

CITY of ALBUQUERQUE

TWENTY THIRD COUNCIL

COUNCIL BILL NO. R-19-194 ENACTMENT NO. _____

SPONSORED BY: Klarissa J. Peña, by request

1 RESOLUTION

2 APPROVING GRANT FUNDS AWARDED FOR THE FY2020 EMS FUND ACT
3 WITH THE NEW MEXICO DEPARTMENT OF HEALTH AND PROVIDING FOR AN
4 APPROPRIATION TO ALBUQUERQUE FIRE RESCUE IN FISCAL YEAR 2020.

5 WHEREAS, the New Mexico Department of Health distributed funds to
6 eligible entities under the Emergency Medical Services Fund Act; and

7 WHEREAS, grant funds in the amount of \$15,273 for this purpose are
8 available to the City of Albuquerque from the FY2020 EMS FUND ACT Grant;
9 and

10 WHEREAS, Albuquerque Fire Rescue will utilize this grant to purchase
11 EMS equipment; and

12 WHEREAS, the City of Albuquerque desires to accept these funds, which
13 do not require a cash match.

14 BE IT RESOLVED BY THE COUNCIL, THE GOVERNING BODY OF THE CITY OF
15 ALBUQUERQUE:

16 Section 1. That the agreement with the New Mexico Department of Health
17 in the amount of \$15,273 in State Funds is hereby approved, and its
18 acceptance and filing with the appropriate official or office is and in all
19 respects approved.

20 Section 2. That funds in the amount of \$15,273 from the New Mexico
21 Department of Health and Fund (265) are hereby appropriated to Albuquerque
22 Fire Rescue in the operating Grant Fund 265 for Fiscal Year 2020.

23

24

[Bracketed/Underscored Material] - New
[Bracketed/Strikethrough Material] - Deletion



Mayor Timothy M. Keller

CITY OF ALBUQUERQUE
Albuquerque, New Mexico
Office of the Mayor

INTER-OFFICE MEMORANDUM

August 28, 2019

TO: Klarissa Peña, President, City Council

FROM: Timothy M. Keller, Mayor

SUBJECT: APPROVING GRANT FUNDS AWARDED FOR THE FY2020 EMS FUND ACT.

The New Mexico State Department of Health distributes funds to eligible entities under the EMS Fund Act. Albuquerque Fire Recue was awarded grant funds in the amount of \$15,273 for an FY2020 EMS FUND ACT Grant.

This funding will be used to purchase EMS equipment.

This resolution is forwarded to the Council for consideration and action.

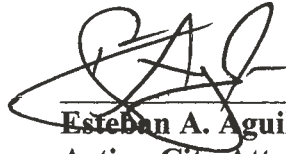
Legislation Title: FY2020 EMS FUND ACT GRANT

Recommended:




8 Sarita Nair Date
Chief Administrative Officer 9/9/19

Approved as to Legal Form:



Esteban A. Aguilar Jr. Date
Acting City Attorney 8-29-19

Recommended:



Paul W. Dow Date
Fire Chief 8/20/19

Cover Analysis

1. What is it?

Resolution approving grant funds awarded for FY2020 EMS FUND ACT with the New Mexico Department of Health and providing an appropriation for Albuquerque Fire Recue.

2. What will this piece of legislation do?

This legislation approves grant funds awarded from the state.

3. Why is this project needed?

Approval is needed to use the grant to purchase EMS equipment.

4. How much will it cost and what is the funding source?

The FY2020 EMS FUND ACT Grant is for \$15,273, which does not require a cash match.

5. Is there a revenue source associated with this contract? If so, what level of income is projected?

\$15,273 in State Funds.

FISCAL IMPACT ANALYSIS

TITLE: FY2020 EMS FUND
ACT Grant

Legislation Type Resolution
FUND: Fund 265 Operating Grants Fund

Fire Department

- ☐ No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.
- ☒ (If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

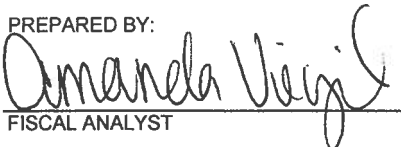
	2020	Fiscal Years 2021	2022	Total
Base Salary/Wages				-
Fringe Benefits at (use applicable rate from OMB)				-
Subtotal Personnel	-	-	-	-
Operating Expenses	15,273			15,273
Property			-	-
Indirect Costs 4.10%			-	-
Total Expenses	\$ 15,273	\$ -	\$ -	\$ 15,273
<input type="checkbox"/> Estimated revenues not affected				
<input type="checkbox"/> Estimated revenue impact				
Amount of Grant	15,273			15,273
City Cash Match				-
City In-kind Match				-
City IDOH				-
Total Revenue	\$ 15,273	\$ -	\$ -	\$ 15,273

Number of Positions created 0


COMMENTS: This funding will be used to purchase EMS equipment.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:
(Enter all other comments)

PREPARED BY:



FISCAL ANALYST

APPROVED:

 8/20/19
DIRECTOR (date)

REVIEWED BY:


EXECUTIVE BUDGET ANALYST


BUDGET OFFICER (date)
8/23/2019


CITY ECONOMIST



STATE OF NEW MEXICO
DEPARTMENT OF HEALTH
1190 St Francis Dr.
Santa Fe, NM 87502-6110

ACH Remittance Advice

State of New Mexico
Department of Finance & Administration

CITY OF ALBUQUERQUE
FIRE DEPARTMENT
11500 SUNSET GARDENS
ALBUQUERQUE, NM 87121-0000
United States

Date	Payment Amount	Reference
Aug/08/2019	\$15,273.00	3000826879

DFI ID:121000248

Bank Account: *****8581

NON-NEGOTIABLE

Business Unit : 66500

Payment Date: 08/08/2019

Reference: 3000826879

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discounts	Late Charges	Paid Amount
20190716EMSFUNDACTAlbuquerque e	Jul/16/2019	00561365	15,273.00	0.00	0.00	15,273.00

EMS Fund Act Distribution FY2020 - Local System Funding - City of Albuquerque

Supplier Number

0000054306

Name

CITY OF ALBUQUERQUE

Bank Charge

\$0.00

Transfer Cost Cd

Reference

3000826879

Date

Aug/08/2019

Total Gross Amt

\$15,273.00

Total Discounts

\$0.00

Total Late Charges

\$0.00

Total Paid Amt

\$15,273.00

August 12, 2019

City of Albuquerque
11510 Sunset Gardens SW
Albuquerque, NM 87121

Dear Sir/Mam:

In accordance with the Terms of Rules Governing in Emergency Medical Services Fund Act, DOH 7.27.4 NMAC, a warrant in the amount of **\$15,273.00** is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Albuquerque Fire Department \$ 15,273.00

These funds from the Local Funding Program of the EMS Fund Act for FY 20 (July 1, 2019 – June 30, 2020) must be accounted for in accordance with the rules set forth by the New Mexico Department of Finance and Administration, Local Government Division and the EMS Fund Act Rules 7.27.4 NMAC.

In order to keep our records in order, we are asking that each Applicant (Fiscal Agent) submit an itemized expenditures report for FY19 EMS Fund Act Local Funding Award (July 1, 2018 – June 30, 2019). If you administer funds for more than one (1) Local recipient, please submit a report for each.

If you have any questions, please contact me at (505) 476-8233 or by e-mail at ann.martinez1@state.nm.us

Sincerely,

Ann Martinez

Ann Martinez FF I / EMT- I
EMS Fund Act Coordinator

Xc: EMS Regional Director
City of Albuquerque
Local Government Division/DFA



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2020**

Due Date: January 25, 2019

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

To All Potential Applicants:

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

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a **local recipient** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service. **NOTE: You must be transitioning over to V.3 by December 1, 2018 and contacted the EMS Bureau of your transfer.**

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 25, 2019**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

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

Local Recipient:	Albuquerque Fire Rescue		101004	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
Mailing Address:	11500 Sunset Gardens SW		Albuquerque	NM 87121
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
	X 1 2 3	505-768-9318	505-934-1375	505-768-9345
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Christopher Ortiz		EMS Battalion Chief	cgortiz@cabq.gov
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>

Applicant:	City of Albuquerque/Albuquerque Fire Rescue			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
Mailing Address:	11500 Sunset Gardens SW		Albuquerque	NM 87121
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
Contact Person:	Amanda Vigil		Fiscal Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	505-768-9304	505-768-2264	amandavigil@cabq.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

EMS AGENCY FUNDING INFORMATION

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

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input checked="" type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
Mileage & Per Diem:		
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
1	Stryker Performance-PRO Gurney including the installation of the Performance Load with Charge Plate for SAE Compliance.	\$15,273.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$15,273.00

* Do not make all items Priority No. 1.

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

- Maximum number of years for single project is 3 - 5 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained (Communication is key here)

JUSTIFICATION OF TOP PRIORITIES

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

As an all-hazards fire based, Emergency Medical Services (EMS) organization, Albuquerque Fire Rescue (AFR) responds to all emergency 911 calls, meeting its mission of serving the community by providing all hazards planning, prevention, and response that promotes public safety and trust, while ensuring the safety and well-being of its firefighters. AFR, the first response agency for all emergency 911 calls in the City of Albuquerque, is a certified EMS agency under State statute and New Mexico Department of Health (NMDOH) regulations. The City, through the Fire Chief, as outlined by the City Charter and EMS Ordinance, is primarily charged with the delivery of Fire and EMS for the City of Albuquerque. AFR has the responsibility to provide the community with the best and most efficient emergency medical services available.

Since 2004, the City of Albuquerque has experienced a dramatic 71% increase in EMS calls and responses (30th busiest US Fire Dept. in 2017 according to Firehouse Magazine). More importantly, since 2010, ambulance transports in the City have increased by nearly 50%, impacting both AFR and the contracted ambulance transport company, Albuquerque Ambulance Service (AAS). In fact, since 2012, the City's surge (50%) in patient transports has increased AFR's transports by 422%.

On January 21, 2016, AFR received its Limited Authority Certificate (Public Regulation Commission [PRC] No. 56834) to provide an Ambulance Service in Bernalillo County. The overarching goal of attaining the Certificate was to provide emergency ambulance transport *only when needed*, to help alleviate the burden on Albuquerque Ambulance, as well as the EMS system within the metropolitan area. The Limited Authority allows AFR to transport patients within Bernalillo County for four (4) specific reasons only: 1) Albuquerque Ambulance Service (AAS) unavailability; 2) AAS delayed response; 3) Critical patients; and 4) COA employees/retirees.

The increase in the number of transports by AFR equates to increased wear on our front line gurneys. We have historically only purchased gurneys as part of a new ambulance purchase. When we procure a new ambulance, we acquire a new gurney. However, with the high and ever increasing volume of our system, we aren't able to keep a pool of functional gurneys in reserve. Couple that with the regulatory changes that require SAE compliance for the loading systems and you can see how the expenses associated new gurneys is not always feasible from budgetary standpoint.

AFR has never traditionally had a replacement plan in the budget for gurneys. Our plan is to try and make an annual purchase of at least one to two gurneys to ensure that we can always maintain reserves in case of an emergent need. As it stands, close to half of our front line gurneys are over ten years old and cannot be covered by a maintenance plan from Stryker. Thus, the time is now to start thinking toward the future and have a plan in place to replace the aging fleet. It is especially important with the exponential increase in transports that AFR is doing due to ALS Ambulance shortages in the metro area.



Comprehensive Quotation

Sales Account Manager
CHRISTINA THOMPSON
christina.thompson@stryker.com
Cell: 505-203-5754

Remit to:
Stryker Medical
P.O. Box 93308
Chicago, IL 60673-3308

End User Shipping Address

1189798
ALBUQUERQUE FIRE DEPT
11500 SUNSET GARDEN RD SW
ALBUQUERQUE, NM 87121

Shipping Address

1189798
ALBUQUERQUE FIRE DEPT
11500 SUNSET GARDEN RD SW
ALBUQUERQUE, NM 87121

Billing Address

1072621
ALBUQUERQUE FIRE DEPT
PO BOX 1985
FAACCT PAY MAIL
ALBUQUERQUE, NM 87103

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	7006897	12/06/2018	QUOTE		STANDARD QUOTE

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	3	Performance-PRO	6086000000	\$8,925.30	\$26,775.90	
		Options				
	3	Performance-PRO	6086000000	\$8,925.30	\$26,775.90	
	3	Dual Wheel Lock	6086602010			
	3	PR Cot Retaining Post	6085033000			
	3	6086 PERFORMANCE-LOAD OPTION	6086034001			
	3	Equipment Hook	6500147000			
	3	Performance Pro Std Components	6086026000			
	3	Siderail Option	6086058000			
	3	X-RESTRAINT PACKAGE	6500001430			
	3	Trendelenburg	6085031000			
	3	Head End Storage Flat	6095035000			
	3	J Hook	6092036018			
	3	DOM SHIP (NOT HI, AK, PR, GM)	0054030000			
	3	No Runner/HE O2	0054200994			
	3	G-Rated Mattress - Black	6506034000			
	3	Retractable Head Section O2	6085046000			
	3	RT Handel Release	6086030000			
	3	1 year parts, labor & travel	7777881660			
	3	Domestic Manual	6086600000			
	3	3 Yr X-Frame Warranty	7777881673			
	3	3 Stage IV Pole PR Option	6500315000			
2.00	3	PERFORMANCELOAD W/CHARGE,PLATE	6392000001	\$6,347.70	\$19,043.10	
		Options				
	3	PERFORMANCELOAD W/CHARGE,PLATE	6392000001	\$6,347.70	\$19,043.10	
	3	STANDARD COMPONENTS	6392026000			
	3	LABEL, 6392-000-001 SPEC	6392001901			
	3	INDUCTIVE CHARGING OPTION	6392001015			
	3	FLOOR PLATE ASSY KIT	6390700001			
	3	PERFORMANCE LOAD OPS MANUAL	6392009001			
	3	1 year parts, labor & travel	7777881660			

Note:

Product Total	\$45,819.00
Freight	\$0.00
Tax	\$0.00
Total	\$45,819.00



Comprehensive Quotation

Signature: _____ Title/Position: _____ Date: _____


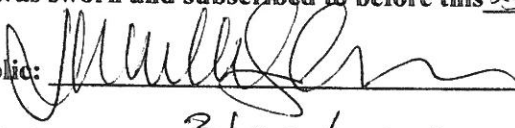
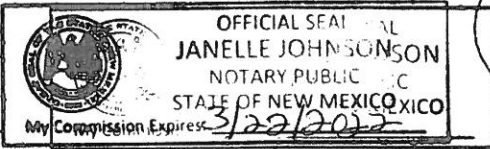
Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

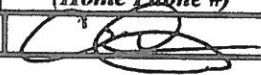
Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 Days, FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-STRYKER.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.

SERVICE NAME:	Albuquerque Fire Rescue		
----------------------	-------------------------	--	--

EMS FUND ACT CERTIFICATION BY APPLICANT			
STATE OF NEW MEXICO, COUNTY OF <u>Bernalillo</u>			
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)			
<u>SABITA NAIR</u> Mayer <u>CAO</u>		OR	Chairman, Board of Commissioners
City of Albuquerque		Bernalillo	
Municipality		County	
<p>I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:</p> <ul style="list-style-type: none"> • That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau. • That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision. • That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration. • That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes. 			
 Signature of Official Named Above		<u>CHIEF ADMINISTRATIVE OFFICER</u> (Title)	
The above was sworn and subscribed to before this <u>25</u> day of <u>January</u> , 20 <u>19</u>			
Notary Public:	 My commission expires: <u>3/22/2020</u>		 <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; text-align: center; line-height: 60px;">(SEAL)</div>

PERSON COMPLETING FORM				
Name:	Christopher Ortiz		EMS Battalion Chief	
	(Name)		(Title)	
Address:	11500 Sunset Gardens SW			
	Albuquerque	NM	87121	
	(City)	(State)	(Zip)	(+4)
505-768-9310	505-934-1375		505-934-1375	Cgortiz@cabq.gov
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

FOR BUREAU USE ONLY	
Reviewer: _____	Date Reviewed: _____
Approved: Yes No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	3	Siren	YES
Flashlight	2	Spare Tire	NO
Fuses (appropriate sizes)	6	Star of Life Displayed	YES
Jack and Handle	1	Tool Box	2
Lug Wrench	1	Triage Tags for MCI's	1 SET
Maps or Navigational equipment	2 Maps	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	YES	Vehicle Registration	Current
Roadway warning devices	Lights	Vehicle Spotlight or auxiliary lighting	1 Set
Service Specific Protocols and guidelines	YES	Warning Lights	YES
Other: <i>(Specify)</i>			

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	5 Boxes	Helmet with Face Shield	2
Eye Protection	4 pair	N-95 mask (or > particulate mask)	6 pair
Gloves (Leather or heavy duty)	2 pair	Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection	2 sets	Splash Protection (disposable)	2 pair
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1 Each		
Entitled CO2 monitoring device (optional)	2	Pulse Oximeter	2
Glucose Monitoring Instrument	1	Stethoscope	2
Penlights	2	Thermometer (Patient)	1
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	10	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	5
Auto Ventilator Devices (ATV/MTV)	NA	Oxygen Supply Tubing	5
Bag Valve Mask Devices (Adult, Child and Infant)	3	Patient Restraints	1
Band-Aids (Assorted Sizes)	2	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	2	Pediatric Restraint device/car seat	4
Biohazard Waste bags	4	Pillows	1
Blankets	1	Portable Oxygen Equipment	1
Body Bags	NA	Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	2 EACH	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	ALL	Semi-Automatic Defibrillator with Pads	LP15
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	2
Cold Pack	10	Sharps Container	1
Cold Weather Warming Devices	10	Sheets	2
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	2 SETS	Shoulder/chest/extremity straps	5
Emesis Basin	3	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	2	Splints, Extremity (Rigid, Air, Vacuum)	2/2/1
Foil Blanket	NA	Sterile Burn Sheets	2
Hand Sanitizer	6	Sterile Gloves (Assorted Sizes)	1
Heat Pack	10	Sterile Water	3
Inhalation Therapy Equipment	4	Stokes Basket	Available
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	4
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	5	Supraglottic Airway Devices	All sizes
Long Backboard	3	Multi-lumen Airway Devices	NA
Multi-level Stretcher	1	Laryngeal Airway Devices	5
Multi-Lumen Airways	NA	Towels	2
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	1
Nasopharyngeal Airways	All sizes	Trauma Dressings	3
Occlusive Dressings	5	Trauma Shears	2
On-Board Suction System	1	Triangular Bandages	3
On-Board Oxygen Supply	1	Urinal (Male and Female)	NA
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	ALL		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: (Specify)			
Advance Level			
Alcohol and Betadine Prep Pads	2	IV Fluid (Normal Saline, D5W, LR)	12
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	1	Laryngoscope Blades – Adult	1 SET
Chest Decompression Catheters	3	Laryngoscope Blades –Peds	1 SET
Cricothyroidotomy Kit	2	Laryngoscope Handle	1
EKG Monitor Electrodes	2	Magill Forceps	1
Electrode Defib Pads	3	Needles (Assorted Gauges)	10
		Pediatric Fluid Control Device	1
Endotracheal Tubes (Assorted)	ALL	Scalpels	3
Ext. Cardiac Pacing Pads	2	Syringes (1cc, 3cc, 5cc, 10cc)	10
Infusion Pumps	NA	Toomey Syringe (60cc)	2
Inhalation Therapy Equipment	2	Tubes, Blood Drawing (Assorted Sizes and Types)	NA
Intraosseous Needles	2	Tubing, IV Administration (60gtts)	10
IV Catheters	10	Tubing, IV Administration Set (10gtts – 20gtts)	10
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) <input checked="" type="radio"/> Yes <input type="radio"/> No
Other: (Specify)			