



Nassau County, Florida Application for Certificate of Public Convenience and Necessity

AmeriPro EMS of Florida, LLC



**INITIAL / RENEWAL APPLICATION FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
NASSAU COUNTY, FLORIDA**

This initial/renewal application is for a Certificate of Public Convenience and Necessity ("COPCN") to provide emergency medical care and/or transportation or nonemergency transportation within Nassau County, Florida. Nassau County, Florida reserves the right to request additional information from the applicant once this application is submitted.

Application Type: Initial ☐ Renewal ☒

1. Name of business AmeriPro EMS of Florida
2. Address 4810 Executive Park Court, Suite 112
City Jacksonville State FL Zip Code 32216

P.O. Box _____
City _____ State _____ Zip Code _____

3. Phone number(s) 844-277-6367
(Include area codes) _____ Business Office _____
Pager Number _____ Cell Phone Number _____

4. List names, addresses and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.

Suhas Uppalapati-President and CEO 404-863-7160
4810 Executive Park Court, Suite 112 Jacksonville, FL 32216
Larry Richardson-Executive Vice-President and COO 770-716-7667
4810 Executive Park Court, Suite 112 Jacksonville, FL 32216

5. State the experience of everyone listed in Paragraph 4.

Suhas Uppalapati-President and CEO
Larry Richardson-Executive Vice-President and COO

6. Indicate the level applicant wishes to provide: (No 9-1-1 calls for service in Nassau County except as requested by Nassau County Fire Rescue)

- ☐ Type B – Basic Life Support Non-Transport (BLS Non-Transport)
☒ Type C – Basic Life Support Transport (BLS Transport)
☐ Type D – Advanced Life Support Non-Transport (ALS Non-Transport)
☒ Type E – Advanced Life Support Transport (ALS Transport)
☐ Type F – Prehospital Air Ambulance Service
☒ Type G – ALS Interfacility Transport Service
☒ Type H – BLS Interfacility Transport Service

7. List the geographical area in which you wish to provide the service being applied for herein (complete county or portion thereof):
We are applying for service area to include all of Nassau County covering approximately 726 square miles.
-

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:

2019 population of 88,625, Nassau County has grown by over 28,000 residents since 2000. AmeriPro EMS will continue to provide quality service to the residents of Nassau County.

9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). Also, complete the vehicle roster attached.

All apparatus meet and exceed the ALS service level as defined by the State of Florida. A copy of the equipment and vehicle roster is attached.

10. Number of personnel to staff each unit? 2

11. Proof applicant is in compliance with all applicable federal, state and local requirements. (Attach copies of certificates) including ALS and / or BLS Ambulance provider license by the Florida Department of Health, Bureau of EMS)

12. State the address and description of each of the locations from which the applicant will operate and the hours of operation, staffing, and phone number for that location

Location Address	Description	Hours of operation	Staffing	Phone number
4810 Executive Park Court, Suite 112	Headquarters	24 hours / 7 days a week	11	844-277-6367
1324 South 14th street, suite 1	Satellite office	24 hours / 7 days a week	1	844-277-6367
1988 Kingsley Ave	Satellite office	24 hours / 7 days a week	2	844-277-6367

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls? YES ☒ NO ☐ If Yes, explain procedure:

The on duty captain will deliver a back-up unit to the crew to place them back in service. If the unit was responding to call or transporting a patient, a replacement unit will be dispatched to assume patient care. Ample unit and crew staffing allows AmeriPro to handle multiple calls.

14. Provide written documentation to assist Nassau County Fire Rescue and any other emergency services during a disaster situation.

15. Will your service transport patients out of county? Yes

16. Will your service pick up from other counties? Yes then return to Nassau County? Yes

17. Type of service which will be provided (check appropriate blank):

Land ☒ Water ☐ Air ☐

18. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for.

19. If a COPCN is issued to applicant, applicant agrees to the following:

- a. To indemnify Nassau County for any claims or losses arising out of applicant's operations;
- b. Applicant will comply with all state and county laws and regulations;
- c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- d. Provide service to adjacent areas or routes within Nassau County, when requested to do so by public safety agencies, in an emergency situation or in accordance with established agreements;
- e. Keep posted at all the principal business locations in Nassau County a copy of the COPCN and any rate or fee schedule;
- f. Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- g. Keep such records as may be required by Nassau County Fire Rescue Department or Nassau County Board of County Commissioners, and
- h. Operate in conformance with state law and all rules and regulation hereunder.

To the best of my knowledge, all statements on this application are true and correct and the applicant agrees to the terms contained herein.

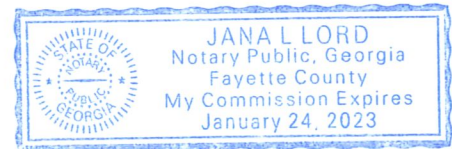
[Signature]
Signature of Applicant

Compliance officer
Title

10/23/2020
Date

STATE OF ~~FLORIDA~~ GEORGIA
COUNTY OF Fayette

This foregoing instrument was acknowledged before me
this 23rd day of October, 2020, by
Andrew Todd Turpin
as Compliance officer (title)
for Ameri Pro EMS
(Company Name)



[Signature]
Notary Signature

NOTARY SEAL/STAMP

Personally Known ☐ OR Produced Identification ☒

Type of Identification produced:

GA DL #022680488

Mail completed application and supporting documents to:
Nassau County Fire Rescue
Attn: Greg Roland, Assistant Chief
96160 Nassau Place
Yulee, FL 32097

For all questions or additional information please contact:
Greg Roland, Assistant Chief
groland@nassaucountyfl.com
904-530-6602



C. A narrative describing the need for service in the intended service area.

There is a great need for a private ambulance service in the intended area. Very often there are transports that are needed to be made that do not require 911 services. By responding to less emergent calls, a private ambulance service allows the dedicated 911 service to respond to more emergent or life-threatening calls. A private ambulance service is properly equipped and able to properly treat patients in the same manner as the 911 providers. In the event of an emergency or disaster, a private ambulance service is able to enhance the 911 service by providing additional staff and ambulances through mutual aid agreements.

Private ambulance services are able to transport patients to facilities in other counties, allowing county resources to remain in their zone for additional emergencies. AmeriPro EMS of Florida, LLC employs skilled paramedics and EMT's who are experienced with specialty care transports. These transports will require maintaining a ventilator, AirVo systems supplying humidified high flow oxygen, balloon pumps, and multiple IV pumps. These transports are specialty care transports but do not require 911 services.

If granted the COPCN, AmeriPro EMS of Florida, LLC will proudly service the residents of Nassau county with quality and professional services. AmeriPro EMS looks forward to establishing a quality partnership with Nassau County Fire and Rescue and provide assistance whenever called upon.



9. All of AmeriPro EMS's ambulances meet and exceed the state ALS requirements for Florida. We have attached a copy of the state equipment requirements that every is used to stock the ambulances. Every ambulance has an inventory with stocking par levels created in Operative IQ. An inspection is completed daily, and any needed supplies are ordered and filled to bring the ambulance back to proper stocking levels. All ambulances meet the latest KKK standards for safety and are equipped with Stryker power cots.

11. A copy of the Florida State EMS license application is attached.

12. 4810 Executive Park Ct, Ste 112 Jacksonville, FL 32216 (11 ambulances)

1324 South 14th Street, Suite 1 Fernandina Beach Florida 32034 (1 ambulance)

1988 Kingsley Ave, Orange Park, FL 32073 (2 Ambulances)

1731 Dobbs Rd, Suite 12. Augustine, FL 32084 (1 ambulance)

14. AmeriPro EMS of Florida shall offer assistance to and agrees to abide by the orders of the fire chief of Nassau County should any temporary situation arise, or a declaration of emergency be declared regarding public health, safety, welfare, or public need and convenience.

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

WHEREAS, AmeriPro EMS of Florida, LLC provides quality Emergency Medical Services to the citizens of Nassau County and;

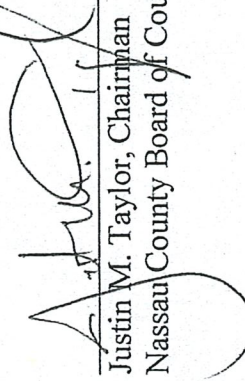
WHEREAS, there has been demonstrated that there is a need for AmeriPro EMS of Florida, LLC to operate in this County to provide services to the citizens of this County and;

WHEREAS, AmeriPro EMS of Florida, LLC has indicated that it will comply with all the requirements of the Emergency Medical Services Act of 1973, the Board of County Commissioners of Nassau County hereby issues a Certificate of Public Convenience and Necessity to AmeriPro EMS of Florida, LLC.

In issuing this certificate it is understood that the above-named ambulance service will meet the requirements of State legislation and provide emergency services on a twenty-four hour basis for the following area(s) as limited below:

1. No 9-1-1 calls for service in Nassau County except as requested by Nassau County Fire Rescue.

Expiration date: December 31, 2020


Justin M. Taylor, Chairman

Nassau County Board of County Commissioners



STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: AMERIPRO EMS OF FLORIDA, LLC Provider Number # 10017
Name of Provider

4810 EXECUTIVE PARK COURT, JACKSONVILLE, FLORIDA 32216
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CLAY; DUVAL; NASSAU & ST. JOHNS
County (s)

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 10/09/2021

This certificate shall be posted in the above mentioned establishment

Emergency Medical Services License Application Profile Report

PROVIDER DATA

Name: AMERIPRO EMS OF FLORIDA, LLC ID NUMBER: 10017 Phone: (904) 733-6600
Manager Name: Larry Richardson, Executive VP & COO COUNTY: DUVAL Fax: (904) 733-6600
Mailing Address: 4810 Executive Park Court Suite 112 Email: larry@ameriproems.com
JACKSONVILLE, FL 32216
Physical Address: 4810 Executive Park Court Suite 112
JACKSONVILLE, FL 32216

LICENSE DATA

Certification Number: 4512 Date Issued: 10/21/2019 Expires: 10/09/2021
Status: Clear
Service Type: ALS Amount Required: \$30.00 Amount paid: \$30.00

PRIMARY MEDICAL DIRECTOR DATA

Name: GALLANTER, TISHA MD License Number: ME 79093 License Expires: 01/31/2021
Phone: (904) 982-9586 DEA Reg. #: BG 5906651 DEA Reg. Expires: 09/30/2022
Address: 4810 Executive Park Court Suite 112 Contract End Date: 08/31/2020
JACKSONVILLE FL 32216

CONDARY MEDICAL DRIECTOR DATA

Name: License Number: License Expires:
Phone: DEA Reg. #: DEA Reg. Expires:
Address: Contract End Date:

INSURANCE DATA			
Insurance Company	Type of Insurance	Insurance Expiration Date	
Continental Western Insurance Company	Vehicle Liability	05/29/2020	

SERVICE AREA DATA			
Date Certificate of Public Convenience and Necessity Expires			
County of Service			
St. Johns - ALS & BLS	10/01/2022		
Clay - ALS/BLS	10/22/2021		
Duval	12/06/2021		
Nassau	12/31/2020		

VEHICLE DATA									
Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
22569	ALS	T	FORD	TRANSIT	2018	Clear	10/10/2019	1FDYR2CM9JKB40844	25.00
22570	ALS	T	FORD	TRANSIT	2018	Clear	10/10/2019	1FDYR2CM6JKB40834	25.00
22571	ALS	T	FORD	TRANSIT	2018	Clear	10/10/2019	1FDYR2CM9JKB40830	25.00
22572	ALS	T	FORD	TRANSIT	2018	Clear	10/10/2019	1FDYR2CMXJKB47544	25.00
22573	ALS	T	FORD	TRANSIT	2018	Clear	10/10/2019	1FDYR2CM2JKB40832	25.00
5980	BLS	T	FORD	TRANSIT	2018	Clear	12/03/2019	1FDYR2CM9JKB40844	25.00
5981	BLS	T	FORD	TRANSIT	2018	Clear	12/03/2019	1FDYR2CM9JKB40834	25.00
5982	BLS	T	FORD	TRANSIT	2018	Clear	12/03/2019	1FDYR2CM9JKB40830	25.00
5983	BLS	T	FORD	TRANSIT	2018	Clear	12/03/2019	1FDYR2CMXJKB47544	25.00
5984	BLS	T	FORD	TRANSIT	2018	Clear	12/03/2019	1FDYR2M2JKB40832	25.00

Count of vehicles with status of "Issued"				
Total	BLS	ALS (Transport)	ALS (Non-Transport)	AIR
10	5	5	0	0



Level of Service

Fee Schedule

ALS NE A0426	\$766.89
ALS E A0427	\$1,214.25
BLS NE A0428	\$639.09
BLS E A0429	\$1,022.52
ALS2 A0433	\$1,757.49
Specialty Care Transport A0434	\$2,077.02
BLS Treatment No Transport Fee	\$100.00
ALS Treatment No Transport Fee	\$150.00
Mileage A0425	\$20.00
BLS Disposable Supplies	\$50.00
ALS Disposable Supplies	\$100.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PointeNorth Insurance Group, LLC PO Box 724728 Atlanta GA 31139	CONTACT NAME: Stephanie Vinson PHONE (A/C, No, Ext): (770) 858-7540 E-MAIL ADDRESS: svinson@pointenorthins.com FAX (A/C, No): (770) 858-7545
INSURED AmeriPro EMS of Florida, LLC 4810 Executive Park Ct Suite 112 Jacksonville FL 32216	INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Specialty Insurance Corp INSURER B: Union Insurance Co INSURER C: StarStone Specialty Ins Co INSURER D: Bridgefield Casualty Ins INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL206593677**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability-Claims Made \$1M Each Claim/\$3M Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MM20192265-02	05/29/2020	05/29/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Professional Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAA 4448894-41	05/29/2020	05/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE			Q73477201AHL	05/29/2020	05/29/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 PER STATUTE OTH-ER \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y	N/A		019646235	05/18/2020	05/18/2021	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Florida State Department of Health
4052 Bald Cypress Way, Bin A22; Bldg. 4042
Room 240B
Tallahassee, FL 32399-1722

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Employee_Name	EMTLevelorMedic	EMTorMedicCert#
ADAMS, LAUREN ANN	EMT-B	EMT 556855
ALLEN, JOSHUA	Paramedic	PMD 530371
ALLEN, MITCHELL KEVIN	EMT-B	EMT569137
BALDWIN, DAVID DIETZ	EMT-B	EMT 566139
BERL, TYLER	Paramedic	PMD 522793
BROOKS, PARIS ALEXIS	EMT-B	EMT 559129
BUZZERD, ROBERT N	Paramedic	PMD 528059
CABRERA, FRANCISCO	EMT-B	EMT570677
CAISSE, KRISTOPHER MARC	EMT-B	EMT505342
CASSIDY, RYAN P	EMT-B	EMT563943
CASTROVINCI, JOHN VINCENT	EMT-B	EMT 562891
CHANCE, SONYA C.	Paramedic	PMD 17959
CHANDLER, ASHLEY	EMT-B	EMT 555844
CHESNEY, TYLER AMANDA	EMT-B	EMT 557597
CLAYTON, TAARON JAMAR	EMT-B	EMT 564348
CLINE, MICHAEL	EMT-B	EMT 563581
COLLAZO, CHERYL ROSE	EMT-B	EMT 568915
CONYERS, MARGARET	Paramedic	PMD12967
COOPER, CHARLES	Paramedic	pmd19789
CRASE, MICHAEL	Paramedic	PMD527273
CRIDER, CONNOR JC	EMT-B	EMT 553151
CUNNINGHAM, MICHAELA		DRIVER
DAVIDSON, TIARA	Paramedic	PMD 528824
DECRESCENZO, BRANDON	EMT-B	EMT 565302
DUNCAN, BRITTANY NICOLE	Paramedic	PMD 533585
EAGLESON, TYLER	EMT-B	EMT 566923
EDWARDS, EMILY SAVANNAH	EMT-B	EMT66487
ERDMAN, RACHAEL LEA	EMT-B	EMT 568496
FORTNEY, BENJAMIN LUKE	EMT-B	EMT563431
GADSON JR, GILBERT		DRIVER
GARCIA, GEORGE LOUIS	EMT-B	EMT 555558
GIERSCHE, CHEYENNE SIANNA	Paramedic	PMD 536980
GONZALEZ, NICHOLAS JOH	Paramedic	PMD 524531
GRANGER, JASON	EMT-B	emt520676
HANSEN, SHAWN PAUL	Paramedic	PMD 527073
HARDGE, CALVIN	Paramedic	PMD529310
HARRIS, JAMI	EMT-B	EMT542159
HICKEY, CONNOR SHANNON	EMT-B	EMT 570673
HIGDON, DEAHJAHNAE ASHAE	EMT-B	EMT571115
HOLDEN, KAILEY	EMT-B	EMT565673
HOLLOMAN, TERRELL J	EMT-B	EMT 556699
HOWZE, JAKAYLA NENIA	EMT-B	EMT558633
IVEY, MIKEL TAYLOR	EMT-B	EMT570270
JOHNSON, SAMUEL LOUIS	Paramedic	PMD 536021
JOHNSON, TARA ALEXANDRA	EMT-B	EMT 569603
JONES, EMMA	EMT-B	EMT563206

JONES, MALIK	EMT-B	EMT567785
LAMB, ASHLEY NICOLE	EMT-B	EMT571018
LIZZMORE, AKEELAH DENISE	EMT-B	EMT 569782
LOPEZ, JONATHAN	Paramedic	PMD 535632
MARRISON, JERRY LEE	EMT-B	EMT 568005
MARSHALL, JEREMY EDWIN	EMT-B	EMT553326
MCCARTHY, ALEXANDER	Paramedic	PMD537177
MCCORMICK, JORDAN BRIANNE	EMT-B	EMT571038
MCCUEN, JACQUELINE	EMT-B	EMT563501
MCFARLAND, BLAKE EARL	EMT-B	EMT 565678
MERRYMAN, WHITNEY	EMT-B	EMT564945
MILLER, HAYDEN REED	EMT-B	EMT 567620
MINSHEW, KASEY	Paramedic	PMD 515576
MONTALBO, MICHAEL	EMT-B	EMT 570123
MOSLEY, HARRISON	Paramedic	PMD 529391
NEEL, THOMAS	EMT-B	EMT 526200
NEWTON, JENNIFER LINN	EMT-B	EMT570853
NOLAND, TIMOTHY SCOTT	Paramedic	PMD 532491
NUTT, JIMMY STEVEN	EMT-B	EMT 559419
PCHELNKOVA, NASTIA	EMT-B	EMT567350
PERKINS, BRADLEY SPENCER	EMT-B	EMT 568083
PINEDA, JOHNNY	Paramedic	PMD 532376
PRICE, SCOTT TIMOTHY	Paramedic	PMD205555
RAMETTA, DESTINY		DRIVER
READ, BRYANT LEE	EMT-B	EMT 516171
REEVES, MICHAEL	Paramedic	PMD527408
REINHOLZ, MARTIN	Paramedic	PMD200261
REYNOLDS, WILLIAM C.	Paramedic	PMD 529820
RHODEN, KATHERINE	Paramedic	PMD 518720
RIOS JR, ANIBAL	EMT-B	EMT 565305
ROBERTS, RESHAWN DANGELO	EMT-B	EMT 557466
RODRIGUEZ, BRYAN	EMT-B	EMT 552981
ROWE BENTLEY, KRISTIN DIANE	EMT-B	EMT569199
RUBINO, DINO JOHN	Paramedic	PMD529448
SANTANA, NATALIE	EMT-B	EMT568176
SENN, MARTIN	Paramedic	PMD504882
SERAPHIN, KARENA	EMT-B	EMT 567762
SHORT, ASHLIE DENISE		Driver
SINGLETARY, KEVIN ALEXANDER	EMT-B	EMT554658
SMITH, ALEXIS	EMT-B	EMT564071
SOARES, JOSEPH PATRICK	EMT-B	EMT 561854
STAMM, MARIE LINN	EMT-B	EMT 568754
STEYBE, AMANDA NICOLE	Paramedic	PMD 526173
SUGAR, ROBERT D	Paramedic	PMD13769
THOMAS, ALEXIS JEWELL	EMT-B	EMT 570222
TIELROOY, EMILY KATE	EMT-B	EMT570830
TURPIN, BERNARD LAMAR		DRIVER

UNDERWOOD, BRANDON SPENCER	EMT-B	EMT 530277
VAN HOOSER, WESLIE LAYNE		DRIVER
VANCAMP, BAILEE ROSE	EMT-B	EMT568205
VARGAS, ESTEBAN JOEL	EMT-B	EMT 565599
WARD, SHAWN ALLEN	Paramedic	PMD 534806
WESTBERRY, SKYELOR THOMAS	EMT-B	EMT 571001
WILLIAMS, MAURICE	Paramedic	PMD 516204

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ Inspection Date: ____/____/____ Phone: (____) ____-____
County: _____ Type of Inspection: ☐ Initial ☐ Reinspection ☐ Random ☐ Complaint ☐ Announced ☐ Unannounced
Vehicle Information: ☐ Transport ☐ Non-Transport Unit# _____ Year/Make _____ Permit Type _____ Permit# _____
VIN _____ Tag# _____

Inspection Codes:

- 1 = Item meets inspection criteria.
1a = Item corrected during inspection to meet criteria.
2 = Items not in compliance with inspection criteria.

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
2 = Intermediate support equipment, medical supplies, drugs, records or procedures
3 = Minimal support equipment, medical supplies, records or procedures



Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER
1.		
2.		
3.		

Crew credentials: Section 401.27(1)
And 401.281, F.S.



Minimum = One EMT and One Driver

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)

1. Exhaust System
2. Exterior Lights:
 - A. Head lights (high and low beam)
 - B. Turn signals
 - C. Brake Lights
 - D. Tail Lights
 - E. Back-up lights and audible warning device
3. Horn
4. Windshield wipers
5. Tires
6. Vehicle free of rust and dents
7. Two-way radio communication – radio test
 - A. Hospital (cab and patient compartment)
 - B. Dispatch Center
 - C. Other EMS units
8. Emergency Lights
9. Siren
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.
11. Doors open properly, close securely.
12. Rear and side view mirrors.
13. Windows and windshield

d. Roller gauze

e. ABD (minimum 5x9 inch) pads

2. One pair of Bandage Shears

3. One set each, patient restraints – wrist and ankle

4. One each blood pressure cuffs: infant, pediatric, and adult.

5. One stethoscope: pediatric and adult

6. Blankets

7. Sheets. (not required on non-transport vehicles)

8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)

9. One disposable blanket or patient rain cover.

10. One long spine board and three straps or equivalent.

11. One short spine board and two straps or equivalent.

12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.

13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.

14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.

15. Each transparent oxygen masks; adult, child and infant sizes, with tubing

16. Set of pediatric and adult nasal cannulae with tubing.

17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.

18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.

19. Assorted sizes of extremity immobilization devices.

20. One lower extremity traction splint. (Pediatric and Adult)

21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.

22. Burn sheets.

23. One flashlight with batteries.

24. Occlusive dressings.

25. Assorted sizes of oropharyngeal airways. Pediatric and Adult

26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)

27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.

28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.

29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.

30. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult

31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.

31a. Pediatric length based measurement device for equipment selection and drug dosage

32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.

33. One bulb syringe separate from obstetrical kit.

34. One thermal absorbent reflective blanket.

35. Two multi-trauma dressings.

GENERAL SANITATION (Section 401.26(2)(c), F.S.)
I. Vehicle and Contents ☐ Satisfactory ☐ Unsatisfactory

II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).

1. Primary stretcher and three straps.
2. Auxiliary stretcher and two straps.
3. Two ceiling mounted IV holders.
4. Two no-smoking signs.
5. Overhead grab rail.
6. Squad bench and three sets of seat belts.
7. Interior lights.
8. Exterior floodlights.
9. Loading lights.
10. Heat and air conditioning with fan.
11. Word-"Ambulance" – sides, back and mirror image front.

III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)

1. Installed suction. (Transport only)
- Items 4, 14, 17, 18 and 26 in section II must be tested.

IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)

1. Bandaging, dressing and taping supplies:

a. Rolls adhesive, silk or plastic tape.

b. Sterile gauze pads, any size

c. Triangular bandages

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ Date: _____

Inspected By: _____ Date: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ **Inspection Date:** ____/____/____ **Unit No.** _____

Inspection Codes:

- 1 = Item meets inspection criteria.
 1a = Item corrected during inspection to meet criteria.
 2 = Items not in compliance with inspection criteria.

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
 3 = Minimal support equipment, medical supplies, records or procedures



LS EQUIPMENT AND MEDICATIONS
 (Reference Chapter 64J-1, F.A.C.)

MEDICATIONS	WT/VOL	QTY	MEDICAL EQUIPMENT (Cont.)
1. Atropine Sulfate			n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.
2. Dextrose, 50 percent	25 gm/50ml		o. Syringes from 1 ml. To 20 ml.
3. Epinephrine HCL	1:1,000 1 mg/ml		p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.
4. Epinephrine HCL	1: 10,000 1 mg/10cc		q. Adult and pediatric monitoring electrodes.
5. Ventricular dysrhythmic			r. Pacing electrodes, if monitor or defibrillator requires.
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		s. Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient
8. Nitroglycerin	0.4 mg spray pump		t. Method of blood glucose monitoring approved by medical director.
9. Diazepam	5 mg/ml		u. Pediatric length based measurement tape for equipment selection and drug dosage.
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		v. Approved sharps container per Chapter 64J-1, F.A.C.
IV SOLUTIONS MINIMUM AMMOUNTS MINIMUM QTY			w. Flexible suction catheters size 6-8, 10-12, and 14, French One each
1. Lactated Ringers or Normal Saline		In any combination	Other ALS Requirements
Medical Equipment			1. Standing orders – authorized by current medical director within last 24 months
a. Laryngoscope handle with batteries			2. Controlled substances stored in a locked drug compartment.
b. Laryngoscope blades, adult, child and infant sizes			3. Controlled substance written vehicle log:
c. Pediatric IV arm board or splint appropriate for IV stabilization			A. Inventory conducted at beginning and end of shift.
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)			B. Log consecutively, permanently numbered pages.
e. Pediatric and adult endotracheal tube stylets.			C. Log on each vehicle specifies:
f. Pediatric and adult Magill forceps.			1. Vehicle unit or number;
g. Device for intratracheal meconium suctioning in newborns			2. Name of employee conducting inventory;
h. Tourniquets			3. Date and time of inventory;
i. IV cannulae between 14 and 24 gauge			4. Name, weight, volume or quantity and expiration date of each controlled substance;
j. Micro drip sets			5. Run report no. (if administered);
k. Macro drip sets			6. Each amount administered or disposed;
l. IV pressure infuser			7. Printed name and signature of administering Paramedic or other authorized licensed professional.
m. Needles between 18 and 25 gauge			8. Printed name and signature of person witnessing the disposal of each unused portion.

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ Date: _____

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The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.