



**Logan County Board of Commissioners
Logan County Courthouse, 315 Main Street, Sterling, Colorado
Wednesday, April 24, 2024 – 10:50 a.m.
Special Meeting**

**Call to Order
Pledge of Allegiance
Revisions to Agenda
Consent Agenda**

Unfinished Business

New Business

Consideration of the approval of an application for ambulance license and vehicle permits on behalf of Morgan County Ambulance submitted by Travis W. Freeman.

**Other Business
Miscellaneous Business/Announcements**

The next regular meeting will be scheduled for Tuesday, April 30, 2024, at 9:30 a.m. at the Logan County Courthouse.

**Executive Session as Needed
Adjournment**

LOGAN COUNTY, COLORADO
AMBULANCE SERVICE LICENSE AND VEHICLE PERMIT APPLICATION

New Application Renewal Application

Name/Address Ambulance Vehicles Owner:

Morgan County Government
 218 W Kiowa Ave
 Fort Morgan, CO 80701

Name/Address of Applicant:

Travis W. Freeman
 Director - Morgan County Ambulance Service

Name/Address of the person in charge of ambulance service operations:

Travis W. Freeman - 1000 E Railroad, Fort Morgan, CO 80701

Training/Experience Level of person in charge of the ambulance service:

Associates of Applied Science - Paramedicine // Paramedic // FP-C

Trade Name or other name under which applicant does business:

Morgan County Ambulance Service

Description of each vehicle proposed to be used as ambulance vehicle:

UNIT NUMBER	MAKE/MODEL	YEAR	V.I.N.	CURRENT MILEAGE	IN-SERVICE DATE
	See Attached				

Location of ambulance service operations:

1000 E Railroad, Fort Morgan, CO 80701

Area to be served by Ambulance Service:

MR Race Promotions

7305 Colorado Highway 14

Sterling, CO 80751

Name/address of the Medical Director for the Ambulance Service:

Dr. Andra Farcas - University of Colorado - 13199 E. Montview Boulevard, Aurora, CO 80045

Provide list of all emergency personnel who may be called upon to respond to an emergency with the ambulance service (including the following: Complete name, address, date of birth; Highest level of training received; Copy of current Department of Health and Environment EMT-B, EMT-I or Paramedic certificate and either a) current CPR card as defined by CDPHE or b) proof of basic cardiac life support certification; proof of valid Colorado Driver's License).

See attachments.

Copies of operational policies of the ambulance service:

Please attach or send electronically to asamber@logancountyco.gov.

Copies of insurance policies showing compliance with the insurance requirements of the Logan County Emergency Medical Services Resolution:

Please attach or send electronically to asamber@logancountyco.gov.

Ambulance Vehicle Inspection Statement certifying that the vehicles and equipment have been inspected and are in compliance with the Logan County Emergency Medical Services Resolution and applicable regulations of the Colorado Department of Public Health and Environment:

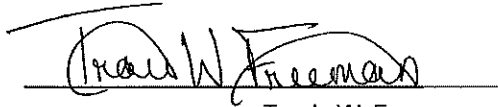
Please see attached.

List of ambulance services, Fire Protection Districts, or other providers of emergency response with which the ambulance service has or may have cooperative agreements:

N/A

I hereby certify that the information in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification.

APPLICANT SIGNATURE:



4/10/2024

Applicant's Name: Travis W. Freeman

Date

Address: 1000 E Railroad Ave, Fort Morgan, CO 80701

Telephone: 970-542-3570 EXT.4

E-mail: tfreeman@co.morgan.co.us

Morgan County Ambulance Inspection Checklist Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 04/10/2024 Agency's Fleet Number: 6421 (Unit 5)

VIN: 1FDWF36P83EC87721 Vehicle Owner: Morgan County Government

Make: Ford Model: F350 Year: 2003

License Plate Number: 280EUU Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

[Signature] Public Works Director 4/10/24

 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

**Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition**

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6422 (Unit 2)

VIN: 1FDWF37P65EA15122 Vehicle Owner: Morgan County Government

Make: Ford Model: F350 XLT SD A Year: 2005

License Plate Number: 291-HRX Expiration Date: _____

Mechanical Evaluation Check List

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comment</u>
Alignment			
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

[Signature]
Mechanic's Signature
Public Works Director
Title
4/10/24
Date

Morgan County Fleet Department
Company Name
17303 MCR S Fort Morgan, CO 80701
Address
970-542-3560
Telephone

Morgan County Ambulance Inspection Checklist Certificate of Motor Vehicle Condition


Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6426 (Unit 3)
 VIN: 1GB3K0C8XEF139330 Vehicle Owner: Morgan County Government
 Make: Chevrolet Model: Silverado Year: 2014
 License Plate Number: 549-OSQ Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

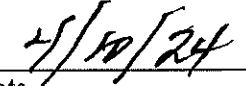
The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.



 Mechanic's Signature

 Public Works Director

 Title



 Date

Morgan County Fleet Department

 Company Name

 17303 MCR S Fort Morgan, CO 80701

 Address

 970-542-3560

 Telephone

Morgan County Ambulance Inspection Checklist Certificate of Motor Vehicle Condition

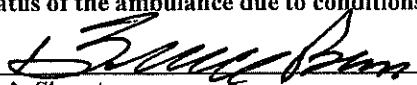
Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6428 (Unit 11)
 VIN: WD3PE7CCXFP143627 Vehicle Owner: Morgan County Government
 Make: Mercedes Model: 2500 Sprinter Year: 2015
 License Plate Number: UMQ-016 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment			
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.



 Mechanic's Signature Title Date 4/10/24
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

**Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition**

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6429 (Unit 1)

VIN: 1GB3KZCY7JF195918 Vehicle Owner: Morgan County Government


Make: Chevrolet Model: Silverado Year: 2018

License Plate Number: WKO-310 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment			
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

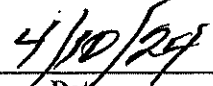
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 Mechanic's Signature

 Public Works Director

 Title



 Date

Morgan County Fleet Department

 Company Name

 17303 MCR S Fort Morgan, CO 80701

 Address

 970-542-3560

 Telephone

Morgan County Ambulance Inspection Checklist Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6430 (Unit 12)

VIN: WD4PF0CDXKP112378 Vehicle Owner: Morgan County Government

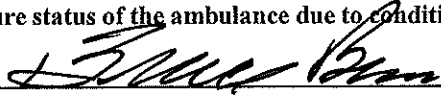
Make: Mercedes Model: 2500 Sprinter Year: 2019

License Plate Number: DFI-364 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			


The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.



 Mechanic's Signature

 Public Works Director

 Title



 Date

Morgan County Fleet Department

 Company Name

 17303 MCR S Fort Morgan, CO 80701

 Address

 970-542-3560

 Telephone

Morgan County Ambulance Inspection Checklist

Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6431 (Unit 7)
 VIN: 3C7WRLCL6MG526550 Vehicle Owner: Morgan County Government
 Make: Dodge Model: Ram 4600 4X4 HD Year: _____
 License Plate Number: CDK-E78 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	↓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

[Signature] Public Works Director 4/10/24
 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

**Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition**

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6432 (Unit 8)

VIN: 3C7WRLCL1MG526553 Vehicle Owner: Morgan County Government

Make: Dodge Model: Ram 4500 4X4 HD Year: 2021

License Plate Number: CDK-E85 Expiration Date: _____

Mechanical Evaluation Check List


Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

[Signature] Public Works Director 4/10/24
 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	10422 (2)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portible oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharnygeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capabilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capabilities for monitoring blood pressures and fetal heart tones	


Inspected by:


Approved by:


4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 6422 (2)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconinum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	


Inspected by: _____


Approved by: _____

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 10422 (2)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the appropriate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman

Inspected by: (Print)

Supervisor: (sign and date)

Travis W Freeman
Director: (sign and date)

Inspected by:


Approved by:


4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	104716 (3)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portible and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portible oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children; with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portible battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by:


Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 6426(3)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconinum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	



Inspected by:



Approved by:

4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6426 (3)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Trevio W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

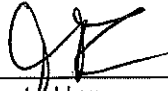
[Signature]
Inspected by:

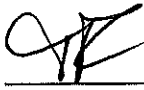
[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	Unit #
		H / 10 / 24	64175 (11)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capabilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capabilities for monitoring blood pressures and fetal heart tones	

Inspected by: 

Approved by: 

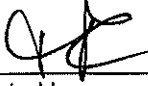
Date 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 101128(11)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremeti splints	
✓		Long spine board, scoop, with apporopriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heal.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of variuos sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equvalant capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartmnet	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: 

Approved by: 

Date 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 12478 (11)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)


[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 1 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	14179 (1)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portible and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portible oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and tranparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portible battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by:


Approved by:


4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 6479 (1)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconinum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: 

Approved by: 

Date: 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6429 (1)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)


[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	12430 (12)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portible oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	

Inspected by: 

Approved by: 


4/10/24 Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 10430(12)

Pass	Failed	Intravenous Equipment	Intial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremeti splints	
✓		Long spine board, scoop, with apporopriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heal.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of variuos sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equvalant capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartmnet	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: 

Approved by: 

4/10/24 Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6430(12)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Troy W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

Troy W Freeman 4/10/24
Director: (sign and date)


JFE
Inspected by:

JFE
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	10431 (7)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portible oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and tranparent sealing masks for adults, infants and children, with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by: _____


Approved by: _____

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 10431 (7)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by:

Approved by:

4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6431(7)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencys	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher	
✓		accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

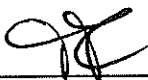
[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	62432 (8)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharnygeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	

Inspected by: 

Approved by: 

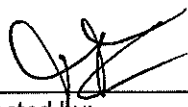
Date: 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 12432(48)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterile OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconium endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: 

Approved by: 

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6432(8)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Maoris W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2024

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 Arthur J. Gallagher Risk Management Services, LLC 6300 South Syracuse Way, Suite 700 Centennial CO 80111	CONTACT NAME: Nathan Kathol			
	PHONE (A/C, No. Ext): 303-889-2532	FAX (A/C, No):		
	E-MAIL ADDRESS: Nathan_Kathol@ajg.com			
INSURED Morgan County PO Box 596 Fort Morgan, CO 80701	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Colorado Counties Casualty & Property Pool			
	INSURER B : Various (See Attached)			
	INSURER C : Arch Insurance Company			11150
	INSURER D :			
	INSURER E :			
INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 1691711144

REVISION NUMBER:

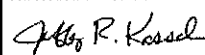
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
			INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PER PARTICIPATION CERT	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 1,500,000
	<input checked="" type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$ 1,500,000
								GENERAL AGGREGATE	\$ 1,500,000
								PRODUCTS - COMP/OP AGG	\$ 1,500,000
								Law Enforcement Liab	\$ 1,000,000
								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY				PER PARTICIPATION CERT	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>							\$
	<input checked="" type="checkbox"/> Claims Made								\$
B	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>			VARIOUS	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/>						AGGREGATE	\$ 10,000,000
									\$
									\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WCX005783208	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below								
								E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A B	<input type="checkbox"/> Prop, Mob Eq, Auto PD, XS				PER PARTICIPATION CERT	1/1/2024	1/1/2025	Deductible \$500	\$150,000
	<input type="checkbox"/> Excess Property				See Attached	1/1/2024	1/1/2025	Layered	See Attachment

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

Workers' Compensation SIR: \$875,000
 Carrier B: CWCP is a qualified Self Insured Pool and is reinsured by Carrier E
 Casualty Program includes General Liability, Auto Liability, Law Enforcement Liability, & Public Officials Liability
 RE: RE: Morgan County Ambulance License Application
 Evidence of Coverage Only

CERTIFICATE HOLDER**CANCELLATION**

Morgan County Attn: Travis Freeman 1000 E Railroad Fort Morgan, CO 80701	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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**COLORADO COUNTIES CASUALTY AND PROPERTY POOL
 1/1/2024 TO 1/1/2025 CASUALTY - LAYERED PROGRAM - POLICY NUMBERS, PARTICIPATION**

Layer	Carrier	Policy Number	Limit	Retention
Primary GL, AL, POL	Ambridge (Lloyd's)	PK1041524	\$4,500,000	\$1,500,000
Law Enforcement Liability	Lexington Insurance Co.	03824686101	\$4,000,000	\$1,000,000
Excess Layer \$5M xs \$5M	Allied World Assurance Co.	03136790	\$5,000,000	

COLORADO COUNTIES CASUALTY AND PROPERTY POOL
1/1/2024 TO 1/1/2025 PROPERTY - LAYERED PROGRAM - POLICY NUMBERS, PARTICIPATION
Attachment Clause for Master Policy

Layer	Carrier	Policy Number	Participation Limit	% Participation	Authorized Signature
Primary Layer	Uws at Lloyds (various) - LEAD	PW0330024, PW0330124	\$4,500,000	45%	
	CV Starr	SLSTPTY11929924	\$2,000,000	20%	
	Westchester Surplus	D38095432007	\$1,000,000	10%	
	Munich Re	R1A3PP000000601	\$1,000,000	10%	
	Allied World	031216751A	\$1,500,000	15%	
Total Excess Layer \$15M xs \$10M	UW at Lloyds (various)	PW0330024	\$4,500,000	30%	
	CV Starr	SLSTPTY11929924	\$3,000,000	20%	
	Evanston (Markel)	MKLV2XPR001879	\$2,500,000	17%	
	Eagle	EAGLE110568AREFWX01	\$2,000,000	13%	
	Munich Re	R1A3PP000000601	\$1,500,000	10%	
Total Excess Layer \$25M xs \$25M	Westchester Surplus Lines	D38095432007	\$1,500,000	10%	
	Spectrum	TBD	\$3,750,000	15%	
	Aspen Specialty Ins. Co.	PX00K6224	\$2,500,000	10%	
	Munich Re	78A3XP000096101	\$3,750,000	15%	
	Lexington Ins. Co.	6893563	\$5,000,000	20%	
Total Excess Layer \$50M xs \$50M	Sompo	BPD30000376001	\$2,500,000	10%	
	Westfield	XAR00018K901	\$3,750,000	15%	
	Starstone	Q87959240CSP	\$3,750,000	15%	
Excess Automobile Physical Damage - over the Road	RSUI Indemnity Co.	NHD928943	\$27,500,000	55%	
	Mitsui	EXP7000992	\$15,000,000	30%	
	Munich Re	78A3XP000096101	\$7,500,000	15%	
Endurance			\$4,000,000 xs	100%	
			\$1,000,000		



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Andra Malina Farcas	Aurora, CO 80045-2548

License Information

Some Physician Licensees have converted their Active Physician license to an Active Compact Physician License. This is noted below by the status label: Transferred to Compact Physician. If this status is present, then you may verify the license by searching for the license using the prefix "CDRH" and the Licensees Name on our Online Services page (<https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx>).

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0068787	Original	Physician	Active	04/28/2022	05/01/2023	04/30/2025

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

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Morgan County Ambulance Service Approved Medication and Procedure Protocols 2024

LDTx Maintenance Medications 503

Medication	EMT	EMT-IV	AEMT	EMT-I	Paramedic
Amiodarone				X	X
Antibiotics				X	X
Hospital Initiated or Supplied Blood Products					X
Colloids (non- blood components)				X	X
Crystalloids		X	X	X	X
Diltiazem					X
Dopamine					X
Epinephrine Inf.					X
Glycoprotein Inhibitors					X
Heparin					X
Insulin					X
Lidocaine				X	X
Magnesium Sulfate					X
Mannitol					X
Methylprednisolone					X
Nicardipine					X
Nitroglycerine					X
Norepinephrine					X
Octreotide					X
Potassium Chloride					X
Sodium Bicarbonate					X
Terbutaline				CTN	CTN
Thrombolytic					X
TPN				X	X
Pantoprazole					X

Medications by Level 504

Medication	EMT	EMT-IV	AEMT	EMT-I	Paramedic
Adenosine				VO	X
Albuterol	X	X	X	X	X
Amiodarone				VO	X
Aspirin	X	X	X	X	X
Ativan				X	X
Atropine				VO	X

Atrovent	X	X	X	X	X
Benadryl			X	X	X
Cal Chloride					X
Dextrose		X	X	X	X
Dopamine					X
Epinephrine	1:1,000 IM	1:1,000 IM	1:1,000 IM	X (1:10,000-VO)	X
Fentanyl			VO	X	X
Glucagon			VO	VO	X
Heparin					LDTX
Insulin					LDTX
Lidocaine			X (FOR IO)	X (FOR IO) / VO	X
Mag Sulfate				SO FOR OB	X
Morphine			VO	X	X
Narcan	X	X	X	X	X
Nitro Drip					LDTX
Nitro SL	VO PT ASST.	VO PT ASST.	X	X	X
Norepinephrine					LDTX
Nor. Saline IV		X	X	X	X
Oxygen	X	X	X	X	X
PRBC					LDTX
Neo- Spray					X
Normal Saline		X	X	X	X
Racemic Epi				X	X
Sodium Bicarb				VO	X
Solu-Medrol				X	X
Terbutaline					X
Toradol					X
TXA					X
Versed			VO	X	X
Zofran	X (ODT)	X	X	X	X
Zyprexa				VO	X

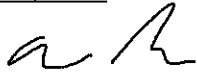
Procedures by Level 505

Procedure	EMT	EMT-IV	AEMT	EMT-I	Paramedic
AED	X	X	X	X	X
Capnography	X	X	X	X	X
Cardiac Monitor				X	X
Chest Decompression				X	X
CPAP	X	X	X	X	X

EJ Insertion			X	X	X
Pacing				X	X
IO Insertion		X	X	X	X
King Airway	X	X	X	X	X
M1 Hold	VO	VO	VO	VO	VO
Nasal Intubation					X
NG / OG tube					X
Oral Intubation				X	X
Orthostatic VS	X	X	X	X	X
IV Insertion		X	X	X	X
Pulse Ox	X	X	X	X	X
Quick Trach					X
Restraints	X	X	X	X	X
Spinal Immobilization	X	X	X	X	X
Splinting	X	X	X	X	X
Synchronized Cardioversion					X
Tourniquet	X	X	X	X	X

See MCAS Protocols for specific medication and procedure indications, contraindications, dose, etc.

Medical Advisor: Dr. Andra Farcas, MD

Medical Advisor Signature: 

MCAS Director: Travis W. Freeman, A.A.S, FP-C, NRP

MCAS Director Signature: 

Date: April 18th, 2024

Last Name	First Name	LEVEL	DRIVERS LICENSE	CPR	STATE CERT	NATIONAL CERT	ACLS	PAIS	NRP/PEPP	ABLS	BTLS/PHTLS	BLS INSTRUCTOR	CC-P / FP-C
Bailey	Travis	B	4/27/2024	2/28/2025	6/18/2024	N	N/A	N/A	N	N	N	Y	N
Baker	Sarah	B		01/01/26	06/25/24	N	N/A	N/A	N	N	N	N	N
Beza	Daniel	P	6/25/2026	5/1/2025	5/9/2024	3/31/2025	5/1/2025	5/1/2025	Y	N	Y	N	N
Bible	Jacob	P	5/31/2024	4/1/2024	5/6/2024	3/31/2026	4/1/2024	4/1/2024					
Bowman	Andrew	P	5/14/2024	7/1/2024	5/21/2025	3/31/2026	7/1/2024	9/1/2024	N/A	Y	Y	N	N
Corrwell	Adam	P	7/1/2027	2/1/2026	5/1/2025	3/31/2026	5/1/2025	5/1/2025	Y	N/A	N/A	N	N
Cox	Kaylyn	B	2/11/2029	1/1/2026	2/11/2027	3/31/2025	N/A	N/A	N/A	N/A	N/A	N	N
Estrada	Miguel	B	10/13/2028	1/1/2026									
Freeman	Travis	P	6/9/2026	7/31/2024	10/17/2024	3/31/2025	5/1/2025	5/1/2025	N/A	Y	Y	N	Y
Gerik	Alex	B	11/26/2024	10/1/2025	9/26/2025	N/A	N/A	N/A	N/A	N/A	N/A	N	N
Gibson	George	B				3/31/2025						Y	
Kinzie	Rebecca	B	03/25/28	10/01/25	08/18/25	03/31/25						Y	
Kopetzky	John	P	5/29/2024	3/1/2026	8/21/2025	3/31/2025	5/1/2025	5/1/2025	Y	N	Y	N	N
Misho	Madeline	P				03/31/25	11/01/24	10/01/24					
Neugebauer	Joseph	P	7/7/2025	1/1/2025	10/6/2024	3/31/2026	5/1/2025	5/1/2025	Y	Y	Y	Y	N
Packer	Ashlee	B	12/04/24	09/01/2024	03/12/24	03/31/25							N
Ruland	Ryan	B	3/6/2027	02/29/2024	1/8/2026	3/31/2026							N
Ryan	Justin	B	4/16/2024	4/1/2024	8/7/2026	3/31/2026	11/1/2024	3/1/2025					N
Shattuck	Mary	P	06/18/27	02/26/26	04/19/25	03/31/26	10/01/25	05/01/25					N
Siedelberg	Michael	B	10/2/2026	10/1/2025	1/10/2026	3/31/2026							N
Swanson	Drew	P	N/A	01/01/24	03/31/24	03/31/26	07/02/25	07/31/25			Y	Y	N
Villarreal	Adrian	P	8/16/2024	1/1/2026	2/11/2024	3/31/2026	11/1/2024	3/1/2025			Y	N	N
Walker	Kalissa	B	08/20/26	01/01/26	07/16/24	03/31/25							N
Walker	Kebri	B	08/20/26	01/01/26	06/22/24	03/31/25							N