



EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2019

Due Date: January 19, 2018

2018-0227-FD

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

To All Potential Applicants:

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

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

Your Application and Annual Report must be postmarked or hand-delivered to the EMS Bureau by 5:00pm on Friday, January 19, 2018. Please adhere to the following instructions, as incomplete applications will not be processed:

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

Local Recipient:	Running Bear Rescue dba Rocky Mountain EMS		127100-126004	
	(EMS Service that will benefit)		(EMS Service #)	
Mailing Address:	PO Box 65970		Albuquerque	NM 87193
	(Street/Mailing Address)		(City)	(State) (Zip)
	x 1 2 3	505-983-3573	505-328-6269	505-822-8208
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
Contact Person:	Edward S. Little	President	runningbearrescu@aol.com	
	(Name)	(Title)	(E-mail Address)	

Applicant:	Santa Fe County			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	35 Camino Justica		Santa Fe	NM 87508
	(Mailing Address)		(City)	(State) (Zip)
Fiscal Agent	David Sperling		SFCFD Fire Chief	
Contact Person:	(Name)		(Title)	
	505-992-3070			
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

EMS AGENCY FUNDING INFORMATION

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

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
Milenge & Per Diem:		
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
#1	Fuel	50,000
TOTAL AMOUNT OF REQUEST:		50,000

* Do not make all items Priority No. 1.

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

1) Primary provider for inter-facility transfers of Santa Fe County residents going to Specialty Facilities and Skilled Nursing Facilities.

2) We transport approximately 200,000 miles per year on four units based in Santa Fe County.

SERVICE NAME: Running Bear Rescue, dba Rocky Mountain EMS

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Santa Fe

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

Mayor

OR

Chairman, Board of Commissioners

Katherine Miller
Municipality

Santa Fe County Manager
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.

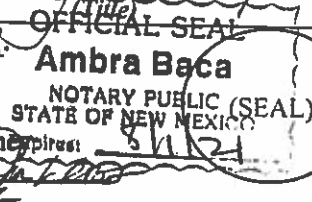
Katherine Miller
Signature of Official Named Above

SF County Manager
Signature

The above was sworn and subscribed to before this 2 day of January

Notary Public: *Ambra Baca*

Approved as to form
Santa Fe County Manager
By *[Signature]*
Date: 12-27-11



My commission expires: 8/1/21

PERSON COMPLETING FORM

Name:	Rose E. Dixon		Office Manager	
	(Name)		(Title)	
Address:	PO Box 65970			
	Albuquerque	NM	87193	5970
	(City)	(State)	(Zip)	(+4)
505-983-3573		505-269-4783		
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<i>Rose E. Dixon</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 11lb)	4	Siren	3
Flashlight	4	Spare Tire	4
Fuses (appropriate sizes)	0	Star of Life Displayed	6
Jack and Handle	4	Tool Box	2
Lug Wrench	4	Triage Tags for MCI's	2
Maps or Navigational equipment	6	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	1	Vehicle Registration	3
Roadway warning devices	4	Vehicle Spotlight or auxiliary lighting	3
Service Specific Protocols and guidelines	4	Warning Lights	3
Other: (Specify)			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	2	Spare Batteries/charger system	1
EMSCOM (UHF) Radio	2		
Other: (Specify)			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	8 Box	Helmet with Face Shield	0
Eye Protection	11	N-95 mask (or > particulate mask)	250
Gloves (Leather or heavy duty)	1	Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection	0	Splash Protection (disposable)	50
Other: (Specify)			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	6		
End Title CO2 monitoring device (optional)	4	Pulse Oximeter	2
Glucose Monitoring Instrument	4	Stethoscope	5
Penlights	0	Thermometer (Patient)	0
Other: (Specify)			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	10	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	150
Auto Ventilator Devices (ATV/MTV)	3	Oxygen Supply Tubing	3
Bag Valve Mask Devices (Adult, Child and Infant)	50	Patient Restraints	5
Band-Aids (Assorted Sizes)	75	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	5	Pediatric Restraint device/car seat	2
Biohazard Waste bags	50	Pillows	5
Blankets	10	Portable Oxygen Equipment	5
Body Bags	0	Portable Suction Unit	8
Cervical Collars - Rigid (Adult, Child and Infant)	50	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	30	Semi-Automatic Defibrillator with Pads	2
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	8
Cold Pack	6	Sharps Container	25
Cold Weather Warming Devices	2	Sheets	20
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	240	Shoulder/chest/extremity straps	18
Emesis Basin	24	Spinal Immobilization device/backboard	7
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	30
Foil Blanket	0	Sterile Burn Sheets	18
Hand Sanitizer	10	Sterile Gloves (Assorted Sizes)	1
Heat Pack	5	Sterile Water	2
Inhalation Therapy Equipment	48	Stokes Basket	0
Installed Oxygen System	2	Suction Catheters (Soft & Rigid)	70
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	8	Supraglottic Airway Devices	6
Long Backboard	7	Multi-lumen Airway Devices	0
Multi-level Stretcher	4	Laryngeal Airway Devices	10
Multi-Lumen Airways	6	Towels	0
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	50	Traction Splint	2
Nasopharyngeal Airways	66	Trauma Dressings	40
Occlusive Dressings	10	Trauma Shears	3
On-Board Suction System	4	Triangular Bandages	20
On-Board Oxygen Supply	4	Urinal (Male and Female)	5
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	80		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	150	IV Fluid (Normal Saline, D5W, LR)	1
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	11	Laryngoscope Blades – Adult	20
Chest Decompression Catheters	0	Laryngoscope Blades –Peds	15
Cricothyroidotomy Kit	0	Laryngoscope Handle	6
EKG Monitor Electrodes	100	Magill Forceps	2
Electrode Defib Pads	8	Needles (Assorted Gauges)	64
End Tidal CO2 Detector	3	Pediatric Fluid Control Device	20
Endotracheal Tubes (Assorted)	50	Scalpels	4
Ext. Cardiac Pacing Pads	2	Syringes (1cc, 3cc, 5cc, 10cc)	167
Infusion Pumps	2	Toomey Syringe (60cc)	2
Inhalation Therapy Equipment	48	Tubes, Blood Drawing (Assorted Sizes and Types)	20
Intraosseous Needles	3	Tubing, IV Administration (60gtts)	149
IV Catheters	13	Tubing, IV Administration Set (10gtts – 20gtts)	27
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Check) Yes <input checked="checked" type="checkbox"/> No <input type="checkbox"/>
Other: <i>(Specify)</i>			

TRUCK 49

RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

DATE

9-22-17

Prepare Separate Report for Each Vehicle Inspected

D3610932

COMPANY NAME <i>Kelly Mountain EMS</i>		VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY	
STREET ADDRESS <i>1660 Old Pecos Trail</i>		VEHICLE MAKE <i>FORD</i>	
CITY <i>Santa Fe</i>	STATE <i>NEW MEXICO</i>	MODEL <i>F550 Super Duty</i>	YEAR <i>6/98</i>
ZIP <i>87502</i>		VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <i>49/1FDXE40F9WH892875</i>	
INSPECTOR'S NAME (Please Print) <i>Kevin L. Laganon / RTR mobile</i>		EMPLOYEE NO. <i>1</i>	

REPORT OF CONDITION

(For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES			EXHAUST			STEERING			FRAME		
Adjustment	✓		Leaks	✓		Adjustment	✓		Members	✓	
Mechan. Compon.	✓		Placement	✓		Column/Gear	✓		Clearance	✓	
Drum/Rotor			LIGHTING			Axle	✓				
Hose/Tubing	✓		Headlights	✓		Linkage	✓		TIRES		
Lining	✓		Tail/Stop	✓		Power Steering	✓		Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters			Identification	✓		FUEL SYSTEM			Damage	✓	
Low Air Warning	N/A		Reflectors	✓		Tank(s)	✓		Speed Restrictions	✓	
Trailer Air Supply	N/A		Other			Lines	✓		Other		
Compressor											
Parking Brakes	✓		CAB/BODY			SUSPENSION			WHEELS/RIM		
Other			Access	✓		Springs	✓		Fasteners	✓	
			Eqpt./Load Secure	✓		Attachments	✓		Disc/Spoke	✓	
COUPLERS			Tie-Downs	✓		Sliders					
Fifth-Wheel & Mount			Headerboard	✓					WINDSHIELD	✓	
Pin/Upper Plate	N/A		Motorcoach Seats	✓		MIRRORS	✓				
Pintle-Hook/Eye	N/A		Other						WINDSHLD. WIP.	✓	
Safety Chain(s)	N/A										

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE

[Signature]

DATE

9-22-17

APPLY LABEL TO A CLEAN, DRY SURFACE.
USE WITH AN OVERLAMINATE (2402) TO
IMPROVE DURABILITY UNDER NORMAL
WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED
FOR USE WHEN FILLING OUT THE LABEL.
INDELIBLE INK IS PERMANENT AND WILL NOT
WASH OFF, BUT MAY FADE DUE TO EXPOSURE
TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL
DISCRETION IS ADVISED REGARDING
APPLICATION OF LABEL TO AN AREA NOT
EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT
AND/OR ELEMENTS AND IT IS RECOMMENDED
THAT THE READABILITY OF THE LABEL BE
CHECKED PERIODICALLY.

RECORD OF ANNUAL INSPECTION

(49 CFR, 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

7-6-17

D3610940

COMPANY NAME <i>Rocky Mountain EMS</i>			VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER <input type="checkbox"/> DOLLY		
STREET ADDRESS <i>1660 Old Pecos Trail</i>			VEHICLE MAKE <i>FORD</i>		
CITY <i>SANTA FE</i>			MODEL <i>E350</i>		YEAR <i>96</i>
STATE <i>NM</i>			ZIP <i>87502</i>		
INSPECTOR'S NAME (Please Print) <i>Kevin Wagoner / KTH Mobile SVC</i>			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <i>#56 / 1FD5E30F1THB02266</i>		
			EMPLOYEE NO. <i>1</i>		

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES			EXHAUST			STEERING			FRAME		
Adjustment	✓		Leaks	✓		Adjustment	✓		Members	✓	
Mechan. Compon.	✓		Placement	✓		Column/Gear	✓		Clearance	✓	
Drum/Rotor	✓		LIGHTING			Axle	✓				
Hose/Tubing	✓		Headlights	✓		Linkage	✓		TIRES		
Lining	✓		Tail/Stop	✓		Power Steering	✓		Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters			Identification	✓		FUEL SYSTEM			Damage	✓	
Low Air Warning			Reflectors	✓		Tank(s)	✓		Speed Restrictions	✓	
Trailer Air Supply			Other			Lines	✓		Other		
Compressor											
Parking Brakes	✓		CAB/BODY			SUSPENSION			WHEELS/RIM		
Other			Access	✓		Springs	✓		Fasteners	✓	
			Eqpt./Load Secure	✓		Attachments	✓		Disc/Spoke	✓	
COUPLERS			Tie-Downs	✓		Sliders	✓				
Fifth-Wheel & Mount			Headerboard	✓					WINDSHIELD	✓	
Pin/Upper Plate			Motorcoach Seats	✓		MIRRORS	✓				
Pintle-Hook/Eye			Other						WINDSHLD. WIP.	✓	
Safety Chain(s)											

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE

Kevin Wagoner

DATE

7-6-17

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RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

7-6-17

D3610942

COMPANY NAME <i>Rocky Mountain EMS</i>		VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY	
STREET ADDRESS <i>1660 Old Pecos Trail</i>		VEHICLE MAKE <i>Chevrolet</i>	MODEL <i>4500</i>
CITY <i>SANITIA</i>	STATE <i>NM</i>	ZIP <i>87502</i>	YEAR <i>2010</i>
INSPECTOR'S NAME (Please Print) <i>Kevin Wagoner / K&K Mobile SVC</i>		VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <i>#60 / 1G89G5BL3A1116827</i>	
		EMPLOYEE NO.	

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES			EXHAUST			STEERING			FRAME		
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Mechan. Compon.	✓		Placement	✓		Column/Gear	✓		Clearance	✓	
Drum/Rotor	✓		LIGHTING			Axle	✓				
Hose/Tubing	✓		Headlights	✓		Linkage	✓		TIRES		
Lining	✓		Tail/Stop	✓		Power Steering	✓		Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters			Identification	✓		FUEL SYSTEM			Damage	✓	
Low Air Warning			Reflectors	✓		Tank(s)	✓		Speed Restrictions	✓	
Trailer Air Supply			Other			Lines	✓		Other		
Compressor											
Parking Brakes	✓		CAB/BODY			SUSPENSION			WHEELS/RIM		
Other			Access	✓		Springs	✓		Fasteners	✓	
			Eqpt./Load Secure	✓		Attachments	✓		Disc/Spoke	✓	
COUPLERS			Tie-Downs	✓		Sliders	✓				
Fifth-Wheel & Mount	✓		Headerboard	✓					WINDSHIELD	✓	
Pin/Upper Plate	✓		Motorcoach Seats	✓		MIRRORS	✓				
Pintle-Hook/Eye	✓		Other						WINDSHLD. WIP.	✓	
Safety Chain(s)	✓										

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE

K. E. Wagoner

DATE

7-6-17

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RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

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7-6-17

D3610941

COMPANY NAME Rocky Mountain Ems		VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY	
STREET ADDRESS 160 Old Pecos Trail		VEHICLE MAKE Chevrolet	
CITY SILVER	STATE NM	MODEL G33705	YEAR 08
ZIP 87502		VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) #61 / 1G04G396071234591	
INSPECTOR'S NAME (Please Print) Kevin Wagoner / K&K MOBILE SVC		EMPLOYEE NO. #1	

REPORT OF CONDITION

(For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES			EXHAUST			STEERING			FRAME		
Adjustment	✓		Leaks	✓		Adjustment	✓		Members	✓	
Mechan. Compon.	✓		Placement	✓		Column/Gear	✓		Clearance	✓	
Drum/Rotor	✓		LIGHTING			Axle	✓				
Hose/Tubing	✓		Headlights	✓		Linkage	✓		TIRES		
Lining	✓		Tail/Stop	✓		Power Steering	✓		Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters			Identification	✓		FUEL SYSTEM			Damage	✓	
Low Air Warning			Reflectors	✓		Tank(s)	✓		Speed Restrictions	✓	
Trailer Air Supply			Other			Lines	✓		Other		
Compressor											
Parking Brakes	✓		CAB/BODY			SUSPENSION			WHEELS/RIM		
Other			Access	✓		Springs	✓		Fasteners	✓	
			Eqpt./Load Secure	✓		Attachments	✓		Disc/Spoke	✓	
COUPLERS			Tie-Downs	✓		Sliders					
Fifth-Wheel & Mount			Headerboard	✓			✓		WINDSHIELD	✓	
Pin/Upper Plate	✓		Motorcoach Seats	✓		MIRRORS	✓				
Pintle-Hook/Eye	✓		Other						WINDSHLD. WIP.	✓	
Safety Chain(s)	✓										

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE

[Signature]

DATE

7-6-17

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2402) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT AND/OR ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.