	X
Installed Oxygen System	X	Flares/Warning Devices	X
Triage Tags for MCI's	X	Fuses	X
Sharps Container	X	EMS Resource Manual	
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 your Unit has these Items)

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

SERVICE NAME: Pojoaque Volunteer Fire District

Patient Handling Equipment: (Check if your 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	X	Body Bags	
Emesis Basin	X	Pillows	
Urinal (Male and Female)	X	Biohazard Waste bags	X
Towels	X	Biohazard Clean-up Supplies	X
		Other: (Specify) Vacuum splint set	X
		MCI Triage kit	X

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"	many
Oral Glucose Preparations	4	Sterile Burn Sheets	4
Acetaminophen		Triangular Bandages	7
Aspirin	2	Occlusive Dressings	4
Albuterol	14	Multi-Lumen Airways	11
Ipratropium (Atrovent)	8	Pulse Oximeter	2
Epinephrine Auto- Injection Devices	1	Splints, Extremity (Rigid, Air, Vacuum)	6
Epinephrine 1: 1,000	9	Trauma Shears	4
Naloxone (Narcan)	10	Blood Pressure Cuff (Adult, Child and Infant)	1 each + 1 set
Mark I Antidote Kit (or similar device)		Stethoscope	4
Cervical Immobilization Devices (Headblocks or Blanket Rolls)	4	Penlight	4
Cervical Collar Set (Rigid) (Adult, Child and Infant)	6	Sterile Water	3
Bag Valve Mask Devices (Adult, Child and Infant)	1 each	Obstetrical Kit	2
Oropharyngeal Airway Set (Sizes 0 - 5, Infant - Adult)	2 sets	Heat Pack	6
Trauma Dressings	7	Cold Pack	6
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Several dozen	Sterile Gloves (Assorted Sizes)	Several
Cold Weather Warming Devices (Blankets, etc.)	many	Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	8 boxes Misc. sizes
Thermometer (Standard)	2 ThermoScan	Portable Oxygen Equipment	2
Thermometer (Cold Weather)		Oxygen Delivery Devices (Nasal Cannulas, Non-Rebreather Masks (Adult, Child and Infant Sizes)	5 ea
Band-Aids (Assorted Sizes)	many	Glucometer	2

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Basic Life Support (Cont.)

Semi-Automatic Defibrillator AED Pads	5	Suction Catheters (Soft & Rigid)	16
Auto Ventilatory Devices (ATV/MTV)	1	Portable Suction Unit	1
		Other: (Specify) CPAP assy.	2

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

Item Description	On Hand	Item Description	On Hand
All BLS Medications	X	All BLS Equipment	X
Epinephrine 1:10,000, Pre-filled	7	Alcohol and Betadine Prep Pads	many
Dextrose 50%	4	Syringes (1cc, 3cc, 5cc, 10cc)	5 ea
Diphenhydramine HCL (Benadryl)	4	Inhalation Therapy Equipment	10 (nebulizer + inline neb)
Glucagon	1	Tubing, IV Administration Set (10 gts - 20gts)	10
Narcotic Analgesics (Morphine, fentanyl, or dilaudid)	14	Tubing, IV Administration (60gts)	10
Nitroglycerin	2	Needles (Assorted Gauges)	5 ea
Promethazine and anti-emetic agents	4	IV Fluid (Normal Saline, D5W, LR)	5 ea
Methylprednisolone		Tubes, Blood Drawing (Assorted Sizes and Types)	
Hydroxycobalamine		Other: (Specify)	

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	X	Sodium Bicarbonate	4
Adenosine	12	Naloxone (Narcan)	6
Amiodarone	6	Nitroglycerine	2
Atropine Sulfate	6	Sodium Bicarbonate	4
Benzodiazepines (Assorted)	3	Thiamine	
Bretylium Tosylate		Topical anesthetic ophthalmic solution	
Calcium Preparations	2	Vasopressin	
Corticosteroids	4	All BLS & ILS Equipment	Yes
Dopamine HCL	4	Electrode Defib Pads	6
Furosemide (Lasix)		EKG Monitor Pads	20
Lidocaine	6	Ext. Cardiac Pacing Pads	6
Magnesium Sulfate	4	Infusion Pumps	
Narcotic Analgesics (other than ILS approved)		Scalpels	2
Oxytocin	1	Chest Decompression Catheters	6

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

Phenylephrine nasal spray	2	Intraosseous Needles	10
Manual Cardiac Monitor/ Defibrillator/Ext. Pacer	1	End Tidal CO2 Detector	2
Laryngoscope Handle	4	Toomey Syringe (60cc)	2
Laryngoscope Blades – Adult	6	Cricothyroidotomy Kit	2
Laryngoscope Blades – Ped.	6	Magill Forceps	4
Endotracheal Tubes (Assorted) (Adult – Ped)	20	Other: (Specify)	

INFORMATION SYSTEM ANALYSIS

1. Are you currently collecting run data in an electronic format? YES NO
 If yes, what software are you utilizing? Emergency Reporting

2. Does your service currently own a computer? YES NO
 Internet access? YES 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

SERVICE NAME: Pojoaque Volunteer Fire District

LICENSED EMS PERSONNEL (continued from page 1)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer	
Ramos Tsosie	EMT-P	00023552	3/14	Paid	
Robert Egan	EMT-P	10000571	3/14	Paid	
Jeremy Renda	EMT-P	00012236	3/13	Paid	
Pedro Nandino	EMT-P	08001630	3/13	Paid	
Daniel Meyer	EMT-P	07000706	3/14	Paid	
Jeremiah Sandoval	EMT-P	04000282	3/14	Paid	
Steve Vogel	EMT-P	06000537	3/14	Paid	
Daisy Graves	EMT-P	05000003	3/14	Paid	
Sam Patty	EMT-B	07000840	3/14	Paid	
Craig Moya	EMT-B	07000433	3/14	Paid	
Thomas Dominguez	EMT-B	11001014	3/14	Paid	
Kris Karlin	EMT-B	04000282	3/14	Paid	
Grant Lundquist	EMT-I	09001384	3/14	Paid	
Christopher Bonifer	EMT-B	07000503	3/14	Paid	
Justin Armijo	EMT-B	12000026	3/14	Paid	
Jon Hall	EMT-B	10000344	3/13	Paid	
Robert Herrera	EMT-I	00020403	3/14	Paid	
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