REQUEST FOR BOARD ACTION

HENDERSON COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: **5 July 2005**

SUBJECT: **Ambulance Franchise renewal**

ATTACHMENT(S): **Draft franchise renewal agreement, with attachments**

SUMMARY OF REQUEST:

Attached is an draft franchise agreement with Arc'Angel Trans'Support Services, for the renewal of its existing franchise for the provision of non-emergency ambulance transport services.

Pursuant to Henderson County Code §87-4(C), the applicant must be given an opportunity to be heard by the Board of Commissioners on the applications. This is also the Board's opportunity to ask the applicant any questions concerning the application and proposed services to be offered by the applicant.

To be effective, an ordinance granting a franchise must be approved at two regular meetings of the Board of Commissioners. Therefore, if approved today by the Board, the ordinance granting a renewal of its franchise to the applicant will be placed on the Board's agenda for the second time for final approval at the July 20, 2005 regular meeting. In order to approve a franchise under §87-4D of the ordinance, the Board must find all of the following:

(1) The public convenience and necessity require the proposed ambulance service.
(2) Each such ambulance of the applicant, his required equipment and the premises designated in the application have been certified by the county and the State of North Carolina.
(3) Only duly licensed ambulance attendants and emergency medical technicians are employed in such capacities.

After initial approval, under your ordinance "the county shall cause such investigation as it may deem necessary to be made of the applicant and his proposed operations".

COUNTY MANAGER'S RECOMMENDATION:

Emergency Medical Services Director, Terry Layne, is responsible for administering the Ambulance Ordinance, and will be available to answer any of the Board's questions as well.

If the Board is so inclined after hearing the evidence, the following motion is suggested:

I move that the Board find as fact all the matters required by Section 87-4D of the Henderson County Code, and further move that the Board provisionally grant the franchise application, subject to further information discovered by County staff after appropriate investigation, and that this matter come back before this Board on July 20, 2005.

GRANT OF FRANCHISE TO ODIN CORPORATION d/b/a ARC'ANGEL TRANS'SUPPORT SERVICES, GRANTEE, TO OPERATE A NON-EMERGENCY TRANSPORT SERVICE IN HENDERSON COUNTY

BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF HENDERSON COUNTY, NORTH CAROLINA AS FOLLOWS:

Section 1. FINDINGS OF THE BOARD:

The Board of Commissioners finds that the public convenience and necessity require that non-emergency transport services be available in Henderson County, in addition to those services currently being provided by Henderson County Emergency Medical Services, in that the frequency of non-emergency transport requests is growing annually, and the Board expects that in order to meet the demand for non-emergency transport services, additional certified personnel will be required. In addition, the Board finds that, as explained below, each ambulance, the premises, and all equipment has been inspected and certified by the County and the State of North Carolina, and that only duly licensed ambulance attendants and Emergency Medical Technicians will be providing the non-emergency transport service.

Section 2. GRANT AND TERM:

Subject to the terms and conditions of Chapter 87 of the Henderson County Code entitled "Emergency Medical Services" (hereinafter referred to as "Chapter 87 "), adopted on the 19th day of January, 1983, as amended, and the other terms and conditions of this Grant of Franchise, the ODIN CORPORATION D/B/A ARC ANGEL TRANS'SUPPORT SERVICES, hereinafter "Grantee", is hereby granted for the period from the date hereof until and through 30 June, 2010, the non-exclusive right, privilege, and franchise to operate a Non-emergency Transport Service in the unincorporated and incorporated areas of Henderson County, subject to the provisions contained herein and in Chapter 87.

Section 3. OPERATION OF THE NON-EMERGEN

needs RBA

Grantee agrees to operate a non-emergency transport s incorporated areas of Henderson County in accordance with Chapter 87 a litions:

a. Location. The base of operation of th e shall be located in the facilities already approved as st wood Road, Hendersonville, NC, 28791. Grantee shall be required to secure prior approval of the County before relocating the base of operation to another site. Such approval by the County shall be conditioned upon a site inspection and approval by the Director of the Henderson County Emergency Medical Services, hereinafter "EMS Director", and the State of North Carolina Office of Emergency Medical Services, hereinafter "NCOEMS" in accordance with Chapter 87.

b. Ownership. The Grantee is owned and operated solely by Mr. Aaron D. Edney. As provided in Chapter 87, Grantee may not transfer ownership or control of more than ten (10) percent to any other person or group of persons without the prior approval of the County. A transfer of the entire ownership or control of Grantee shall terminate this franchise. In addition, Grantee may not sell, assign, mortgage, or otherwise transfer any interest in the franchise without the County's prior approval. Grantee shall therefore notify the EMS Director at least sixty (60) days in advance of any requested date of approval of a change of ownership or control in the franchise or the franchised operation. It shall be the responsibility of the EMS Director to bring any such requests for approval

to the Henderson County Board of Commissioners. Review of any such requests by the Henderson County Board of Commissioners shall be in accordance with the terms of Chapter 87.

c. Personnel. Grantee has provided the EMS Director with the resumes of the personnel to be used in providing the non-emergency transport service. Those persons include Shawn C. Adams, Matthew K. Brackett, Nathan A. Holt, Jesse D. Huntley, Lindsay M Jellison, Benjamin M. Lanning, Thomas J. Ledbetter, Sherry H. Lively, Anthony W. Messer, Christopher M. Metcalf, and Rebekah L. Myers. Prior to hiring any other personnel (excluding administrative personnel), Grantee shall submit the resumes, qualifications, and certifications to the EMS Director for his review and approval. Such review by the EMS Director shall be based solely upon the qualifications and certifications of said proposed personnel. Grantee shall be required to submit copies of all certifications and recertifications related to the provision of medical transportation services of all personnel within thirty (30) days of the date of such certification or recertification.

d. Equipment and Ambulances. The Ambulances and Equipment of Grantee have been inspected and approved by the EMS Director and the NCOEMS. The ambulances approved consist of the following:

Year	Make/Model	Vehicle Identification Number
1987	Ford	1FTJS34L3HHB897893
1992	Ford	1FDKE30M5MHB17509
1985	Ford	IFDKE3060FHA87474
1989	Ford	IFDKF3OM5KHC31409
1988	Ford	IFDKE3OM1JHC20812
1989	Ford	1FDHS34MXKHB87064

Grantee shall be required to submit like information on any new ambulances acquired for the provision of non-emergency transport services to the EMS Director, and shall secure the approval of the EMS Director and the NCOEMS prior to putting any such ambulances into operation pursuant to the terms of this franchise. Grantee anticipates that each ambulance will be staffed with two (2) Emergency Medical Technicians, one of whom will operate the vehicle, and the other will provide care and comfort to the patient; however, under the terms of this franchise, the Grantee shall be allowed to staff each ambulance with one (1) certified ambulance attendant, as defined in the North Carolina General Statutes to drive the ambulance and one (1) Emergency Medical Technician to provide the care and comfort to the patient.

e. Financial Statements. Grantee shall, not later than June 1, annually, provide the EMS Director with a financial statement (audit not required) of the previous business year of Grantee, whether it be on a calendar or fiscal year basis, and a copy of Grantee's Federal Income Tax Return with all Schedules and attachments included for the prior year. Such financial statements shall be subject to the review and approval of the Henderson County Finance Director who shall review such statements to assess the financial stability and ability to provide the non-emergency transport services governed under the terms of this franchise.

f. Hours of Operation/Twenty-Four Hour Coverage/Response Times. Grantee shall operate the non-emergency transport services on a regular basis, from 8:00 a.m. to 5:00 p.m., Monday through Friday, inclusive of holidays. In addition, Grantee shall provide twenty-four (24) hour coverage by maintaining one (1) ambulance to be staffed by two (2) Emergency Medical Technicians or one (1) Emergency Medical Technician and one (1) certified Ambulance Attendant to be available on call at all other times. The response times Monday through Saturday will be no more than fifteen (15) minutes from the scheduled appointment, twenty (20) minutes for unscheduled calls. On Sunday, response times will be less than thirty (30) minutes.

g. FCC Licensing. Grantee shall maintain a radio station license issued by FCC and shall keep on file with the EMS Director a copy of the Grantee's current FCC license.

h. Business Phone Numbers. Grantee has provided the following phone numbers to be used in the operation of the non-emergency transport service:

Office	696-0515
Office Billing	696-0533
Facsimile	696-1487

Grantee shall promptly notify the EMS Director of any additional or changed phone numbers to be utilized by Grantee in the operation of the non-emergency transport service governed by this franchise. In addition, Grantee shall register the above listed phone numbers and all mobile numbers in the ambulances, and any additions or changes thereto, with the EMS Director and all law enforcement agencies and communication centers in Henderson County.

i. Ambulance Call Report/Daily Inspection Checklists/Etc. Grantee has submitted forms to be used in the operation of the non-emergency transport service, including Record of Dispatch, Trip Record (Ambulance Call Report), Daily Report Log, Daily and Attendant Checklist and Inspection Report which have been approved by the EMS Director. A copy of each form listed is attached to and incorporated by reference into the terms of this franchise as if fully set forth herein. Grantee shall be required to secure the prior written approval of the EMS Director before amending the forms attached.

j. Rates. Grantee is allowed to charge rates for services as allowed by Chapter 87. The attached Schedule A, which is attached hereto and incorporated herein by reference, represents Grantee's current rate schedule which is specifically approved.

k. Collections/Billing. Grantee shall be solely responsible for billing and collecting monies for services provided under the terms of this franchise. As provided in Chapter 87, Grantee shall not attempt to collect rates on emergency calls until the patient has reached the point of destination, has received medical attention and is in a condition deemed by the physician fit to consult with the ambulance service, but such service may attempt to collect rates with family or guardian of the patient once the patient is in the process of receiving medical attention. On non-emergency calls attempts to collect payment may be made before the ambulance begins its trip.

l. Insurance. Grantee shall keep on file a certificate of insurance and policy with the EMS Director which meets or exceeds the requirements of Chapter 87. Grantee shall be required to submit a new certificate of insurance twenty (20) days prior to the expiration date on any certificates submitted, stating a new prospective expiration date for the

policy. In the event Grantee chooses to change insurance carriers, Grantee shall submit a certificate of insurance from the new carrier evidencing compliance with the insurance limits set by the Ambulance Ordinance, at least twenty (20) days prior to the effective date of the new policy, and at least twenty (20) days prior to the cancellation of the policy in effect.

m. Inspections/Certificates/Licenses. The EMS Director shall inspect the facility, equipment and Ambulances not later than April 1 of each calendar year that this franchise is in effect for compliance with State and local laws, ordinances, and regulations, including Chapter 87. Notwithstanding the annual inspection, the EMS Director shall have the right at any time to inspect said facility, equipment, and ambulances. In addition, Grantee shall submit copies of the inspection report(s) of the NCOEMS within thirty (30) days of the date of such inspections to the EMS Director. The Grantee shall be required to keep current any other permits or licenses required for the operation of the non-emergency transport service, and shall submit copies of said permits and licenses to the EMS Director within thirty (30) days of receipt or renewal.

n. Emergency Support. Pursuant to the terms of Chapter 87, Grantee is authorized, without the grant of an additional franchise, to assist the Henderson County EMS in the provision of Emergency Transport Services in the case of a major catastrophe or emergency in which ambulances, in addition to those operated by Henderson County EMS are necessary. Grantee agrees to render such assistance when requested to do so by the Henderson County EMS Director. Grantee shall not be authorized to provide Emergency Transport Services in the event of a major catastrophe or emergency absent such a request from the EMS Director. Grantee may request reimbursement from the County for actual costs incurred in providing such assistance, excluding overhead. It shall be within the discretion of the Henderson County Board of Commissioners to determine the extent to which the County will reimburse Grantee pursuant to such a request.

o. Referrals. To the extent practical, Grantee agrees to accept and perform all referrals for non-emergency transports made by Henderson County EMS. Grantee shall be solely responsible for billing and collecting monies for all services performed as a result of a referral from Henderson County EMS.

p. Termination/Suspension of the Franchise. As provided in Chapter 87, Grantee or the County may terminate this franchise upon sixty (60) days prior written notice to the other party. In addition, this franchise may be suspended, revoked, or terminated by the County if allowed by Chapter 87.

q. Reporting/Annual Review. Grantee shall submit a monthly report to the EMS Director summarizing all activities of Grantee involved in the operation of the Non- emergency Transport Service, including an accumulation of the information shown on the Trip Record including number and types of calls, types of medical assistance, total trip miles, and a break-down of the hours of the day and the days of the week during which such calls were performed, any claims or complaints made against Grantee by a patient, a patient's family member or representative, or any member of the general public in the provision of Non-emergency Transport Services, and any motor vehicle accidents involving an ambulance operated by Grantee. In addition, Grantee agrees to appear annually, if requested, before the Henderson County Board of Commissioners to provide an activities report to the Board. In addition, at such annual appearance, the EMS Director shall submit an evaluation of the services provided by Grantee under the terms

of this franchise. If Grantee is not requested to appear before the Board of Commissioner to provide an activities report, Grantee shall submit, not later than the anniversary date of this franchise, the activities report to the EMS Director who shall keep such report on file.

r. Indemnification. Grantee agrees to indemnify and hold harmless Henderson County for any and all claims, losses, liabilities, demands, actions, or causes of action of any kind or character (including, without limitation, for attorneys' fees, costs, and expenses), claimed by any person or entity, whether known or unknown, whether at law or in equity, whether in contract, tort, or under statute or otherwise, that might mature or accrue subsequent to the date of this franchise on account of, connected with, or growing out of the operation of the Non-emergency Transport Service authorized by this franchise.

s. Personnel of Henderson County EMS. Any Henderson County EMS personnel that have received proper approval from the County to be employed by Grantee in the hours in which they are released from performing their job duties for Henderson County EMS shall, at all times in which such personnel are actually performing job duties for Grantee be considered employees of Grantee, and shall not at any such times be considered employees of Henderson County. Grantee shall be responsible for securing any and all coverage for such personnel required by law, including but not limited to Workers Compensation Insurance. Grantee shall be solely responsible for paying any overtime accruing to such employees when working as employees of Grantee that may arise due their performance of duties as employees of Henderson County EMS in the same workweek as performance of duties as employees of Grantee. In addition, Grantee shall indemnify and hold harmless Henderson County for any and all claims, losses, liabilities, demands, actions, or causes of action of any kind or character (including, without limitation, for attorneys' fees, costs, and expenses), claimed by any person or entity, whether known or unknown, whether at law or in equity, whether in contract, tort, or under statute or otherwise, that might mature or accrue subsequent to the date of this franchise on account of, connected with, or growing out of the performance of such personnel when acting as employees of Grantee.

t. Chapter 87 of the Henderson County Code. The performance of services under this franchise shall be governed by the terms of this franchise and Chapter 87 which shall be read in conjunction herewith. In addition, Grantee shall be bound by any and all amendments to Chapter 87 in the performance of services authorized by this franchise.

u. Severability. In the event that any Section, paragraph, or clause of this franchise is deemed unenforceable or invalid by a court of competent jurisdiction, the remainder of this franchise shall remain in full force and effect.

Section 4. GRANTEE'S REPRESENTATIONS AND COVENANTS:

The acceptance of this franchise by Grantee shall constitute representations and covenants by it that:

a. It waives all rights and privileges awarded under any previous franchise, ordinance or agreement and upon execution of this Grant of Franchise and subsequent acceptance of the same, any and all prior Grant of Franchise or agreements shall be deemed null and void.

b. It accepts and agrees to all provisions of this Grant of Franchise and those instruments incorporated herein by reference.

c. It has examined all the provisions of this and Chapter 87 of the Henderson County Code and waives any claims that any provisions hereof are unreasonable, arbitrary or void.

d. It recognizes the right of the County to make reasonable amendments to Chapter 87 as it now exists and as it is now amended during the term of the franchise, providing that no such change shall compromise Grantee's ability to perform satisfactorily its obligations or rights under this Grant of Franchise. It further recognizes and agrees that Henderson County shall in no way be bound to renew the Franchise at the end of the franchise term.

e. It acknowledges that its rights hereunder are subject to the police power of Henderson County to adopt and enforce general ordinances necessary to the safety and welfare of the public; and it agrees to comply with all applicable general laws enacted by Henderson County pursuant to such powers.

Section 5. ACCEPTANCE OF FRANCHISE:

This Grant of Franchise shall not be valid unless accepted by Grantee within thirty (30) days of the effective date, said acceptance to be in writing and in such form and executed in such a manner to be a valid and legally binding acceptance.

Section 6. EFFECTIVE DATE:

a. This Ordinance shall be in full force and effect on and after the 5th day of July, 2005.

IN WITNESS HEREOF, the parties have hereunto set their hands and seals on this the _____day of July, 2005.

HENDERSON COUNTY BOARD OF COMMISSIONERS

_____

By: William L. Moyer, Chairman

ATTESTED BY:

(COUNTY SEAL)

_____

Elizabeth W. Corn, Clerk to the Board

ACCEPTANCE:

The undersigned Aaron D. Edney, on behalf of the Odin Corporation, d/b/a Arc Angel Trans'Support Services, does hereby accept and approve the foregoing and attached Grant of Franchise and all of its terms, conditions, and amendments; and in consideration of the benefits and privileges granted to it does hereby agree to abide by, carry out, observe, and perform all of the obligations and things provided to be carried out and performed by it in said Grant of Franchise therefore approved by the Henderson County Board of Commissioners.

This the _____ day of _____, 2005.

THE ODIN CORP. d/b/a ARC'ANGEL
TRANS'SUPPORT SERVICES

By:_____
Aaron D. Edney
President

(CORPORATE SEALI

Attest:

_____
Secretary/Assistant Secretary

Schedule A

The rates for Ambulance services provided by Arc'Angel will be as follows:

One way Basic Life Support (BLS) transport Non – Emergency	$325.00
One way Basic Life Support (BLS) transport Emergency	$350.00
***One way Advanced Life Support (ALS) transport Non-Emer	$365.00
***One Way Advanced Life Support (ALS) transport Emer	$375.00
Loaded Mileage charge ALS?BLS	$ 8.94
Oxygen Charge	$ 5.00
*No transport fee – Ambulance	$ 90.00

*Other fees

* Fee applies when we arrive to pick up a resident for a non emergency scheduled ambulance trip but do not transport because the facility has failed to notify us of cancellation or other arrangements made.

***In addition there may be charges for disposables that are incurred during the transport.

Name	Current Certification	Exp. Date	SSN	Status
Shawn C. Adams	EMT-Intermediate	4/30/09	227-23-2208	Full Time
Matthew K. Brackett	EMT	12/31/07	243-59-6839	Full Time
Nathan A. Holt	EMT-Intermediate	12/31/06	239-27-2844	Full Time
Jesse D. Huntley	EMT	2/31/08	243-78-5144	PRN
Lindsay M. Jellison	EMT-Intermediate	7/31/07	246-45-9013	Full Time
Benjamin M. Lanning	EMT-Intermediate	6/30/07	241-19-2322	PRN
Thomas J. Ledbetter	EMT	3/31/06	237-27-6000	PRN
Sherry H. Lively	EMT-Intermediate	3/31/08	238-17-1379	Full Time
Anthony W. Messer	EMT-Paramedic	1/31/06	239-51-2133	PRN
Christopher M. Metcalf	EMT	11/31/07	238-51-2197	Full Time
Rebekah L. Myers	EMT-Intermediate	3/30/08	240-57-1542	Full Time

UNIT #	YEAR	VIN#	TAG	MAKE/MODEL
ANGEL-5	1987	1FTJS34L3HHB97893	MZP-5543	FORD E-350 ASHELY
ANGEL-6	1989	1FDKE3OM5KHC31409	NVR-8874	FORD E-350 EXCELLANCE
ANGEL-7	1985	1FDKE30L0FHA87474	NZW-9068	FORD E-350 WHEELED COACH
ANGEL-8	1992	1FDKE30M5MHB17509	MZP-5544	FORD E-350 AEV
ANGEL-9	1988	1FDKE30M1JHC20812	MZN-8120	FORD E-350 ROAD RESCUE
ANGEL-10	1989	1FDHS34MXKHB87064	TNL-4147	FORD E-350 AEV/QUIGLY

ARC' ANGEL AMBULANCE
MEDICAL CHECK OFF SHEET

State of North Carolina Department of Health and Human Services Divsion of Facility Services	**Category I Inspection Report** Office of Emergency Medical Services P.O. Box 29530 Raleigh, N.C. 27626-0530	Provider Lic. #: _____ Exp. Date: _____ **Date:** _____

Provider : **ARC' ANGEL** Provider # : **0450923**

VIN: _____ Year: _____ Make: _____ Amb. Mfr.: _____

Mileage: _____ **Fuel: F** ___ **R** ___ Type: _____ Level / ALS Packages: **EMT:** ___ EMT-D: ___ EMT-I: ___ EMT-P: ___

Intererior Dimensions: _____ H X _____ W X _____ L **Vehicle #:** ANGEL _____

Current Permit #: _____ Exp. Date: _____

New Permit # : _____ Issued : _____

Communications

EOC ___ BASE _____ HOSPITAL ___ RESCUE ___ FIRE ___ LAW ___ Other _____

Radio Frequencies: _____ _____ _____

Cellular Phone _____ FCC Call Sign : _____ Exp. Date : _____

Section A (15 Points each)

___ Intererior Dimensions (min. 48 x 11 x 102) (.0903)
___ Warning Devices (.0903)
___ Vehicle Body (.0904)
___ 1- Portable aspirator & rinsing bottle (.1001(aX1))
___ 2- BVM- Adult/Child Sizes with O2 hookup (.1001 (aX2)
___ 6- OPA ranging from 55mm -110 mm (.1001 (aX3))
___ 2- O2 Cylinders (D size or lrg) (.1001(aX4))
Main PSI _____
___ 1- O2 flow & contents gauge (.1001(aX4)
___ 3- Anoroid OR Electronic BP Cuffs: Small / Meduim / Large sizes (.1001 (aX21)
___ 1- Adult / Pediatric Stethoscope (.1001 (aX21))
___ 1- Rigid short backboard or stabilization device with 2 straps & other accessories (.1001 (aX6))
___ 2- Rigid long backboards w/2 straps each (.1001(aX7))
___ 1- Child restraint device (.1001(27))
___ 1- Four-wheeled elevating cot with mattress pad, straps and crash stable fastner (.1001(aX23))
___ 1- Two- way radio (.1130)

Section B (7 points each)

___ Seat belts (.0910)
___ Ambulance lettering / markings (.0915)
___ Cleanliness- interior (.0916)
___ Compartment Lighting (.1003(aX4))
___ 1 each Adult & Child size lower extremity Traction splint (.1001(aX9))

Section B Cont'd (7 Points each)

___ 2- Each Pediatric & Small /Medium/Large Adult extrication collars (.1001(aX5))
___ 1- OB Kit with supplies (.1001(aX20))
___ 2 each Rigid padded board splints, size 3"X15", 3"X3' & 3"X4.5' or, other splints in kit form, of inflatable design or rigid laminated, high-density polyurethane Kits must contain at least two full arm and two full leg splints (.1001(aX8))

Section C (4 points each)

___ Equipment secured (.0906)
___ Cleanliness- Exterior (.0916)
___ 1- BVM - Infant size with O2 hookup (.1001(aX2))
___ 3- Rigid suction instruments, or replacement collection containers for manual suction devices (.1001(aX1))
___ 3- O2 Supply tubes (.1001(aX2))
___ 3- ea Adult/Child sized O2 cannulas (.1001(aX4))
___ 3- ea Adult/Child sized O2 masks (.1001(aX4))
___ 12- Individually wrapped, sterile, 4"X4" gauge pads (.10019aX10))
___ 6- Individually wrapped, sterile, 5"X9" or larger Absorbent dressings (.1001(aX11))
___ 12- rolls of Roller guage (.1001(aX12))
___ 4- rolls Adhesive tape (.1001(aX13))

Section C Cont'd (4 Points each)

___ 2- Sterile, non-adhering, non-porous dressings, (min 3"X8") (.1001(aX14))
___ 6- Triangular bandages (.1001(aX15))
___ 1- bandage shears (.1001(aX16))
___ 2- Burn sheets (min 40"X72") (.1001(aX17))
___ 1000cc Irrigation solution (.1001(aX18))
Expiration Date: _____
___ 2 Head Immobilization devices for use with long backboards (.1001(aX7))
___ 2- Nonporous pillows (.1001(aX25))
___ 2- Blankets (washable) (.1001(aX26))
___ 2- Operational flashlights (.1003(aX1))
___ 1- 5lb. mounted fire extinguisher (.1003(aX2))

Section D (2 points each)

___ Medical supply cabnets (.0916)
___ 1- Emesis basin OR sealable emesis container (.1001(aX19))
___ No Smoking signs in cab or cabin and patient compartment (.1003(aX3))
___ 3- Pillowcases (.1001(aX24))
___ 6- Cot sheets (.1001(aX24))
___ 1- Body Bag (.1001(aX22))
___ 2 pr Heavy 0 duty work gloves (.1002(1))
___ 2 pr Safetey glasses (.1002(2))
___ 2- Safety helmets (.1002(3))

Inspection Results **BLS Unit Rating**

Total Points Loss

(15 - over) = Unsatisfactory

(11 - 14) = Conditional ALS : S U

(10 - Under) = Satisfactory

A letter of compliance indicating the discrepancies noted have been corrected must be recieved at the above address no later than: _____

Remarks:

Provider Rep: _____ OEMS Inspector : _____

Discrepancies noted are In violation of North Carolina Law and the signed Inspection Report serves as notice of such

ARC' ANGEL AMBULANCE

OPERATOR DAILY PREVENTIVE MAINTENANCE

UNIT (CIRCLE APPROPRIATE) **ANGEL 5 7 8 9 10** **DATE OF INSPECTION:** _____

MILEAGE: _____ **INSPECTED BY:** _____ **SUPERVISORS' SIGNATURE:** _____

INSPECTED ITEM		DEFICIENCY DESCRIPTION	CORRECTIVE ACTIONS
ENGINE OIL			
TRANSMISSION FLUID			
BRAKE FLUID			
POWER STEERING FLUID			
ENGINE COOLANT			
WASHER FLUID			
BATTERY LEVELS			
BELT / HOSES			
GENERAL EXTERIOR			
WINDSHIELD / WINDOWS			
WIPERS			
TIRE CONDITION			
TIRE PRESSURE			
HEADLIGHTS			
PARKING LIGHTS			
TURN SIGNALS			
BACK-UP LIGHTS / ALARM			
STOP LIGHTS			
EMERGENCY LIGHTS			
FLOOD LIGHTS			
CELLULAR PHONE			
TWO - WAY RADIO			
SIREN			
PATIENT COMPARTMENT			

NOTE ANY UNUSUAL NOISES OR POSSIBLE ELECTRICAL / MECHANICAL PROBLEMS NOTED:

YEAR: 2000 ARC'ANGEL PROVIDER # 045-0-923 PAGE ________

DISP. #	RUN #	MO/DAY	HR/MIN	UNIT	DRIVER#	TECH'S#	PATIENT'S NAME	PICKUP @/T-PORTED TO	CD	CN	CALLER/PLACE
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ARC' ANGEL AMBULANCE CALL REPORT

DISPATCH #	RUN #	DATE	PROVIDER #	UNIT #	CALL INTO CENTER
			0450923	5-7-8-9-10	

DISPATCH TIME

PATIENTS LAST NAME | FIRST | MIDDLE INITIAL

PATIENTS ADDRESS

CITY | STATE | ZIP CODE

PATIENT PHONE (FACILITY) | AGE | DATE OF BIRTH

PATIENT SOCIAL SECURITY # | PERSONAL PHYSICIAN

PATIENTS CLOSEST RELATIVE | RELATIONSHIP

ADDRESS | PHONE

MEDICARE # | MEDICAID # | OTHER INSURANCE NAME & NO

RACE/SEX

	M	F
AM. IND.	☐	☐
ASIAN	☐	☐
BLACK	☐	☐
HISPANIC	☐	☐
OTHER	☐	☐
WHITE	☐	☐

☐ BASE RATE
☐ OXYGEN
☐ MILEAGE X _____
☐ RETURN
☐ OTHER _____
AMT PAID
$

UNIT ENROUTE

UNIT ARRIVES @ SCENE

UNIT DEPARTS SCENE

ARRIVES DESTINATION

RETURN TRIP

TO SCN:

ARRIVAL TIME

CALL COMPLETE

TO DEST:

MILEAGE

TO BASE:

DISPATCHED AS:	GRID	LOCATION	PROVIDER NUMBERS
☐ NON-EMERGENCY		VEHICLE DISPATCHED FROM:	
☐ EMERGENCY		VEHICLE DISPATCHED TO:	
☐ DISASTER		PATIENT TRANSPORTED TO:	
☐ STAND-BY		RETURN / OTHER:	

GLASGOW COMA SCALE

EYES OPEN	BEST VERBAL	BEST MOTOR
4 SPONTAN	5 ORIENTED	6 OBEYS COMM
3 TO VOICE	4 CONFUSED	5 PAIN-LOCAL
2 TO PAIN	3 INAPP	4 PAIN-WITHDR.
1 NONE	2 GARBLED	3 PAIN-FLEXION
	1 NONE	2 PAIN-EXTENDS
		1 NONE

TIME	LEVEL OF CONS	PULSE	RESP.	B/P
	A V P U			
	A V P U			
	A V P U			

ALLERGIES: NKDA:☐

MEDICAL HISTORY / MEDICATIONS (☐ MED LIST ATTACHED)

OXYGEN USE: ☐ NASEL ☐ MASK ☐ BAG
LITERS:
CPR STARTED BY: TIME:
☐ALS ☐BLS ☐1RESP. ☐LAYPERSON
DNR IN PLACE ☐ YES ☐ NO
PPE ☐ 1 ☐ 2

TRANSPORTED AS:

☐ EMERGENCY ☐ NON-EMERGENCY

TRANSPORTATION TO:

1 AIR MEDICAL LZ	5 HOSPITAL
2 DOCTOR/CLINIC	6 OTHER UNIT/DIFF. PROP.
3 EXTENDED CARE FACILITY	7 OTHER UNIT/SAME PROP.
4 HOME	8 OTHER

APPARENT CAUSE OF INCIDENT

☐ ASSAULT	☐ MVA
☐ CANCER	☐ RESPIRATORY
☐ CARDIAC	☐ SICK CALL
☐ CHRONIC ILL	☐ SUBSTANCE ABUSE
☐ FALL	☐ TPT CONVALESCENT

CATEGORY OF COMPLAINT

CHOOSE ONE PER COLUMN:	PRIMARY	SECONDARY
ALTERED LEVEL OF CONSCIOUSNESS	☐	☐
CARDIAC / CHEST PAIN	☐	☐
FRACTURE / DISLOCATION	☐	☐
MEDICALLY NECESSARY / DR'S REQUEST	☐	☐
NAUSEA / VOMITING	☐	☐
RESPIRATORY DISTRESS	☐	☐
SEIZURE RELATED	☐	☐
SOFT TISSUE INJURY	☐	☐
STROKE / CVA	☐	☐
WEAKNESS	☐	☐
IF NONE, ENTER CODE:_____	☐	☐

PUPILS

☐ PERL ☐ UNEQUAL

NEURO ☐ EQUAL ☐ UNEQUAL

R/L ☐ UPPER R/L ☐ LOWER

SKIN APPEARANCE

☐ NORMAL ☐ PALE ☐ CYANOTIC ☐ ECCYMOSIS

MOTOR

☐ MAEW ☐ DIMINISHED ☐ R/L UPPER ☐ R/L LOWER

SITES OF INJURY

	AMPUTATE	BURN/ELEC	BLUNT	PENETRATE	FRAC/DISLOC	SOFT-CLOSED	SOFT-OPEN
HEAD	☐	☐	☐	☐	☐	☐	☐
FACE	☐	☐	☐	☐	☐	☐	☐
EYE	☐	☐	☐	☐	☐	☐	☐
NECK/SPINE	☐	☐	☐	☐	☐	☐	☐
CHEST	☐	☐	☐	☐	☐	☐	☐
BACK/SPINE	☐	☐	☐	☐	☐	☐	☐
ABDOMEN	☐	☐	☐	☐	☐	☐	☐
PELV/GROIN	☐	☐	☐	☐	☐	☐	☐
ARM	☐	☐	☐	☐	☐	☐	☐
HAND	☐	☐	☐	☐	☐	☐	☐
THIGH	☐	☐	☐	☐	☐	☐	☐
LEG/FOOT	☐	☐	☐	☐	☐	☐	☐

CALL OUTCOME

☐ TRANSPORTED	☐ REFUSED
☐ CARE TRANSFERRED	☐ SEARCH/RES. TERM.
☐ D.O.A.	☐ STANDBY COMPLETED
☐ FALSE CALL	☐ TREAT/NO TRANSPORT
☐ NO PATIENT FOUND	☐ VEHICLE FAILURE
	☐ POV

BLS LIST

AIRWAY / VENTILATOR				
CLEARED AIRWAY	1	2	3	4
NASOPHARYNGEAL	1	2	3	4
OROPHARYNGEAL	1	2	3	4
SUCTIONING	1	2	3	4
BAG VALVE MASK	1	2	3	4
DEMAND VALVE	1	2	3	4
POCKET MASK	1	2	3	4
OTHER				
ASSIST DELIVERY	1	2	3	4
BANDAGE	1	2	3	4
BLOOD GLUCOSE	1	2	3	4
CONTROL HEMORRHAGE	1	2	3	4
CPR	1	2	3	4
ET CO_2	1	2	3	4
IRRIGATION MAST APPLIED	1	2	3	4
IMMOBILIZATION				
C-SPINE	1	2	3	4
CERVICAL COLLAR	1	2	3	4
CO-CPINE IMM DEV	1	2	3	4
SPINAL/IMM DEV	1	2	3	4
IMMOBILIZE EXTREM	1	2	3	4

SIGNATURE | SIGNATURE

WHITE - PROVIDER YELLOW - BILLING PINK - PATIENT

ARC' ANGEL TRANS'SUPPORT SERVICE
Ambulance Call Report Narrative

DISPATCH#:	RUN#:	DATE: / /	HOSPITAL CONTACTED:
PATIENT'S NAME:			
MICN:		RECEIVED BY:	
MD/DO:			
PROTOCOL:			
ORDERS:			
MEDICATIONS:			
ALLERGIES - NKDA:			
HISTORY:			
AMBULATORY:	NON-AMBULATORY:	CAP REFILL: <2 SEC____ DELAY____	
PT. WT.:	POSITION ON ARRIVAL:	LOCATION:	

				LOSS OF CONS
TIME:	B/P:	P____REG____IRR.	R:	YES ❑
TIME:	B/P:	P____REG____IRR.	R:	NO ❑
				DENIED ❑
				UNK ❑

PUPILS:	PERRLA____ OTHER:		A & O PERSON ❑
CMS CHECKS: NORMAL X 4	OTHER:		PLACE ❑
SKIN SIGNS: ❑ HOT	❑ DRY	SKIN COLOR: ❑ NORMAL	TIME ❑
❑ WARM	❑ MOIST	❑ PALE	SITUATION ❑
❑ COLD	❑ COOL	❑ CYANOTIC	O_2 SAT
❑ DIAPHORIC		❑ OTHER:	PULSE Ox ROOM AIR:
ENVIRONMENT:			% AFTER O_2:
			% O_2 LPM:
			DEVICE USED:

SECONDARY SURVEY:	
	UNREMARKABLE ❑
NARRATIVE / PATIENT COMPLAINTS:	
SIGNATURE / CERT.	SIGNATURE / CERT.
SIGNATURE / CERT.	SIGNATURE / CERT.

ARC' ANGEL TRANS'SUPPORT SERVICE

AMBULANCE CALL REPORT NARRATIVE/PROCEDURE CHECK

DISPATCH #: RUN #: DATE: / /

	Procedures		Airway		Hemorrhage Control
	IV – Saline Lock		Adult Nasal Cannula		2x2
	IV – Normal Saline		Adult Non-Rebreather		4x4
	Blood Draw		Pediatric Nasal Cannula		5x9
	FSBS		Pediatric Non-Rebreather		Roll Gauze
	Spinal Immobilization		Adult BVM		Vaseline Gauze
	Nebulizer Administration		Pediatric BVM		Triangle Bandages
	D10 Administration		Infant BVM		
	D50 Administration		Combitube		**Defibrillation**
	Diphanhydramine Admin.		Combitube SA		
	Epi 1:1,000 Administration		OPA		**Suction**
			NPA		Suction Tube
	Burn Control		ET Intubation		Yankauer
	Burn Sheet				Catheter
	8x36 Burn Roll		**Medications**		
	3x36 Burn Roll		ASA		**Misc.**
	1x36 Burn Roll		Epi 1:10,000		Cold Pack
			Glucose		Bedpan
	Medications		Glucagon		Urinal
	EpiPen		Ibuprofen		Emisis Basin
	EpiPen Jr.		Nalaxone		Body Bag
			NTG		

Time	Procedure	Size	Success	Tech

Time	Treatment	Route	Dose	x Given	Tech

Patient Condition After Care	
No Change	
Better	
Worse	

Narrative: _____

Signature/ Certification: _____	Signature/ Certification: _____