2013-0257-MD/FD/145

NEW MEXICO DEPARTMENT OF HEALTH

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

Local Recipient:	Tesuque Fire District			127087
	(EMS Service that will benefit)			*(EMS Service #)*
Mailing Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing Address)	*(City)*	*(State)*	*(Zip)*
	x 1 2 3	505-988-3807	9-1-1	505-988-3707
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	JD Damron	District Chief	Jimmydean2u@aol.com	
	(Name)	*(Title)*	*(E-mail Address)*	

Applicant:	Santa Fe County			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Mailing Address)	*(City)*	*(State)*	*(Zip)*
Contact Person:	Dave Sperling	Chief, Santa Fe County Fire Dept.		
	(Name)	*(Title)*		
	(Telephone #)	*(Fax Phone #)*	*(E-mail Address)*	

Number of Years In Operation	Total EMS Runs 10/01/11 to 09/30/12 Entered into NMEMSTARS database.
41	275

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
JD Damron	EMT-I	00015815	March 2014	Volunteer
Brenda Mares	EMT-B	00015874	March 2014	Volunteer
Roger Beaty	EMT –B	00022467	March 2014	Volunteer
Donald Yardman	EMT-B	02001134	March 2014	Volunteer
Tim Kirkpatrick	EMT-B	09000568	March 2014	Volunteer
John Mayer	EMT-I	09001377	March 2014	Volunteer
Christopher Holder	EMT-B	12000111	March 2014	Volunteer
Brian Bergen	EMT-B	12000911	05-26-13	Volunteer

Tiffany Herrera	EMT-B	12000671	March 2015	Volunteer
Candice Herrera	EMT-B	10000878	March 2015	Volunteer
Dylan Mahoney	EMT-I	10001360	March 2013	Paid/Volunteer
Frank Gonzales	EMT-B	11000692	March 2014	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, **minimum of two such personnel.**		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, **minimum of two such personnel.**	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 **licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.**
	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 (defined as "available ... 24 hours per day, 7 days per week") 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 *(Please list in appropriate category and provide adequate detail on each priority item)*	**Estimated Cost ($)**
	Repair and Maintenance:	
1	(1)LP12,(1)LP1000,(5) LP 500 Maintenance & Repair	2900.00
	Training:	
4	Cost of courses & related expenses for district New / upgrade EMT licensure	2000.00
	Mileage & Per Diem:	
6	Mileage & Per Diem for out of county EMS Training's	500.00
	Supplies (Items Under $500):	
3	Medical Supplies: To include but not limited to: Blankets, Gloves, kerlex, pulse oximeters, glucometers, tape, LMA, masks, electrodes, santizers, etc.	2500.00
	**Capital Outlay (Items Over $500):	

	Other Operational Costs:	
5	Medical Apparel: shirts, vests, jackets, jump suits, badges, insigna, etc.	2500.00
2	LP 12 batteries	2000.00
	TOTAL AMOUNT OF REQUEST	12,400.00

*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) Annual Inspections for LP defibrulators. Manditory
2) LP 12 LI- ION Batteries
3)EMS Supplies: Needed for patient care and training
4)Training and upgrading EMT Licensure's. CE's Manditory
5)Medical Apparel for EMT's. Needed for proper PPE (Safety and Reconizability)
6)Mileage and Per Diem: Needed to reimburse out of pocket expenses.

SERVICE NAME:	Tesuque 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)

		Katherine Miller
Mayor	**OR**	**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:
Date: 1-8-13

Signature of Official Named Above

(Title)

The above was sworn and subscribed to before this 11 day of January, 2013

Notary Public:

My commission expires: 11/2/2014

OFFICIAL SEAL
ROBIN GURULE
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/2/2014

(SEAL)

PERSON COMPLETING FORM

Name:	J.D. Damron		District Chief	
	(Name)		*(Title)*	
Address:	PO Box 572			
	Tesuque	NM	87574	
	(City)	*(State)*	*(Zip)*	*(+4)*
505-629-6622	505-424-0682		505-629-6622	Jimmydean2u@aol.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:	J.D. Damron			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

NEW MEXICO DEPARTMENT OF HEALTH

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			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	35 Camino Justicia			
	(Mailing Address)			
	Santa Fe	NM	87508	
	(City)	*(State)*	*(Zip)*	*(+4)*
Contact Person:	Dave Sperling	Chief, Santa Fe County Fire Dept.		
	(Name)	*(Title)*		
	505-992-3070	505-992-3073	Dsperling@co.santa-fe.nm.us	
	(Telephone #)	*(Fax Phone #)*	*(E-mail Address)*	

Local Recipient:	Tesuque Fire District		127087	
	(EMS Service that will benefit)		*(EMS Service #)*	
Mailing Address:	35 Camino Justicia			
	(Street/Mailing Address)			
	Santa Fe	NM	87508	
	(City)	*(State)*	*(Zip)*	*(+4)*
	X 1 2 3	505-988-3807	9-1-1	505-988-3707
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	JD Damron	District Chief	Jimmydean2u@aol.com	
	(Name)	*(Title)*	*(E-mail Address)*	

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
JD Damron	EMT-I	00015815	March 2014	10-05-12	Volunteer
Brenda Mares	EMT-B	00015874	March 2014	10-05-12	Volunteer
Roger Beaty	EMT-B	00022467	March 2014	10-05-12	Volunteer
Donald Yardman	EMT-B	02001134	March 2014	10-05-12	Volunteer
John Mayer	EMT-I	09001377	March 2014	10-05-12	Volunteer
Tim Kirkpatrick	EMT-B	09000568	March 2014	10-05-12	Volunteer
Frank Gonzales	EMT-B	11000692	March 2014	10-05-12	Volunteer
Christopher Holder	EMT-B	12000111	March 2014	10-05-12	Volunteer

Brian Bergen	EMT-B	12000911	05-26-13	No	Volunteer
Dylan Mahoney	EMT-I	10001360	March 2013	Yes Ukn	Paid/Vol
Candice Herrera	EMT-B	10000878	March 2015	No	Volunteer
Tiffany Herrera	EMT-B	12000671	March 2015	10-05-12	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:	TWO
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
2003	Ford F550	Rescue	G-55625	Rescue-1	2003	4WD	0	12724.3	Monthly
2007	Chevy C5500	Rescue	G-71253	Attack-1	2007	4WD	0	6822.3	Monthly
2008	Ford F350	Command	G-72745	Command 1	2008	4WD	0	84302.0	Monthly

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

Engine 1, Engine 2, Engine 3, Brush 1, Brush 2, Tanker 1, Tanker 2

	Type of Service *(Must Check Only One)*		**Affiliation Type** *(Mark Primary Affiliation Only)*
	Certified Ambulance- PRC ONLY		Private for-profit
x	Medical/Rescue Service (Non-transport)		Private non-profit
	Medical/Rescue Service (Transport Capable)	x	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
	If Certified PRC Ambulance Service you must submit PRC Certificate/Registration Number_____		Municipality-based
			Tribal
			Other (Please Specify) :

# of Years In Operation	**Total EMS Runs 10/01/11 to 09/30/12 Entered into NMEMSTARS database.**
41	275

EMS CALLS	**Local Receiving Hospital(s)**

Received By (Mark One)		Dispatched By (Mark One)			
	Basic 911		Ambulance Service	Central Dispatch	
X	Enhanced 911		Fire Department	Location of Dispatch:	St. Vincents Hospital
	Local Phone		Law Enforcement		PHS

SERVICE DIRECTOR/CHIEF

Name:	Dave Sperling		Chief, Santa Fe County Fire Dept.	
	(Name)		*(Title)*	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	*(City)*	*(State)*	*(Zip)*
505-992-3070			505-231-2766	Dsperling@co.santa-fe.nm.us
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:				

The **and subscribed to before this _____ day of _____, 20____**

Seal

_____ Public

_____ My Commission Expires

SERVICE MEDICAL DIRECTOR

Name:	David Rosen		Medical Director	2008-0268
	(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)*

In signing this application I am certifying that I am actively providing medical direction for this EMS Service.

**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)*
505-992-3079		505-604-0478	mneely@co.santa-fe.nm.us	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:				

PERSON COMPLETING FORM

Name:	J.D.Damron		District Chief	
	(Name)		*(Title)*	
Address:	PO Box 572	Tesuque	NM	87574
	(Street/Mailing)	*(City)*	*(State)*	*(Zip)*

505-629-6622	505-424-0682		505-629-6622	Jimmydean2u@aol.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:	J.D. Dawson - [illegible]			

SERVICE NAME:

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		9	Nurse		
EMT Intermediate		3	Physician		1
EMT Paramedic			Driver		6
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	Social Security Number	EVOC Course Date	Drivers License Number	Other Medical Training
Marty Buchsbaum	585-20-3310	10-05-2012	27388311	CPR
Kern Hicks	585-80-3921	10-05-2012	505240146	CPR
Scott Hicks	585-82-6231	10-05-2012	47292689	CPR
Jack Miller	524-54-2209	12-15-10	3449661	CPR
Mike Martinez	585-27-5068	10-05-2012	047306256	CPR
Charlie Yardman	585-58-6135	10-05-2012	10363195	CPR

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

1. Do you have a Vehicle Preventive Maintenance Program in place?						x	Yes	No
If "Yes", please attach a copy of your program.								
2. Indicate the frequency of vehicle inspections:		Daily	x	Weekly	x	Monthly		Quarterly
3. Attach Annual Safety Inspection for all units (PRC ONLY)								

SERVICE NAME: Tesuque Fire District

Physical Location of Ambulance/Medical Rescue Facilities

#1				
Name of Facility:	Tesuque Fire District Station # 1			
	35.759271	105.93253		
	Latitude	*Longitude*		
Street Address:	4 Senda De Fuego			
	Tesuque	NM	87574	
	(City)	*(State)*	*(Zip)*	*(+4)*
#2				
Name of Facility:				
	Latitude	*Longitude*		
Street Address:				
	(City)	*(State)*	*(Zip)*	*(+4)*

Attach Additional Sheets If Necessary

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?		x	Yes	No
2. Are operational and medical protocols included in the Operations Plan?		x	Yes	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? If "Yes", please attach description.							x	Yes	No
2. Indicate the dates of this year's quality assurance review activities.									
Reviews are conducted:		Daily	x	Weekly		Monthly		Quarterly	Annually

DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE

SERVICE NAME:	Tesuque Fire District

Equipment Inventory Report

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

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	12 VHF	Spare Tire	1
EMSCOM (UHF) Radio	1 UHF	Lug Wrench	1
EMSCOM Manual		Tool Box	1
EMS Run Report	25	Fire Extinguisher	2
On-Board Suction System	1	Jack and Handle	1
Installed Oxygen System		Flares/Warning Devices	10
Triage Tags for MCI's	2 sets	Fuses	
Sharps Container	1	EMS Resource Manual	1
Vehicle Spotlight	1	Mutual Aid Guide	
Warning Lights	Yes	Star of Life Displayed	Yes
Siren	Yes	Service Name Displayed	Yes
Flashlight	2	Hazmat Guide	Yes
Roof Top Unit Number (Recommended)	Yes	EMS Medical Director's Handbook (Including Medical Protocols)	Yes
		Other: *(Specify)*	

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

Item Description	On Hand	Item Description	On Hand
Air Chisel Set	1	Manual Hydraulic Tool	
Hay Hooks		Jack Hydraulic Tool	1
Tool "Come Along"	1	Clothing Protective (Bunker Gear)	Yes

Bar, Pry	2	Air Bag Set	1
Flashlight	2	Bolt Cutters	3
Blankets	6	Flood Lights/External	1
Fire Extinguisher	2	Heavy Hydraulic Tool	2
Generator	1	Cribbing Blocks	16
Rope	6	Hi-Lift jack	1
Halligan Tool	1	"Sawzall" Reciprocating Saw	2
Pneumatic Spreader	1	Fire Axe	2
Rescue Chain	1	Pike Pole	1
Hack Saw	1	Other: *(Specify)*	

SERVICE NAME: Tesuque 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	1	Field Stretcher (Scoop, Stokes, Collapsible, Vacuum)	4
Long Backboard	6	Sheets	10
Backboard Straps (Assorted)	4	Blankets	6
Chair Stretcher	1	Body Bags	
Emesis Basin	2	Pillows	
Urinal (Male and Female)		Biohazard Waste bags	12
Towels	10	Biohazard Clean-up Supplies	yes
		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"	Case
Oral Glucose Preparations	14	Sterile Burn Sheets	Case
Acetaminophen		Triangular Bandages	12
Aspirin	12	Occlusive Dressings	12
Albuterol	3	Multi-Lumen Airways	12
Ipratropium (Atrovent)		Pulse Oximeter	10
Epinephrine Auto- Injection Devices		Splints, Extremity (Rigid, Air, Vacuum)	4
Epinephrine 1: 1,000	2	Trauma Shears	12
Naloxone (Narcan)	5	Blood Pressure Cuff (Adult, Child and Infant)	12
Mark I Antidote Kit (or similar device)		Stethoscope	12
Cervical Immobilization Devices	15	Penlight	

(Head blocks or Blanket Rolls)			
Cervical Collar Set (Rigid) (Adult, Child and Infant)	15	Sterile Water	Case
Bag Valve Mask Devices (Adult, Child and Infant)	4	Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	8
Oropharyngeal Airway Set (Sizes 0 – 5, Infant – Adult)	2	Heat Pack	Case
Trauma Dressings	3	Cold Pack	Case
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Yes	Sterile Gloves (Assorted Sizes)	
Cold Weather Warming Devices (Blankets, etc.)	25	Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	4 cases
Thermometer (Standard)		Portable Oxygen Equipment	10
Thermometer (Cold Weather)		Oxygen Delivery Devices (Nasal Cannulas, Non-Rebreather Masks (Adult, Child and Infant Sizes)	45
Band-Aids (Assorted Sizes)	Yes	Glucometer	12

SERVICE NAME:	Tesuque Fire District

Basic Life Support (Cont.)

Semi-Automatic Defibrillator AED Pads	8	Suction Catheters (Soft & Rigid)	8
Auto Ventilator Devices (ATV/MTV)	8	Portable Suction Unit	6
		Other: *(Specify)*	

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

Item Description	On Hand	Item Description	On Hand
All BLS Medications	Yes	All BLS Equipment	Yes
Epinephrine 1:10,000, Pre-filled	4	Alcohol and Betadine Prep Pads	.5 Case
Dextrose 50%	4	Syringes (1cc, 3cc, 5cc, 10cc)	15
Diphenhydramine HCL (Benadryl)	3	Inhalation Therapy Equipment	22
Glucagon		Tubing, IV Administration Set (10gtts – 20gtts)	10
Narcotic Analgesics (Morphine, fentanyl, or dilaudid)		Tubing, IV Administration (60gtts)	12
Nitroglycerin		Needles (Assorted Gauges)	45
Promethazine and anti-emetic agents		IV Fluid (Normal Saline, D5W, LR)	8
Methyprednisoline		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	8	Sodium Bicarbonate	
Adenosine		Naloxone (Narcan)	
Amiodarone		Nitroglycerine	
Atropine Sulfate		Sodium Bicarbonate	
Benzodiazepines (Assorted)		Thiamine	
Bretylium Tosylate		Topical anesthetic ophthalmic solutions	
Calcium Preparations		Vasopressin	
Corticosteroids		All BLS & ILS Equipment	Yes
Dopamine HCL		Electrode Defib Pads	1
Furosemide (Lasix)		EKG Monitor Pads	24
Lidocaine		Ext. Cardiac Pacing Pads	
Magnesium Sulfate		Infusion Pumps	
Narcotic Analgesics (other than ILS approved)		Scalpels	
Oxytocin		Chest Decompression Catheters	

SERVICE NAME:	Tesuque 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	1	Toomey Syringe (60cc)	
Laryngoscope Blades – Adult	1	Cricothyroidotomy Kit	
Laryngoscope Blades –Peds	1	Magill Forceps	1
Endotracheal Tubes (Assorted) (Adult – Peds)	1	Other: *(Specify)*	

INFORMATION SYSTEM ANALYSIS

1. Are you currently collecting run data in an electronic format?	x	YES		NO
If yes, what software are you utilizing?				
2. Does your service currently own a computer?	x	YES		NO
Internet access?	x	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

BUREAU COMMENTS:

Correction:

Date Approved_____