



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION**

FISCAL YEAR 2016

Due Date: January 23, 2015

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 23, 2015**. Please adhere to the following instructions, **as incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, 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 NOTARIZED**

Local Recipient:	Superior Ambulance of Santa Fe				127151	
	<i>(EMS Service that will benefit)</i>				<i>(EMS Service #)</i>	
Mailing Address:	P.O. Box 6482			Albuquerque	NM	87197
	<i>(Street/Mailing Address)</i>			<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	X	1	2	3	505-247-8840	505-836-7926
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>		<i>(Emergency Phone #)</i>	
Contact Person:	Scott Wilson			Q.A./Training Manager	scott.wilson@superior-nm.com	
	<i>(Name)</i>			<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Santa Fe County				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
Mailing Address:	35 Camino Justicia		Santa Fe	NM	87508
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Contact Person:	Mike Neely		Administrator		
	<i>(Name)</i>		<i>(Title)</i>		
	505-992-3079		505-992-3073	mneely@santafecounty.org	
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

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 (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable 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.	<input type="checkbox"/> Check if applicable 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.	<input checked="" type="checkbox"/> Check if applicable 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.
<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 checked="" 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.
- 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:		
2.	Funding to be utilized for continuing educational and competency assessments.	\$5000.00
Mileage & Per Diem:		
Supplies (Items Under \$500):		
1.	Operational supplies to replenish disposable as well as durable items that have life expectancies.	\$10,000.00
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
3.	The purchase of operational equipment to ensure optimum patient care activities are maintained while ensuring the highest levels of personal protection against recent advisement of communicable disease processes (Ebola, Malaria, etc..)	\$5000.00
TOTAL AMOUNT OF REQUEST:		\$20,000.00

* 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.)

Priority #1: Superior Ambulance utilizes the EMS Fund Act to supplement its daily operations in the purchasing and distribution of disposable supplies. The supplies purchased utilizing these funds are those necessary to provide consistently high levels of patient care without compromising organizational ability to maintain appropriate standards of care. Additionally, durable equipment has a tendency to incorporate necessary accessories that carry with them a high price tag. These items are generally considered to be specialized items and are difficult to maintain in sufficient stock levels. These funds will assist the organization in maintaining the stock sufficient to provide the specialized services patient need and medical facilities expect from its vendors. Items included here would be transport ventilator circuits, filters, IV Pump tubing and cassettes, E-Z IO needle replacements, and equipment that has reached the end of its life span.

Priority #2: Funds would be utilized for providing Continuing Educational activities to include BLS, ACLS, PALS, PEPP, Refreshers and specialized training for newly incorporated equipment.

Priority #3: Superior Ambulance would like to purchase higher level Personal Protection Equipment (PPE) to include hoods, Tyvek suits, bonnets, foot covers with leg extensions, ionization equipment for equipment and unit decontamination and additional items as is necessary dependant on the communicable disease at hand.

SERVICE NAME:	Superior Ambulance of Santa Fe
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EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF	Santa Fe
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Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Mayor	OR	Katherine Miller Co. mgr for Chairman, Board of Commissioners
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Municipality	Santa Fe
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	County Manager
Signature of Official Named Above	(Title)

The above was sworn and subscribed to before this 10 day of January, 2015

Notary Public: <u>Ambra Garcia</u>		 (SEAL)
My commission expires: <u>8/1/17</u>	My Commission Expires: <u>8/1/17</u>	

PERSON COMPLETING FORM

Name:	Scott Wilson		Q.A./Training Manager	
	(Name)		(Title)	
Address:	P.O. Box 6482			
	Albuquerque	NM	87197	
	(City)	(State)	(Zip)	(+4)
505-247-8840	505-934-8148	N/A	505-934-8148	scott.wilson@superior-nm.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<u>[Signature]</u>			

FOR BUREAU USE ONLY

Reviewer: _____	Date Reviewed: _____
Approved: Yes No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	

Approved as to form
Santa Fe County Attorney
By: [Signature]
Date: 1-17-15

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)	1	Siren	1
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)		Star of Life Displayed	Yes
Jack and Handle	1	Tool Box	
Lug Wrench	1	Triage Tags for MCI's	20
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	Yes
Patient Care Reports or Reporting System	10	Vehicle Registration	Yes
Roadway warning devices	3	Vehicle Spotlight or auxiliary lighting	Yes
Service Specific Protocols and guidelines	1	Warning Lights	Yes
Other: <i>(Specify)</i>	3		

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	1 ea. size	Helmet with Face Shield	
Eye Protection	Yes	N-95 mask (or > particulate mask)	1 box ea.
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	Yes
Hearing Protection		Splash Protection (disposable)	Yes
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1 ea.		
End Title CO2 monitoring device (optional)	Yes	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	1	Thermometer (Patient)	1
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level

Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	2 boxes ea.	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	2 boxes ea.
Auto Ventilator Devices (ATV/MTV)	1 ea.	Oxygen Supply Tubing	1
Bag Valve Mask Devices (Adult, Child and Infant)	1 ea.	Patient Restraints	1 ea.
Band-Aids (Assorted Sizes)	1 box	Pediatric Drug Dosage Tape or chart	1 BT
Biohazard Clean-up Supplies	1 bottle	Pediatric Restraint device/car seat	1
Biohazard Waste bags	10	Pillows	10
Blankets	2 sets	Portable Oxygen Equipment	2 sets
Body Bags		Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)	2 sets	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	2 sets	Semi-Automatic Defibrillator with Pads	2 sets
Chair Stretcher		Semi-Automatic Defibrillator Batteries	2
Cold Pack	4	Sharps Container	4
Cold Weather Warming Devices		Sheets	Paper
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	50,12	Shoulder/chest/extremity straps	Yes
Emesis Basin	Yes	Spinal Immobilization device/backboard	Yes
Field Stretcher (Scoop, Collapsible, Vacuum)		Splints, Extremity (Rigid, Air, Vacuum)	Yes
Foil Blanket		Sterile Burn Sheets	4
Hand Sanitizer	Yes	Sterile Gloves (Assorted Sizes)	1 set OB
Heat Pack	4	Sterile Water	4
Inhalation Therapy Equipment	6	Stokes Basket	
Installed Oxygen System	Yes	Suction Catheters (Soft & Rigid)	Yes
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	1 box ea.	Supraglottic Airway Devices	Yes
Long Backboard	2	Multi-lumen Airway Devices	Yes
Multi-level Stretcher	1	Laryngeal Airway Devices	Yes
Multi-Lumen Airways	2	Towels	2
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	1
Nasopharyngeal Airways	2 sets	Trauma Dressings	2 sets
Occlusive Dressings	3	Trauma Shears	2 pair
On-Board Suction System	Yes	Triangular Bandages	Yes
On-Board Oxygen Supply	Yes	Urinal (Male and Female)	Yes
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	2 sets		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle)
			Yes
			No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	1 box ea.	IV Fluid (Normal Saline, D5W, LR)	6 NS bags
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	1	Laryngoscope Blades – Adult	1 set
Chest Decompression Catheters	Yes	Laryngoscope Blades – Peds	1 set
Cricothyroidotomy Kit	1	Laryngoscope Handle	1 ea. Set
EKG Monitor Electrodes	Yes	Magill Forceps	1 ea. Size
Electrode Defib Pads	Yes	Needles (Assorted Gauges)	Yes
End Tidal CO2 Detector	Yes	Pediatric Fluid Control Device	1 Buretrol
Endotracheal Tubes (Assorted)	2 sizes ea.	Scalpels	Yes
Ext. Cardiac Pacing Pads	Yes	Syringes (1cc, 3cc, 5cc, 10cc)	Yes
Infusion Pumps	Yes	Toomey Syringe (60cc)	Yes
Inhalation Therapy Equipment	Yes	Tubes, Blood Drawing (Assorted Sizes and Types)	Yes
Intraosseous Needles	1 ea. G	Tubing, IV Administration (60gtts)	5
IV Catheters	Yes	Tubing, IV Administration Set (10gtts – 20gtts)	5
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle)
			Yes
			No
Other: <i>(Specify)</i>			



EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
 Due Date: January 23, 2015

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

Service Name:	Superior Ambulance of Santa Fe
	<i>(EMS Service)</i>

Mailing Address:	P.O. Box 6482					
	<i>(Mailing Address)</i>					
	Albuquerque	NM	87197			
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>		
Contact Person:	Chris L. Archuleta		President/CEO			
	<i>(Name)</i>		<i>(Title)</i>			
	505-247-8840	505-263-9031	505-836-7979	achris7427@aol.com		
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>		
Administration:	Santa Fe County					
	<i>(County or Municipality)</i>					
	353 Camino Justicia					
	<i>(Mailing Address)</i>					
	Santa Fe	NM	87508			
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>		
Contact Person:	Mike Neely		Administrator			
	<i>(Name)</i>		<i>(Title)</i>			
	505-992-3079	505-992-3073	mneely@santafecounty.org			
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>			
EMS Region:	Region I	<input checked="" type="checkbox"/>	Region II	<input type="checkbox"/>	Region III	<input type="checkbox"/>

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Superior Ambulance of Santa Fe			
	35.39'50.44N		105.57'38.50W	
	<i>(Latitude)</i>		<i>(Longitude)</i>	
Street Address:	1570 Pacheco St.			
	Santa Fe	NM	87505	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:				
	<i>(Latitude)</i>		<i>(Longitude)</i>	
Street Address:				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

Service Name:	Superior Ambulance of Santa Fe
	<i>(EMS Service)</i>

SERVICE INFORMATION			
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<input checked="" type="checkbox"/> Certified PRC Ambulance		<input checked="" type="checkbox"/> Private for-profit	
<input type="checkbox"/> Certified Medical/Rescue Service (Non-transport)		<input type="checkbox"/> Private non-profit	
<input type="checkbox"/> Certified Medical/Rescue Service (Transport Capable)		<input type="checkbox"/> Fire Dept.-based	
<input type="checkbox"/> Emergency Medical Dispatch Agency		<input type="checkbox"/> Law Enforcement or Department of Public Safety-based	
<input type="checkbox"/> Special Event(s) Agency		<input type="checkbox"/> Clinic-based	
<input type="checkbox"/> Air Ambulance		<input type="checkbox"/> Hospital-based	
<input type="checkbox"/> Other (Please Specify):		<input type="checkbox"/> County-based	
		<input type="checkbox"/> Municipality-based	
PRC Certification #	NMPRC 8616	<input type="checkbox"/> Tribal	
Medical Rescue Certification #		Other (Please Specify):	
# of Years In Operation 40			
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)	Christus St. Vincent Medical Center	
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service <input checked="" type="checkbox"/> Central Dispatch	University of NM Hospital	
<input type="checkbox"/> Enhanced 911	<input type="checkbox"/> Fire Department Location of Dispatch:	Lovelace Medical Center	
<input checked="" type="checkbox"/> Local Phone	<input checked="" type="checkbox"/> Law Enforcement	Espanola Hospital	

EMERGENCY MEDICAL SERVICES PERSONNEL					
<u>LICENSED</u> NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder	N/A	N/A	Emergency Medical Dispatch Instructor	N/A	None
EMT Basic	0 FT, 1 PT	N/A	Nurse	N/A	None
EMT Intermediate	2 FT, 1 PT	N/A	Physician	N/A	None
EMT Paramedic	3 FT, 0 PT	N/A	Driver	N/A	None
Emergency Medical Dispatcher	N/A	N/A	Other	N/A	None

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

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. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
*See attachment #1					

Service Name:

Superior Ambulance of Santa Fe

(EMS Service)

*See attachment (con't)

Service Name:	Superior Ambulance of Santa Fe
	(EMS Service)

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	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
N/A				


GROUND AMBULANCE/MEDICAL RESCUE VEHICLES									
Enter the total number of each type of vehicle used by your service. (Mandatory)									
Type I:	N/A	Type IV:							
Type II:		Medical/Rescue:							
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. (Mandatory)									
(Use additional pages as necessary)									
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
*See	attachment	#3							
(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.))									

Service Name:	Superior Ambulance of Santa Fe
	(EMS Service)

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. <input checked="" type="checkbox"/> Attachment #3				
2. Indicate the frequency of vehicle inspections:	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
			<input type="checkbox"/>	Monthly
				Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY) <input checked="" type="checkbox"/> Attachment #3 (con't)				

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. <input checked="" type="checkbox"/> Attachment #4				

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. <input checked="" type="checkbox"/> Attachment #5				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
			<input type="checkbox"/>	Monthly
				Quarterly
				Annually
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
*Continuous monitoring				

SERVICE DIRECTOR/CHIEF				
Name:	Chris L. Archuleta		President/CEO	
	(Name)		(Title)	
Address:	P.O. Box 6482		Albuquerque	NM 87197
	(Street/Mailing)		(City)	(State) (Zip)
505-247-8840	N/A	N/A	505-263-9031	achris7427@aol.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

Service Name:	Superior Ambulance of Santa Fe		
	(EMS Service)		

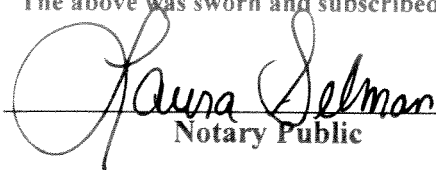
SERVICE MEDICAL DIRECTOR				
Name:	Walter Simmons, M.D.		Medical Director	2003-0145
	(Name)		(Title)	(License #)
Address:	P.O. Box 6482		Albuquerque	NM 87197
	(Street/Mailing)		(City)	(State) (Zip)
505-247-8840	N/A	N/A	480-398-5555	docwalter@yahoo.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(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:	Scott Wilson		Q.A./ Training Manager	00011982
	(Name)		(Title)	(License #)
Address:	P.O. Box 6482		Albuquerque	NM 87197
	(Street/Mailing)		(City)	(State) (Zip)
505-247-8840	N/A	N/A	505-934-8148	scott.wilson@superior-nm.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

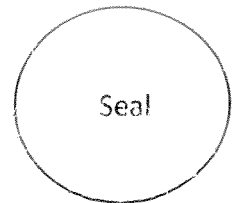
PERSON COMPLETING FORM				
Name:	Scott Wilson		Q.A./ Training Manager	
	(Name)		(Title)	
Address:	P.O. Box 6482		Albuquerque	NM 87197
	(Street/Mailing)		(City)	(State) (Zip)
505-247-8840	N/A	N/A	505-934-8148	scott.wilson@superior-nm.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

The above was sworn and subscribed to before this

19th Day of December, 2014


Notary Public

3/11/18
My Commission Expires



**** Notary is for the person completing form

ATTACHMENT #1

Last Name	First Name	License Level	License Number	License Expiration	EVOC Date	
Archuleta	Ernesto	Intermediate	07000139	3/31/2016	5/26/2014	Superior Ambulance Santa Fe
Cashmere	Hamidullah	Intermediate	09000494	3/31/2015	5/26/2014	Superior Ambulance Santa Fe
Hickey	Matthew	Intermediate	11000785	3/31/2015	5/26/2014	Superior Ambulance Santa Fe
Nelson	Ted	Paramedic	03001104	3/31/2015	5/26/2014	Superior Ambulance Santa Fe
Ortiz	Christoper	Paramedic	02001234	3/31/2016	5/26/2014	Superior Ambulance Santa Fe
Palmer	Brian	Basic	06000455	3/31/2016	5/26/2014	Superior Ambulance Santa Fe
Vezie	Eugene	Paramedic	00010876	3/31/2016	5/26/2014	Superior Ambulance Santa Fe

ATTACHMENT #2

Equipment Listing
Printed: 12/4/2014 4:46:15 PM

Santa Fe	
Ambulances	

Name	Year, Make, Model	Odometer	Vehicle #	VIN #	Type	Color	Driver
3421 - 2009 Ford Ambulance	2009 Ford Ambulance	235,592	3421	1FDSS34P49DA73286	Type 2	White	,
3422 - 2009 Ford Ambulance	2009 Ford Ambulance	210,271	3422	1FDSS34P49DA59629	Type 2	White	,

Total for department = 2

Total Objects In Fleet = 2

Preventive Maintenance Schedules

(Default)

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	1	365	---	---	50,000	---	---
Check Alternator, Record Load	Yes	1	30	---	---	4,000	---	---
Check Antifreeze Level & Protection	Yes	1	30	---	---	4,000	---	---
Check Brake Fluid	Yes	1	30	---	---	4,000	---	---
Check Emergency Lights	Yes	1	30	---	---	4,000	---	---
Check Fire Extinguisher	Yes	1	30	---	---	4,000	---	---
Check Gauge Operation	Yes	1	30	---	---	4,000	---	---
Check Power Steering Fluid / F	Yes	1	30	---	---	4,000	---	---
Check Rear Axle Fluid Level	Yes	1	30	---	---	4,000	---	---
Check Seat Belt Operation	Yes	1	30	---	---	4,000	---	---
Check Tire Tread, Record Tread	Yes	1	30	---	---	4,000	---	---
Check Transmission Fluid	Yes	1	30	---	---	4,000	---	---
Check Windshield	Yes	1	30	---	---	4,000	---	---
Check Windshield Washer Fluid	Yes	1	30	---	---	4,000	---	---
Check Windshield Wipers	Yes	1	30	---	---	4,000	---	---
Front Seal, Note Any Leaks	Yes	1	30	---	---	4,000	---	---
Head/Brake/Running Lights	Yes	1	30	---	---	4,000	---	---
Inspect Suspension	Yes	1	30	---	---	4,000	---	---
Inspect Brakes, and Record	Yes	1	30	---	---	4,000	---	---
Inspect Crossmember Bolts	Yes	1	30	---	---	4,000	---	---
Inspect Engine Belts	Yes	1	30	---	---	4,000	---	---
Inspect Exhaust System	Yes	1	30	---	---	4,000	---	---
Inspect Hoses	Yes	1	30	---	---	4,000	---	---
Inspect Interior	Yes	1	30	---	---	4,000	---	---
Inspect Radiator	Yes	1	30	---	---	4,000	---	---
Patient Compartment Lights	Yes	1	30	---	---	4,000	---	---
Primary Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Rear Main Seal, Note Any Leaks	Yes	1	30	---	---	4,000	---	---
Second Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Spot Inspection	Yes	1	30	---	---	4,000	---	---
Tire Pressure, Record Pressure	Yes	1	30	---	---	4,000	---	---
Valve Cover Gaskets, Note Any	Yes	1	30	---	---	4,000	---	---

(Default)

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Normal								
Air Condition Service	Yes	1	---	---	---	50,000	---	---
Air Filter, Replace	Yes	1	---	---	---	12,000	---	---
Brake Fluid Flush	Yes	1	520	---	---	30,000	---	---
Change Oil and Filter	Yes	1	180	---	---	4,000	---	---
Change Rear Axle Fluid	Yes	1	---	---	---	40,000	---	---
Change Transmission Fluid / F	Yes	1	---	---	---	15,000	---	---
Change Windshield Wipers	Yes	1	180	---	---	---	---	---
Clean Engine	Yes	1	30	---	---	4,000	---	---
Cooling System Flush	Yes	1	---	---	---	40,000	---	---
Engine Belts, Replace	Yes	1	---	---	---	60,000	---	---
Fuel Filter, Replace	Yes	1	---	---	---	12,000	---	---
Fuel Injectors / Additive	Yes	1	90	---	---	8,000	---	---
Lube Chassis	Yes	1	90	---	---	8,000	---	---
Lubricate Door Hinges	Yes	1	30	---	---	4,000	---	---
Radiator Hoses, Replace	Yes	1	---	---	---	60,000	---	---
Rotate Tires	Yes	1	240	---	---	8,000	---	---
Other								
Detail Exterior	Yes	1	365	---	---	70,000	---	---
Detail Interior	Yes	1	120	---	---	15,000	---	---
Wax Exterior	Yes	1	180	---	---	40,000	---	---

911 systems

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
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Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	1	365	----	----	50,000	----	----
Check Alternator, Record Load	Yes	1	30	----	----	4,000	----	----
Check Antifreeze Level & Prote	Yes	1	30	----	----	4,000	----	----
Check Brake Fluid	Yes	1	30	----	----	4,000	----	----
Check Emergency Lights	Yes	1	30	----	----	4,000	----	----
Check Fire Extinguisher	Yes	1	30	----	----	4,000	----	----
Check Gauge Operation	Yes	1	30	----	----	4,000	----	----
Check Power Steering Fluid / F	Yes	1	30	----	----	4,000	----	----
Check Rear Axle Fluid Level	Yes	1	30	----	----	4,000	----	----
Check Seat Belt Operation	Yes	1	30	----	----	4,000	----	----
Check Tire Tread, Record Trea	Yes	1	30	----	----	4,000	----	----
Check Transmission Fluid	Yes	1	30	----	----	4,000	----	----
Check Windshield	Yes	1	30	----	----	4,000	----	----
Check Windshield Washer Flui	Yes	1	30	----	----	4,000	----	----
Check Windshield Wipers	Yes	1	30	----	----	4,000	----	----
Front Seal, Note Any Leaks	Yes	1	30	----	----	4,000	----	----
Head/Brake/Running Lights	Yes	1	30	----	----	4,000	----	----
Inspect Suspension	Yes	1	30	----	----	4,000	----	----
Inspect Brakes, and Record	Yes	1	30	----	----	4,000	----	----
Inspect Crossmember Bolts	Yes	1	30	----	----	4,000	----	----
Inspect Engine Belts	Yes	1	30	----	----	4,000	----	----
Inspect Exhaust System	Yes	1	30	----	----	4,000	----	----
Inspect Hoses	Yes	1	30	----	----	4,000	----	----
Inspect Interior	Yes	1	30	----	----	4,000	----	----
Inspect Radiator	Yes	1	30	----	----	4,000	----	----
Patient Compartment Lights	Yes	1	30	----	----	4,000	----	----
Primary Battery, Record Load	Yes	1	30	----	----	4,000	----	----
Rear Main Seal, Note Any Leal	Yes	1	30	----	----	4,000	----	----
Second Battery, Record Load	Yes	1	30	----	----	4,000	----	----
Spot Inspection	Yes	1	30	----	----	4,000	----	----
Tire Pressure, Record Pressur	Yes	1	30	----	----	4,000	----	----
Valve Cover Gaskets, Note An	Yes	1	30	----	----	4,000	----	----

911 systems

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Normal								
Air Condition Service	Yes	1	---	---	---	50,000	---	---
Air Filter, Replace	Yes	1	---	---	---	12,000	---	---
Brake Fluid Flush	Yes	1	520	---	---	30,000	---	---
Change Oil and Filter	Yes	1	180	---	---	4,000	---	---
Change Rear Axle Fluid	Yes	1	---	---	---	40,000	---	---
Change Transmission Fluid / F	Yes	1	---	---	---	15,000	---	---
Change Windshield Wipers	Yes	1	180	---	---	---	---	---
Clean Engine	Yes	1	30	---	---	4,000	---	---
Cooling System Flush	Yes	1	---	---	---	40,000	---	---
Engine Belts, Replace	Yes	1	---	---	---	60,000	---	---
Fuel Filter, Replace	Yes	1	---	---	---	12,000	---	---
Fuel Injectors / Additive	Yes	1	90	---	---	8,000	---	---
Lube Chassis	Yes	1	90	---	---	8,000	---	---
Lubricate Door Hinges	Yes	1	30	---	---	4,000	---	---
Radiator Hoses, Replace	Yes	1	---	---	---	60,000	---	---
Rotate Tires	Yes	1	240	---	---	8,000	---	---
Other								
Damage inspection	Yes	1	30	---	---	4,000	---	---
Decal inspection	Yes	1	30	---	---	4,000	---	---
Detail Exterior	Yes	1	365	---	---	70,000	---	---
Detail Interior	Yes	1	120	---	---	15,000	---	---
Wax Exterior	Yes	1	180	---	---	40,000	---	---

Fleet Maintenance Schedule

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
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Fleet Maintenance Schedule

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	1	365	---	---	50,000	---	---
Check Alternator, Record Load	Yes	1	30	---	---	4,000	---	---
Check Antifreeze Level & Prote	Yes	1	30	---	---	4,000	---	---
Check Brake Fluid	Yes	1	30	---	---	4,000	---	---
Check Emergency Lights	Yes	1	30	---	---	4,000	---	---
Check Fire Extinguisher	Yes	1	30	---	---	4,000	---	---
Check Gauge Operation	Yes	1	30	---	---	4,000	---	---
Check Power Steering Fluid / F	Yes	1	30	---	---	4,000	---	---
Check Rear Axle Fluid Level	Yes	1	30	---	---	4,000	---	---
Check Seat Belt Operation	Yes	1	30	---	---	4,000	---	---
Check Tire Tread, Record Trea	Yes	1	30	---	---	4,000	---	---
Check Transmission Fluid	Yes	1	30	---	---	4,000	---	---
Check Windshield	Yes	1	30	---	---	4,000	---	---
Check Windshield Washer Flui	Yes	1	30	---	---	4,000	---	---
Check Windshield Wipers	Yes	1	30	---	---	4,000	---	---
Front Seal, Note Any Leaks	Yes	1	30	---	---	4,000	---	---
Head/Brake/Running Lights	Yes	1	30	---	---	4,000	---	---
Inspect Suspension	Yes	1	30	---	---	4,000	---	---
Inspect Brakes, and Record	Yes	1	30	---	---	4,000	---	---
Inspect Crossmember Bolts	Yes	1	30	---	---	4,000	---	---
Inspect Engine Belts	Yes	1	30	---	---	4,000	---	---
Inspect Exhaust System	Yes	1	30	---	---	4,000	---	---
Inspect Hoses	Yes	1	30	---	---	4,000	---	---
Inspect Interior	Yes	1	30	---	---	4,000	---	---
Inspect Radiator	Yes	1	30	---	---	4,000	---	---
Patient Compartment Lights	Yes	1	30	---	---	4,000	---	---
Primary Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Rear Main Seal, Note Any Leal	Yes	1	30	---	---	4,000	---	---
Second Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Spot Inspection	Yes	1	30	---	---	4,000	---	---
Tire Pressure, Record Pressur	Yes	1	30	---	---	4,000	---	---
Valve Cover Gaskets, Note An	Yes	1	30	---	---	4,000	---	---

Fleet Maintenance Schedule

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Normal								
Air Condition Service	Yes	1	-----	-----	-----	50,000	-----	-----
Air Filter, Replace	Yes	1	-----	-----	-----	12,000	-----	-----
Brake Fluid Flush	Yes	1	520	-----	-----	30,000	-----	-----
Change Oil and Filter	Yes	1	180	-----	-----	3,000	-----	-----
Change Rear Axle Fluid	Yes	1	-----	-----	-----	40,000	-----	-----
Change Transmission Fluid / F	Yes	1	-----	-----	-----	15,000	-----	-----
Change Windshield Wipers	Yes	1	180	-----	-----	-----	-----	-----
Clean Engine	Yes	1	30	-----	-----	4,000	-----	-----
Cooling System Flush	Yes	1	-----	-----	-----	40,000	-----	-----
Engine Belts, Replace	Yes	1	-----	-----	-----	60,000	-----	-----
Fuel Filter, Replace	Yes	1	-----	-----	-----	12,000	-----	-----
Fuel Injectors / Additive	Yes	1	90	-----	-----	8,000	-----	-----
Lube Chassis	Yes	1	90	-----	-----	8,000	-----	-----
Lubricate Door Hinges	Yes	1	30	-----	-----	4,000	-----	-----
Radiator Hoses, Replace	Yes	1	-----	-----	-----	60,000	-----	-----
Rotate Tires	Yes	1	240	-----	-----	8,000	-----	-----
Other								
Damage inspection	Yes	1	30	-----	-----	4,000	-----	-----
Decal inspection	Yes	1	30	-----	-----	4,000	-----	-----
Detail Exterior	Yes	1	365	-----	-----	70,000	-----	-----
Detail Interior	Yes	1	120	-----	-----	15,000	-----	-----
Wax Exterior	Yes	1	180	-----	-----	40,000	-----	-----
Gas Engines								
Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)

Gas Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	1	365	---	---	50,000	---	---
Check Alternator, Record Load	Yes	1	30	---	---	4,000	---	---
Check Antifreeze Level & Prote	Yes	1	30	---	---	4,000	---	---
Check Brake Fluid	Yes	1	30	---	---	4,000	---	---
Check Emergency Lights	Yes	1	30	---	---	4,000	---	---
Check Fire Extinguisher	Yes	1	30	---	---	4,000	---	---
Check Gauge Operation	Yes	1	30	---	---	4,000	---	---
Check PCV Valve	Yes	1	30	---	---	4,000	---	---
Check Power Steering Fluid / F	Yes	1	30	---	---	4,000	---	---
Check Rear Axle Fluid Level	Yes	1	30	---	---	4,000	---	---
Check Seat Belt Operation	Yes	1	30	---	---	4,000	---	---
Check Tire Tread, Record Trea	Yes	1	30	---	---	4,000	---	---
Check Transmission Fluid	Yes	1	30	---	---	4,000	---	---
Check Windshield	Yes	1	30	---	---	4,000	---	---
Check Windshield Washer Flui	Yes	1	30	---	---	4,000	---	---
Check Windshield Wipers	Yes	1	30	---	---	4,000	---	---
Front Seal, Note Any Leaks	Yes	1	30	---	---	4,000	---	---
Fuel Pressure Check / PSI	Yes	1	30	---	---	4,000	---	---
Head/Brake/Running Lights	Yes	1	30	---	---	4,000	---	---
Inspect Suspension	Yes	1	30	---	---	4,000	---	---
Inspect Brakes, and Record	Yes	1	30	---	---	4,000	---	---
Inspect Crossmember Bolts	Yes	1	30	---	---	4,000	---	---
Inspect Engine Belts	Yes	1	30	---	---	4,000	---	---
Inspect Exhaust System	Yes	1	30	---	---	4,000	---	---
Inspect Hoses	Yes	1	30	---	---	4,000	---	---
Inspect Interior	Yes	1	30	---	---	4,000	---	---
Inspect Radiator	Yes	1	30	---	---	4,000	---	---
Inspect Shock Absorbers	Yes	1	30	---	---	4,000	---	---
Oxygen Sensor, Check Operati	Yes	1	30	---	---	4,000	---	---
Patient Compartment Lights	Yes	1	30	---	---	4,000	---	---
Primary Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Rear Main Seal, Note Any Leal	Yes	1	30	---	---	4,000	---	---
Second Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Spot Inspection	Yes	1	30	---	---	400,000	---	---
Starter, Record AMP Draw	Yes	1	30	---	---	4,000	---	---
Tire Pressure, Record Pressur	Yes	1	30	---	---	4,000	---	---
Valve Cover Gaskets, Note An	Yes	1	30	---	---	4,000	---	---

Gas Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Normal								
Air Condition Service	Yes	1	450	---	---	50,000	---	---
Air Filter, Breather, Replace	Yes	1	240	---	---	15,000	---	---
Brake Fluid Flush	Yes	1	820	---	---	30,000	---	---
Change Oil and Filter	Yes	1	180	---	---	4,000	---	---
Change Rear Axle Fluid	Yes	1	---	---	---	80,000	---	---
Change Transmission Fluid / F	Yes	1	780	---	---	30,000	---	---
Change Windshield Wipers	Yes	1	180	---	---	---	---	---
Clean Engine	Yes	1	30	---	---	4,000	---	---
Cooling System Flush	Yes	1	820	---	---	30,000	---	---
Emissions Test	Yes	1	800	---	---	130,000	---	---
Engine Belts, Replace	Yes	1	1500	---	---	80,000	---	---
Engine Tune Up	Yes	1	365	---	---	50,000	---	---
Fuel Filter, Replace	Yes	1	360	---	---	15,000	---	---
Fuel Injectors, Cleaner	Yes	1	90	---	---	8,000	---	---
Fuel Pump, Replace	Yes	1	---	---	---	150,000	---	---
Lube Chassis	Yes	1	30	---	---	4,000	---	---
Lubricate Door Hinges	Yes	1	30	---	---	4,000	---	---
Radiator Hoses, Replace	Yes	1	---	---	---	80,000	---	---
Rotate Tires	Yes	1	---	---	---	8,000	---	---
Transmission Rebuild	Yes	1	---	---	---	150,000	---	---
Other								
Detail Exterior	Yes	1	365	---	---	70,000	---	---
Detail Interior	Yes	1	120	---	---	15,000	---	---
Wax Exterior	Yes	1	180	---	---	40,000	---	---

Older Diesel Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
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Older Diesel Engines

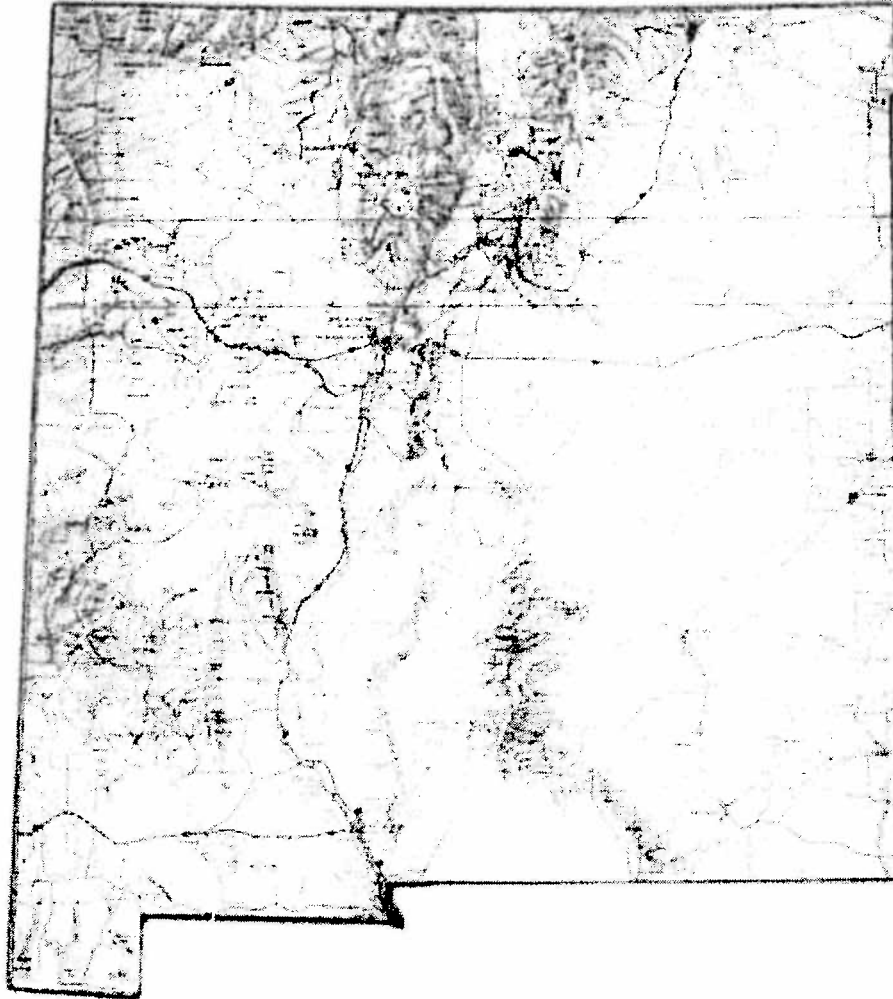
Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	1	365	---	---	50,000	---	---
Check Alternator, Record Load	Yes	1	30	---	---	4,000	---	---
Check Antifreeze Level & Prote	Yes	1	30	---	---	4,000	---	---
Check Brake Fluid	Yes	1	30	---	---	4,000	---	---
Check Emergency Lights	Yes	1	30	---	---	4,000	---	---
Check Fire Extinguisher	Yes	1	30	---	---	4,000	---	---
Check Gauge Operation	Yes	1	30	---	---	4,000	---	---
Check Power Steering Fluid / F	Yes	1	30	---	---	4,000	---	---
Check Rear Axle Fluid Level	Yes	1	30	---	---	4,000	---	---
Check Seat Belt Operation	Yes	1	30	---	---	4,000	---	---
Check Tire Tread, Record Trea	Yes	1	30	---	---	4,000	---	---
Check Transmission Fluid	Yes	1	30	---	---	4,000	---	---
Check Windshield	Yes	1	30	---	---	4,000	---	---
Check Windshield Washer Flui	Yes	1	30	---	---	4,000	---	---
Check Windshield Wipers	Yes	1	30	---	---	---	---	---
Front Seal, Note Any Leaks	Yes	1	30	---	---	4,000	---	---
Head/Brake/Running Lights	Yes	1	30	---	---	4,000	---	---
Inspect Suspension	Yes	1	30	---	---	4,000	---	---
Inspect Brakes, and Record	Yes	1	30	---	---	4,000	---	---
Inspect Crossmember Bolts	Yes	1	30	---	---	4,000	---	---
Inspect Engine Belts	Yes	1	30	---	---	4,000	---	---
Inspect Exhaust System	Yes	1	30	---	---	4,000	---	---
Inspect Hoses	Yes	1	30	---	---	4,000	---	---
Inspect Interior	Yes	1	30	---	---	4,000	---	---
Inspect Radiator	Yes	1	30	---	---	4,000	---	---
Patient Compartment Lights	Yes	1	30	---	---	4,000	---	---
Primary Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Rear Main Seal, Note Any Leal	Yes	1	30	---	---	4,000	---	---
Second Battery, Record Load	Yes	1	30	---	---	4,000	---	---
Spot Check	Yes	1	14	---	---	400,000	---	---
Tire Pressure, Record Pressur	Yes	1	30	---	---	4,000	---	---
Valve Cover Gaskets, Note An	Yes	1	30	---	---	4,000	---	---

Older Diesel Engines

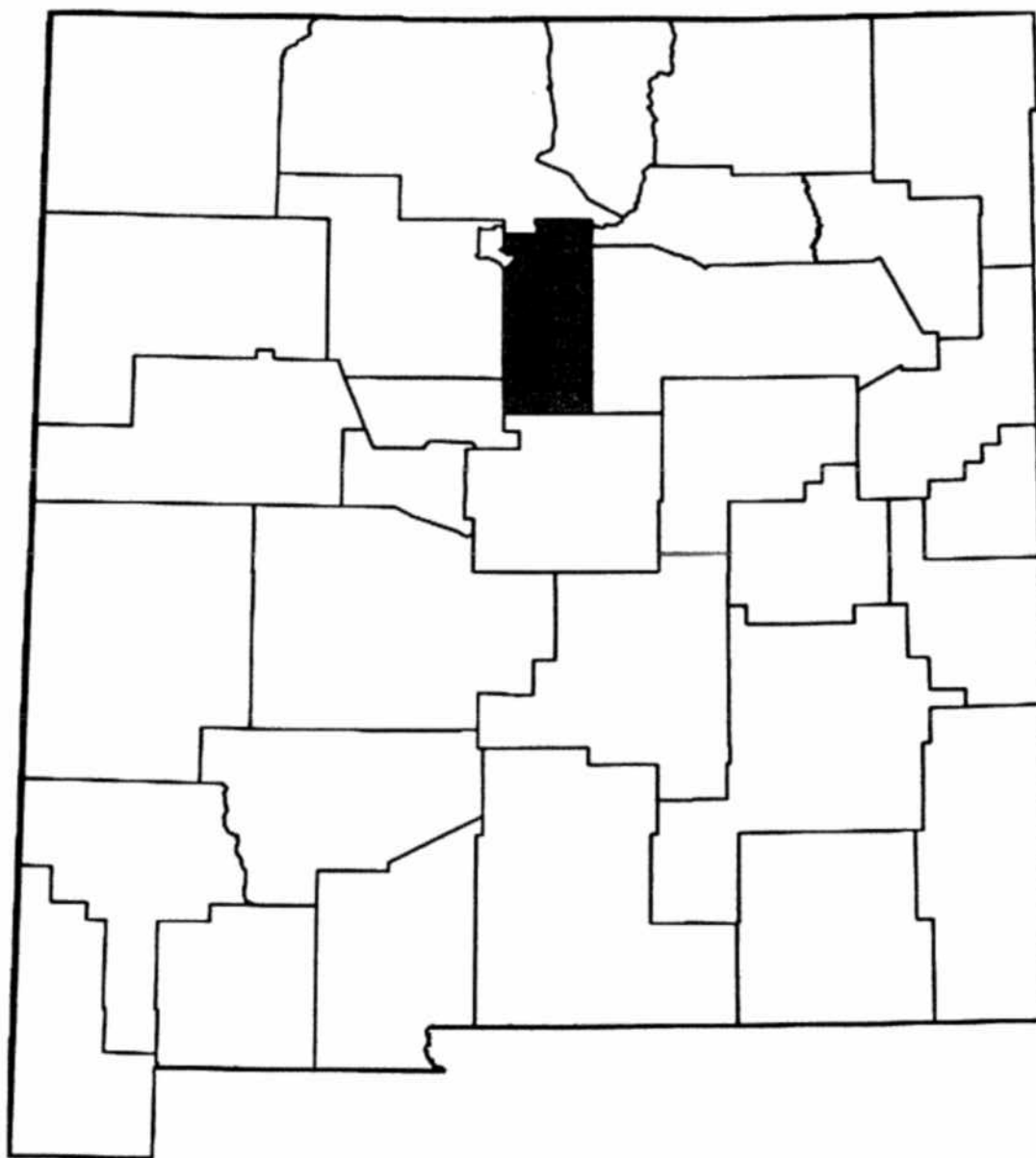
Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Normal								
Air Condition Service	Yes	1	450	-----	-----	50,000	-----	-----
Air Filter, Replace	Yes	1	240	-----	-----	15,000	-----	-----
Brake Fluid Flush	Yes	1	820	-----	-----	30,000	-----	-----
Change Oil and Filter	Yes	1	180	-----	-----	4,000	-----	-----
Change Rear Axle Fluid	Yes	1	-----	-----	-----	80,000	-----	-----
Change Transmission Fluid / F	Yes	1	780	-----	-----	30,000	-----	-----
Change Windshield Wipers	Yes	1	180	-----	-----	40,000	-----	-----
Clean Engine	Yes	1	30	-----	-----	4,000	-----	-----
Cooling System Flush	Yes	1	1200	-----	-----	80,000	-----	-----
Engine Belts, Replace	Yes	1	1500	-----	-----	80,000	-----	-----
Fuel Filter, Replace	Yes	1	360	-----	-----	15,000	-----	-----
Fuel Injectors / Additive	Yes	1	90	-----	-----	8,000	-----	-----
Fuel Pump, Replace	Yes	1	-----	-----	-----	150,000	-----	-----
Lube Chassis	Yes	1	90	-----	-----	8,000	-----	-----
Lubricate Door Hinges	Yes	1	30	-----	-----	4,000	-----	-----
Oil Pump, Pressure Check	Yes	1	-----	-----	-----	120,000	-----	-----
Radiator Hoses, Replace	Yes	1	1500	-----	-----	80,000	-----	-----
Rotate Tires	Yes	1	240	-----	-----	4,000	-----	-----
Transmission Rebuild	Yes	1	-----	-----	-----	150,000	-----	-----
Other								
Detail Exterior	Yes	1	365	-----	-----	70,000	-----	-----
Detail Interior	Yes	1	120	-----	-----	15,000	-----	-----
Wax Exterior	Yes	1	180	-----	-----	40,000	-----	-----

ATTACHMENT #4

SUPERIOR AMBULANCE SERVICE, INC. **Statewide Patient Transportation**



Superior Ambulance Service operates within a statewide authority as approved by the New Mexico Public Regulation Commission. Superior Ambulance operates in six municipalities including Albuquerque/Bernalillo County, Las Vegas/San Miguel County, Roswell/Chavez County, Santa Fe, Torrance County and the Village of Pecos. Superior Ambulance operations provide 911 emergency and emergency and Non-emergency inter-facility transports to hospitals and medical facilities statewide and regionally.

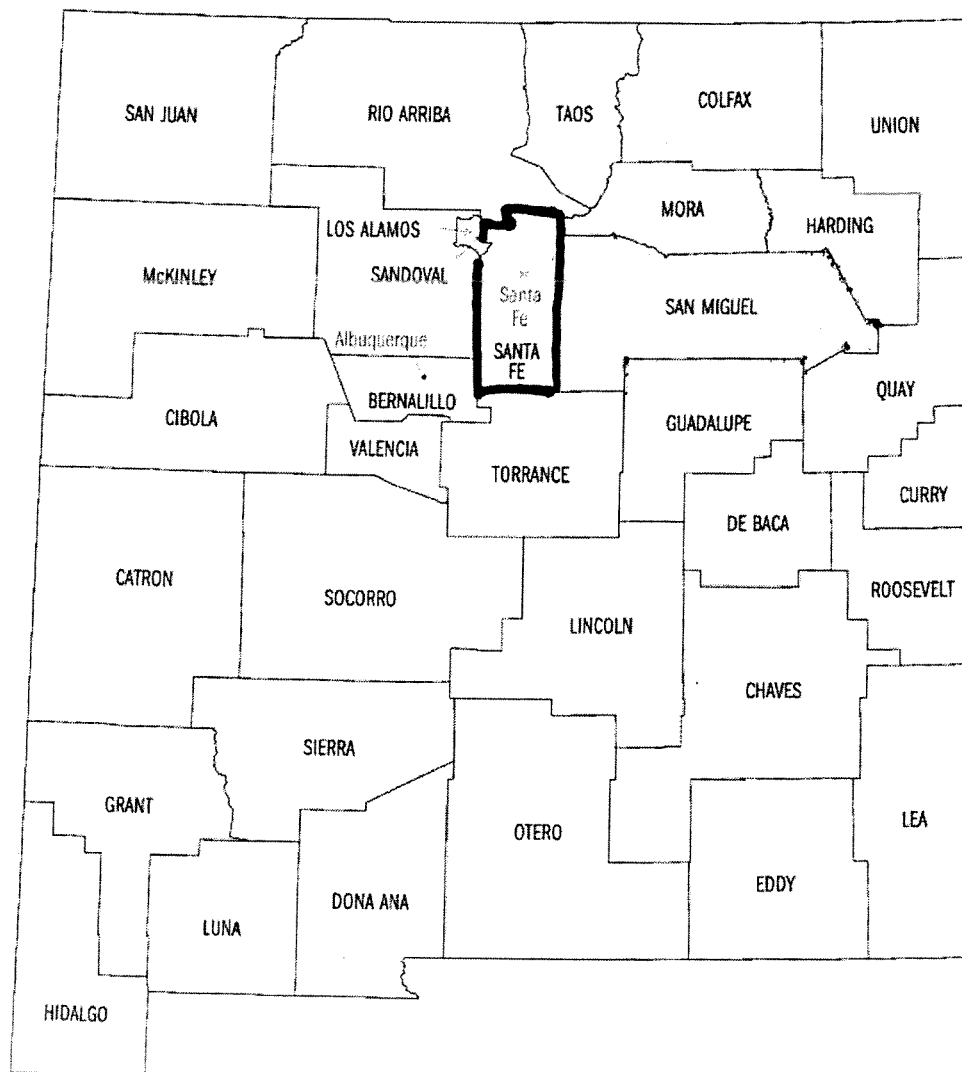


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State & County QuickFacts

New Mexico County Selection Map





**ALBUQUERQUE / BERNALILLO COUNTY
LAS VEGAS / SAN MIGUEL COUNTY
VILLAGE OF PECOS
ROSWELL / CHAVES COUNTY
SANTA FE / SANTA FE COUNTY
TORRANCE COUNTY**

**QUALITY ASSURANCE / IMPROVEMENT
POLICIES & PROCEDURES**

**Original Effective Date: September 1, 2009
Revised & Accepted, November 30, 2014, Revision #: 3**

SAS medical personnel will be able to identify the patient's medical situation, assess the patient appropriately and render the medically necessary treatments to ensure the best medical care available by a pre-hospital organization. By ensuring healthcare provider competency and employee involvement in patient care options, the highest quality patient care possible will be achieved and will serve as the benchmark for service proficiency.

3. Orientation, on-going education opportunities and medical direction:

SAS will provide a comprehensive orientation program in which new employees are educated regarding the high standards that will be placed on them as SAS healthcare providers. On-going educational programs will be put in place that will provide continuous updates on State and Local Protocols, Company Policies and Procedures as well as other pertinent information for both new and current employees. On-going training will ensure well-informed and knowledgeable employees through field and skills evaluations, in-service education, continuous education courses, workshops and medical direction education.

4. Patient risk will be minimized:

SAS places a high performance standard on our employees. Due to our educational commitment, our quest is to hire only the most qualified individuals to provide excellent patient care and represent our company. Through our stringent on-going educational procedures, and both field and clinical skills evaluations, we will create an environment that minimizes healthcare risks to the patient and enables SAS to provide the highest quality pre-hospital healthcare available.

5. Compliance with Local, State and Federal laws and regulations:

SAS follows, maintains and documents all necessary components of our EMS service so that we ensure compliance with all Local, County, State and Federal laws and regulations. Furthermore, we are constantly looking for ways that will allow us to upgrade our services, document the necessity for those services and present a comprehensive plan to the appropriate governing committee for approval of these service upgrades. SAS will, at all times, be above and beyond the status quo in all of its activities and act as a leader in the search for the most appropriate and technologically advanced procedures and equipment.

OBJECTIVES

Superior Ambulance Services, Inc. will:

1. Develop and implement effective quality assurance activities that coincide with the goals, objectives and purpose of this plan.
2. Ensure that the highest level of care is accessible to the patient at all times beginning with the hiring of highly qualified providers.
3. Have in place an evaluation process that measures the delivery of pre-hospital healthcare services.
4. Collect, review and analyze data to identify problems and discover opportunities to improve patient outcomes.
5. Have in place a process in which healthcare providers are monitored for appropriate patient care, skill level, performance efficiency (job performance) and that the service maintains best practice performance and healthcare delivery.
6. Have in place a method of communication that enables us to communicate the outcome of quality assurance issues to the appropriate individuals involved.

With the expectations of SAS employees and the quality of care we need to provide, it is necessary that experienced and qualified individuals occupy the positions on the QA committee. At minimum, the members will;

- Have a minimum of two (2) years of continued service with Superior Ambulance Services;
- Be an employee in good standing;
- Posses a current EMT license at the appropriate level; and
- Have been practicing at the current EMT license level for a minimum of two (2) years.

Upon qualification an individual may submit a letter of intent to the Quality Assurance /Training Manager for consideration. The quality Assurance/Training Manager will meet with the Field Operations Manager(s) and the Director of Operations to perform a review of the candidate. An audit of the candidate's personnel and QA files will be completed. Upon completion of review the candidate may be scheduled for an interview with the QA/Training Manager, Field Operations Manager(s) and the Director of Operations.

The review panel will render a final decision and the candidate will be notified of the approval or denial. A brief summary will be provided to the candidate in regards to the decision in order to allow the candidate to learn from the process. Appointments to the committee will be based on a fiscal year and begin July 1 of every year.

The QA/Training Manager reserves the right, within sound judgment, to replace or appoint any committee member to benefit the production, future goals and missions of the Quality Assurance program. It is also the responsibility of the QA/Training Manager to consider and accept the sound judgments or recommendations of the committee to benefit the production, future goals and missions of the Quality Assurance Program.

PROCEDURE

Each member of the Quality Assurance Committee will be expected to review at minimum five (5) reports weekly. This may be accomplished by reviewing one report daily or five reports at the end of the week. Once the review is completed they will be submitted for committee review at the monthly meeting for further input and or recommendations by the entire committee.

MEETINGS

All meetings will be held on a monthly basis unless conflicting events exist at which time an alternate date will be scheduled. To ensure consistency an alternate day of schedule for the meeting shall not exceed 5 business days from the original set day. Future meeting times will be set at the meeting held the month prior. Meetings will be schedule with consideration given to other events and functions. An effort will be made to limit the impact these meetings will have on staffing and all coordination will involve the operations manager(s).

All meetings will be agenda driven and open for non-committee members to attend with the exception of closed sessions which will be utilized to discuss issues of confidential matters. All closed sessions will involve the committee and any guest directly involved affected by the closed session issue. A strict adherence to policy with respect to confidentiality will be maintained in these meetings.

OPEN MEETINGS

The committee will meet for the purpose of evaluating the current and ongoing needs of Superior Ambulance Services and its employees with an open forum approach. This will include, but not limited to recommendations on training, equipment needs and related topics that are vital to the continuity of patient care. This meeting will be open to outside personnel and attendance will be encouraged to help the committee maintain a more global perspective.

CLOSED MEETINGS

Closed meetings will be utilized for discussion of confidential topics pertaining to run reports, issues steaming from services provided and resolution of issues. The only exception will be when a particular call whether good or bad, will lend to a training issue in which the entire organization will benefit. Case reviews may be scheduled with the medical director for CE credits through out the year and mandatory attendance may be required.

REVIEW PROCESS

- Education and or counseling with the Medical Director at which time disciplinary actions may be enforced based on the severity of the issues unresolved
- Counseling and or suspension / termination by the Director of Operations based on the severity of the issues unresolved

REPORTING

The committee will generate minutes on a monthly basis for the Director of Operations and the Chief Executive Director of all scheduled meetings. These minutes will be compiled into a quarterly report, which will be emphasize any trends, good or bad, and measures Superior Ambulance Services, Inc. can take to correct or improve as a whole.

QUALITY ASSURANCE / IMPROVEMENT DISCIPLINE PROCESS

The purpose of this policy is to ensure that a consistent process of Quality Assurance/Improvement practices for disciplinary issues is in place.

Definitions:

1. High Level QA Violation:

- Protocol violation in which death or injury of a patient occurs.
- Driving violation in which an EVO response to/with a patient, crewmember, medical staff or bystander was endangered; death or injury occurred.
- Any situation that negligence occurs when the patient, other medical staff, crewmembers, bystanders was endangered; death or injury occurred.
- A situation in which a Supervisor/employee fails to report any incident that severely compromises the care of the patient and/or employees due to an accident or exposure (OSHA violation).
- This may be a moderate level incident, but with a repeated violation.

Procedure:

- A Field Incident Form must be completed by the attending Supervisor and forwarded to the Quality Assurance/Training Manager Immediately.
- The individual in violation will be placed on immediate administration leave with pay until and investigation is completed
- A full investigation completed by the Quality Assurance/Training Manager and reviewed by the Director of Operations, Chief Executive Officer and the Medical Director in writing.
- Termination of the employee will occur after the full investigation is completed and found that gross negligence was the fault of the EMT. However, if the EMT was found negatively responsible for the occurrence and disciplinary action is warranted, suspension but no less than a written reprimand may be issued or after review and consultation of the executive managers to include medical direction, other disciplinary actions may be imposed and handled on a case by case basis.
- This incident may be reported to the Injury Prevention and EMS Bureau for investigation and reporting to the NM EMS Licensing Commission.

2. Moderate Level QA Violation:

- Policy procedure violation in which possibility of death or injury of a patient may occur due to improper equipment checks, lack of inventory accountability of supplies, etc.
- Driving violation in which an EVO response to/with a patient violated driving safety guidelines.
- Any situation where negligence occurs when the patient, other medical staff, crewmembers, or bystanders were endangered.

- d. Ongoing field evaluations and continued remedial training shall take place until such time the QA/Training Manager, along with the Medical Director(s), feel that the employee is cleared to function at his/her level of EMT.
- e. When a situation occurs at this level with an outside medical staff member, fire dept., hospital, or flight crewmember, it will be forwarded to the QA/Training Manager who will, in turn, forward it to the Medical Director(s) for review.
- f. The SAS Medical Director(s) may contact the outside agency Medical Director for further consultation.
- g. This incident may be reported to the Injury Prevention and EMS Bureau for investigation and reporting to the NM EMS Licensing Commission.

CONTINUED QA VIOLATION OCCURANCES

Upon investigation by the QA/Training Manager and/ or his designee it is found that there is a continued pattern of QA violation occurrences disciplinary action to include suspension or up to termination of the employee may occur dependant upon the results of the investigation and circumstances surrounding the repeated violation.

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[] Other _____

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Section IV: Skills

All skills performed by the report writer. This information will be utilized for statistical reporting of frequent / infrequent skill usage. This will also allow for training curriculum development for infrequent skill usage.

Section V: Reviewer Comments / Recommendations

Proactive comments, including the reasoning behind the submission of Patient Care Reports (PCR's) to the QA/ Training Manager and agencies Medical Director, for further review.

Quality Improvement Plan

No further action required: Everything is complete and within required guidelines.

Review the following protocol or SOG: The entire review was good and within requirements, however, there were very minor discrepancies such as; times were off, a second set of vitals were not taken, a drug was administered and the effects were not sufficiently documented or the undesired effect of a drug was not documented as per pharmacy requirements.

Refer to QA/Training Manager: This would be a red flag issue, improper treatment, major documentation deficits, complaints, injury to patient, or if the reviewer feels that this particular call should have been elevated to the next care provider (basic to intermediate or paramedic) and obvious errors at which time medical control consultation would be initiated if required.

Other: The report writer uses medical terminology not acceptable, the reviewer might recommend the report writer review his/her medical terminology book, if there are numerous misspellings recommend the report writer review a dictionary or improve penmanship.

The checklist is filled out by the reviewer and once completed, attached to the report and given to the report writer for review. The report writer will only review his/her QA evaluation on site and complete the report writer comment sheet and place in the QA/Training Manager's box prior to leaving the facility.

The QA documents will be kept on file for tracking trends in continued violations, aid in revamping current policies and protocols where needed and provide information for training curriculum development or improvement.

Section VI: Report Writer Comments

This allows the writer to comment on his/her review and also provide positive feedback on the review process or further explain areas unclear to the reviewer that could support the treatment and or documentation.