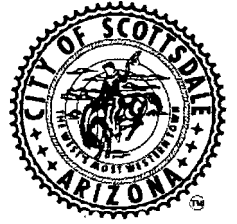


CITY COUNCIL REPORT



Meeting Date: November 13, 2017
 General Plan Element: **Public Services & Facilities**
 General Plan Goal: **Provide services to improve neighborhoods and the lives of Scottsdale residents**

ACTION

Ambulance Services Contract Award. Adopt Resolution No. 10951 authorizing the City to approve contract number 2017-163-COS, awarding the Ambulance Services contract to Maricopa Ambulance.

BACKGROUND

The Fire Department has the responsibility to provide emergency medical services (EMS) to the community. A critical component of the delivery of EMS is emergency transportation. By securing a long-term performance based ambulance contract, the City can establish minimum performance standards and provide continuity of care throughout the community in support of the Fire Department's delivery of advanced life support (paramedic) services. The City's 2006 contract with PMT expired in February of 2017 and currently has a one-year contract with PMT/Lifeline Ambulance that expires on February 16th, 2018.

A Request for Proposal (RFP) process was initiated in July of 2017 to conduct an open competitive process to secure a new ambulance contract. The RFP specified the scope of work and established minimum standards, including response times for emergency transportation units. Proposals were submitted by Maricopa Ambulance and AMR/Lifeline Ambulance.

ANALYSIS & ASSESSMENT

The City's selection panel evaluated the proposers' submissions independently and unanimously found the Maricopa Ambulance proposal to be superior. They were preferred in each category of assessment as reflected by their scores. The assessors written notes identified that Maricopa Ambulance would be the most advantageous firm for the City to use in our EMS transportation and delivery strategy. In response to the key areas of the Evaluation Criteria; *Methodology / Fleet Summary, Firm Experience & Qualifications, Financial Considerations to the City*, Maricopa Ambulance shows the experience, operational strategy and financial investment into assuring that the citizens and visitors of Scottsdale receive the highest level of EMS service delivery possible. The Ambulance Services contract shall be for a three (3) year period with two (2) additional three (3) year extensions based on contract compliance. The contract contains insurance, indemnification and standard terms and provisions maintained in City contracts, and includes the deposit of a renewable Performance Surety Bond in the amount equal to \$1,000,000.

The RFP required an eight minute and fifty-nine second (8:59) response time to priority one calls, ninety (90) percent of the time, as was required in the previous contracts. This response time is based on currently available clinical research and is internationally endorsed as an appropriate benchmark. Maricopa proposed a deployment and response plan of its ambulances that the selection committee felt can meet that performance measure. The contract provides for the assessment of non-performance liquidated damages in the event the provider does not meet response time requirements on a monthly basis.

The contract includes a financial reserve for clinical upgrades and training in the amount of \$50,000 annually, the funding of a Performance Improvement Coordinator FTE in the Fire Department to review patient charts for quality control and improvement, and requires Maricopa to stock and restock medical supplies and pharmaceuticals used by the Fire Department for medical care and treatment of transported patients. In addition, the City will be compensated by Maricopa Ambulance for each time a City paramedic accompanies an Advanced Life Support patient to the hospital. Compensation per transport will be based on the difference between the State approved Basic Life Support base rate and the Advanced Life Support rate, approximately \$100. Staff anticipates approximately eleven thousand (11,000) compensable transports per year. Maricopa has also committed to partner with the City to implement Mobile Integrated Healthcare Program enhancements that may be proposed in the future.

RESOURCE IMPACTS

Staff anticipates approximately \$1,100,000 in revenue from the Advanced Life Support transport fees and a cost avoidance of approximately \$300,000 for the provision of medical supplies and pharmaceuticals.

OPTIONS & STAFF RECOMMENDATION

Recommended Approach

Adopt Resolution No. 10951 authorizing the City to approve contract number 2017-163-COS, awarding the Ambulance Services contract to Maricopa.

RESPONSIBLE DEPARTMENT(S)

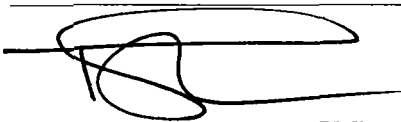
Fire Department

STAFF CONTACTS (S)

Tom Shannon, Fire Chief tshannon@scottsdaleaz.gov

Steve Randall, Deputy Chief srandall@scottsdaleaz.gov


APPROVED BY



Tom Shannon, Fire Chief

480-312-1821 tshannon@scottsdaleaz.gov

10/30/17
Date


Jim Thompson, City Manager

480-312-2811 jthompson@scottsdaleaz.gov

Date

10/31/17

ATTACHMENTS

1. Resolution No. 10951
2. Contract No. 2017-163-COS

RESOLUTION NO. 10951

A RESOLUTION OF THE COUNCIL OF THE CITY OF SCOTTSDALE, MARICOPA COUNTY, ARIZONA, AUTHORIZING THE CITY TO ENTER INTO CONTRACT NO. 2017-163-COS WITH MARICOPA AMBULANCE LLC FOR EMERGENCY AMBULANCE SERVICES.

A. Whereas the Scottsdale Fire Department provides emergency medical services when necessary to the citizens of Scottsdale;

B. Whereas a critical component of the delivery of emergency medical services is emergency transportation. In order to select an emergency transportation ambulance provider the City initiated a Request For Proposals in July of 2017 in order to conduct an open competitive process;

C. Whereas the City's selection panel evaluated the proposed submissions and independently and unanimously determined that Maricopa Ambulance LLC was the most responsible and superior proposer;

D. Whereas the City has negotiated a mutually agreeable contract with Maricopa Ambulance LLC and now desires to enter into a new Contract No. 2017-163-COS for emergency ambulance and medical transportation services.

NOW, THEREFORE, BE IT RESOLVED by the Council of the City of Scottsdale as follows:

Section 1. The Mayor of the City of Scottsdale is authorized and directed to execute Scottsdale Contract No. 2017-163-COS, with Maricopa Ambulance LLC for emergency ambulance and medical transportation services.

Section 2. The Mayor of the City of Scottsdale, the City Manager and their designees are authorized and directed to approve such other documents or make revisions to Contract No. 2017-163-COS as maybe necessary to carry out the purpose of the Contract and to conform with the Arizona Department of Health Services review and approval requirements.

PASSED AND ADOPTED by the Council of the City of Scottsdale this _____ day of _____, 2017.


ATTEST:

CITY OF SCOTTSDALE, an
Arizona Municipal Corporation

By: _____
Carolyn Jagger, City Clerk

By: _____
W.J. "Jim" Lane, Mayor

APPROVED AS TO FORM:

By:  _____
Bruce Washburn, City Attorney
By: Joe Padilla, Deputy City Attorney

**CITY OF SCOTTSDALE
EMERGENCY MEDICAL TRANSPORT
SERVICES CONTRACT**



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EXHIBIT A – ATTACHMENT #2 – FEES & CHARGES

EXHIBIT B – CONTRACTORS CERTIFICATE OF NECESSITY (CON)

EXHIBIT C – CONTRACTORS DEPLOYMENT PLAN

EXHIBIT D- CONTRACTORS CONTROL CENTER OPERATIONS

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EXHIBIT E – CONTRACTORS VENDING MACHINE SPECIFICATIONS

EXHIBIT F – CONTRACTORS FLEET AND EQUIPMENT SPECIFICATIONS



**CITY OF SCOTTSDALE
AMBULANCE CONTRACT**

THIS CONTRACT, made and entered into this 13th day of November 2017, by and between Maricopa Ambulance, LLC hereinafter designated "Contractor" and the City of Scottsdale, County of Maricopa, State of Arizona, a municipal corporation, organized and existing under and by virtue of the laws of the State of Arizona, hereinafter designated the "City" or "City of Scottsdale, "Party" or "Parties".

RECITALS:

- A. The Contractor is the holder of a Certificate of Necessity (CON) with the Arizona Department of Health Services, (DHS), and is in good standing with DHS; and
- B. Pursuant to the Request For Proposal (RFP) number 17RP032 the Contractor has submitted its proposal to provide Emergency Medical Transport Services to the citizens of Scottsdale and the Scottsdale County Island Fire District; and
- C. The Contractor is capable of supplying the necessary Emergency Medical Services (EMS) to the citizens of Scottsdale as a second responder; and
- D. The City and the Contractor desire to enter into this Contract on the terms and conditions contained herein; and
- E. The City and Contractor desire to work together to jointly provide quality EMS services to the citizens of Scottsdale, and this joint effort and the exchange of services have been determined to be of like value and result in a fair and equitable exchange between the Contractor and the City.
- F. The Mayor of City of Scottsdale is authorized and empowered by the provisions of the City Charter and Resolution No. 10951 to execute Contract No. 2017-163-COS for Ambulance and Emergency Medical Services (EMS).

AGREEMENT:

NOW THEREFORE, in consideration of the mutual promises, covenants and conditions set forth below, it is hereby agreed as follows:

1.A. SERVICES TO BE PROVIDED Except as otherwise expressly set forth herein Contractor shall provide within the City's primary service area including the Scottsdale County Fire Island District under contract with the City of Scottsdale Emergency Ambulance Transport Services including any and all labor, materials, equipment, transportation, utilities, supplies disposables required to perform all work specified in accordance with the terms of this contract as set forth in the scope of work attached as Exhibit A to this contract and by reference made a part here of including any other exhibits attached to the Scope Of Work.

1. GENERAL TERMS AND CONDITIONS

1.1 ADDITIONAL SERVICE REQUESTED Any service requested which is not specifically authorized by the Contract or written adjustments thereto, requires the issuance of a separate purchase order by the City for authorization to perform, and separate billing by the Contractor for payment.

1.2 ADVERTISING No advertising or publicity concerning the City using the Contractor's services shall be undertaken without prior written approval of such advertising or publicity by the City of Scottsdale Contract Administrator and by the City Attorney.

1.3 ARIZONA LAW The Contract and all Contract documents are considered to be made under, and will be construed in accordance with and governed by the laws of the State of Arizona without regard to the conflicts or choice of law provisions. Any action to enforce any provision of this Contract or to obtain any remedy under this Contract shall be brought in the Superior Court, Maricopa County, Arizona, and for this purpose, each party expressly and irrevocably consents to the jurisdiction and venue of this Court.

1.4 ATTORNEY'S FEES In the event either party brings any action for any relief, declaratory or otherwise, arising out of this Contract, or on account of any breach or default hereof, the prevailing party shall be entitled to receive from the other party reasonable attorneys' fees and reasonable costs and expenses, determined by the court sitting without a jury, which shall be deemed to have accrued on the commencement of such action and shall be enforceable whether or not such action is prosecuted to judgment.

1.5 AUTHORITY Each party hereby warrants and represents that it has full power and authority to enter into and perform this Contract, and that the person signing on behalf of each has been properly authorized and empowered to enter this Contract. Each party further acknowledges that it has read this Contract, understands it, and agrees to be bound by it.

1.6 CANCELLATION OF CITY CONTRACTS The City may cancel any Contract or Agreement, without penalty or obligation, if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the City's departments or agencies is, at any time while the contract or any extension of the Contract is in effect, an employee of any other party of the Contract in any capacity or a consultant to any other party of the Contract with respect to the subject matter of the Contract. The cancellation shall be effective when written notice from the City is received by all other parties to the Contract, unless the notice specifies a later time (A.R.S. 38-511).

1.7 CAPTIONS/HEADINGS The headings used in the Contract are for ease of reference only and will not in any way be construed to limit or alter the meaning of any provision.

1.8 **CERTIFICATE OF INSURANCE** Contractor is required to furnish the City of Scottsdale a Certificate of Insurance on a standard insurance industry ACORD™ form or its equivalent in accordance with clause 1.23, titled Insurance Requirements. The ACORD™ form must be issued by an insurance company authorized to transact business in the State of Arizona. A sample of a standard insurance industry ACORD™ form with the required additional insured language can be found on the Purchasing web site under forms at: <http://www.scottsdaleaz.gov/Purchasing>.

Failure to provide a Certificate of Insurance with the appropriate verbiage will result in rejection of your certificate and/or may be cause for Contract default.

1.9 **CHANGES IN THE WORK** The City may at any time, as the need arises, order changes within the Scope of the Work without invalidating the Contract. If such changes increase or decrease the amount of time required for performance of the work, an equitable adjustment shall be authorized by written Change Order. The City will execute a formal Change Order based on detailed written quotations from the Contractor. All Change Orders are subject to the approval of the Contract Administrator. Contract Change Orders are subject to the Rules and Procedures of the City's Procurement Code. No Change Order or any other provision contained in this Contract shall require the Contractor to be in violation of state or federal law, including but not limited to, compliance with Medicare, compliance with HIPAA, level of service as defined in A.C.C. R9-25-901(65), response time as defined in A.C.C. R9-25-901(47). Any such changes may require the approval of DHS prior to implementation by the Contractor.

A. The City Council shall approve any amendments to the Contract, provided however, that the City Manager is authorized by the City Council to review and approve any amendments to any provisions contained in any Exhibits attached to this Contract without further Council action.

B. The Contractor will not perform any additional services without a written Change Order approved by the City. If the Contractor performs additional services without a Change Order, the Contractor will not receive any additional compensation.

1.10 **CHEMICALS** Contractor shall provide Material Safety Data Sheets (MSDS) for all substances that are delivered to the City of Scottsdale, that come under the Federal requirements of 29CFR 1910 Subpart Z - Toxic and Hazardous Substances, which includes 29CFR 1910.1200 - Hazard Communication

A. Contractor and any subcontractors using chemicals on City of Scottsdale property shall use only the safest chemicals, with the least harmful ingredients. These chemicals shall be approved for use by a City of Scottsdale representative prior to bringing them on City property.

B. Contractor shall make every attempt to apply approved chemicals with highly volatile organic compound, outside of working hours. Adequate ventilation shall be used at all times during the application of these approved chemicals.

C. In conjunction with the Occupational Safety and Health Standards, Subpart-Z Toxic and Hazardous Substances, and Section 1910.1200 Hazard Communication, Contractor is hereby informed of the presence of (or possible presence) of chemicals in the area where the work requested will be performed. Contractor shall contact the City of Scottsdale for specific information relative to the type of chemicals present and location of appropriate material safety data sheets.

1.11 COMPLIANCE WITH FEDERAL AND ARIZONA STATE IMMIGRATION LAWS

Under the provisions of A.R.S. §41-4401, the Contractor warrants to the City that Contractor and all its Subcontractors will comply with all Federal Immigration Laws and Regulations that relate to their employees and that the Contractor and all its Subcontractors now comply with the E-Verify Program under A.R.S. §23-214(A).

A. A breach of this warranty by Contractor or any of its Subcontractors will be considered a material breach of this Contract and may subject Contractor or Subcontractor to penalties up to and including termination of this Contract or any subcontract.

B. The City retains the legal right to inspect the papers of any employee of Contractor or any Subcontractor who works on this Contract to ensure that Contractor or any Subcontractor is complying with the warranty given above.

C. The City may conduct random verification of the employment records of the Contractor and any of its Subcontractors to ensure compliance with this warranty. Contractor agrees to indemnify, defend and hold the City harmless for, from and against all losses and liabilities arising from any and all violations of these statutes.

D. The City will not consider Contractor or any of its Subcontractors in material breach of this Contract if Contractor and its Subcontractors establish that they have complied with the employment verification provisions prescribed by 8 USCA §1324(a) and (b) of the Federal Immigration and Nationality Act and the E-Verify requirements prescribed by A.R.S. §23-214(A). The "E-Verify Program" means the employment verification pilot program as jointly administered by the United States Department of Homeland Security and the Social Security Administration or any of its successor programs.

E. The provisions of paragraph 1.11 must be included in any Contract. Contractor enters into with any and all of its Subcontractors who provide services under this Contract or any Subcontract. "Services" are defined as furnishing labor, time or effort in the State of Arizona by a Contractor or Subcontractor. Services also include construction or maintenance of any structure, building or transportation facility or improvement to real property. Contractor will take appropriate steps to assure that all subcontractors comply with the requirements of the E-Verify Program. Contractor's failure to assure compliance by all its' Subcontractors with the E-Verify Program may be considered a material breach of this Contract by the City.

1.12 COMPLIANCE WITH FEDERAL AND STATE LAWS All services furnished by Contractor under the Contract shall be rendered in full compliance with all applicable federal, state, and local laws, ordinances, rules and regulations. It shall be Contractor's sole responsibility to be fully familiar with all laws, rules and regulations that apply to the services provided by Contractor and to comply with them at all times. Furthermore, Contractor agrees to perform in accordance with the provisions of any regulations or written guidelines established by the City.

A. Contractor understands and acknowledges the applicability to it of the American with Disabilities Act, the Immigration Reform and Control Act of 1986 and the Drug Free Workplace Act of 1989. The following is only applicable to construction Contracts: The Contractor must also comply with A.R.S. § 34-301, "Employment of Aliens on Public Works Prohibited", and A.R.S. § 34-302, as amended, "Residence Requirements for Employees".

1.13 **CONTRACT ADMINISTRATOR DUTIES** The City's Contract Administrator shall be the Deputy Fire Chief and is responsible for auditing the billings, approving payments, establishing delivery schedules, approving addenda, and assuring Certificates of Insurance are in the City's possession and are current and conform to the Contract requirements.

1.14 **CONTRACTOR ON SITE SAFETY REPORTING REQUIREMENTS** If Contractor's services result in Contractor working 500 or more hour's onsite at a City of Scottsdale location(s) in any one calendar quarter, the following documentation must be provided by Contractor to the Contract Administrator (CA):

- Contractor's most recent OSHA 300A (if applicable);
- all accident reports for injuries that occurred in the City under the Contract during the most recent review period;
- Contractor's current worker's compensation experience modifier;
- the above information is to be provided to the CA initially and every February thereafter as long as Contract is in force;
- the CA will provide this information to Risk Management when requested.

1.15 **COUNTERPARTS** This Contract may be executed in one or more counterparts, and each originally executed duplicate counterpart of this Contract shall be deemed to possess the full force and effect of the original.

1.16 **ENTIRE AGREEMENT** This Contract constitutes the entire understanding of the parties and supersedes all previous representations, written or oral, with respect to the services specified herein.

1.17 **EQUAL EMPLOYMENT OPPORTUNITY** During the performance of this Contract, Contractor will follow the Federal government's guidelines to ensure that employees or applicants applying for employment will not be discriminated against because of race, color, religion, sex or national origin. The City of Scottsdale Diversity Office can be reached at 480-312-2727.

1.18 **REQUIRED DOCUMENTATION** Contractor shall provide all the required documentation, which can include but may not be limited to, applicable bonds, insurance certificates, IRS W-9 Form and other documentation within ten (10) calendar days after Notice of Contract Award by the City.

1.19 **FORCE MAJEURE** Neither party shall be responsible for delays or failures in performance resulting from acts beyond their control. Such acts shall include, but not be limited to, acts of God, riots, acts of war, epidemics, governmental regulations imposed after the fact, fire, communication line failures, or power failures.

1.20 **FUNDS APPROPRIATION** If the City Council does not appropriate funds to continue this Contract and pay for required charges, City may terminate this Contract at the end of the current fiscal period. City agrees to give written notice to Contractor at least 30 days before the end of its current fiscal period and will pay Contractor for all approved charges incurred through the end of this period.

1.21 **INDEMNIFICATION**

A. Indemnification by Contractor To the fullest extent permitted by law, Contractor, its successors, assigns and guarantors, upon the assertion of a claim, will defend, indemnify and hold harmless the City, its agents, representatives, officials and employees from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, and the cost of appellate proceedings, and all claim adjusting and handling expense, investigation and litigation, for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, related to, arising from or out of, or resulting from any negligence, recklessness, or intentional wrongful conduct to the extent caused by the Contractor or any of its owners, officers, directors, agents, employees performing work or services under this Contract, including but not limited to, any Subcontractor or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable and any injury or damages by any of the Contractor's employees. This indemnity includes any claim or amount arising out of, or recovered under, the Worker's Compensation Law or arising out of the failure of the Contractor to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the City shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the City, be indemnified by the Contractor from and against any and all claims. It is agreed that the Contractor will be responsible for primary investigation, defense, and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the City, its officers, agents, and employees for losses arising from the work performed by the Contractor for the City.

B. Indemnification by City To the fullest extent permitted by law, the City, its successors, and assigns upon the assertion of a claim, will defend, indemnify and hold harmless the Contractor, its agents, representatives, officials and employees from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, and the cost of appellate proceedings, and all claim adjusting and handling expense, investigation and litigation, for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, related to, arising from or out of, or resulting from any negligence, recklessness, or intentional wrongful conduct to the extent caused by the City or any of its officers, officials, agents, or employees performing work or services under this Contract, including but not limited to, any Subcontractor or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable and any injury or damages by any of the City employees. This indemnity includes any claim or amount arising out of, or recovered under, the Worker's Compensation Law or arising out of the failure of the City to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the Contractor shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Contractor, be indemnified by the City from and against any and all claims. It is agreed that the City will be responsible for primary investigation, defense, and judgment costs where this indemnification is applicable.

C. Insurance provisions set forth in this Contract are separate and independent from the indemnity provisions of this Contract and shall not be construed in any way to limit the scope and magnitude of the indemnity provisions. The indemnity provisions of this Contract shall not be construed in any way to limit the scope and magnitude and applicability of the insurance provisions.

1.22 **INDEPENDENT CONTRACTOR** The services Contractor provides under the terms of this Contract to the City are that of an Independent Contractor, not an employee, or agent of the City. The City may report the value paid for these services each year to the Internal Revenue Service (I.R.S.) using Form 1099. City shall not withhold income tax as a deduction from contractual payments unless required under federal or state law. As a result of this, Contractor may be subject to I.R.S. provisions for payment of estimated income tax. Contractor is responsible for consulting the local I.R.S. office for current information on estimated tax requirements.

1.23 **INSURANCE REQUIREMENTS**

A. General Contractor agrees to comply with all applicable City ordinances and state and federal laws and regulations. Without limiting any obligations or liabilities of Contractor, Contractor must purchase and maintain, at its own expense, this Contract's stipulated minimum insurance with insurance companies properly licensed by the State of Arizona (admitted insurer) with an AM Best, Inc. rating of B ++ 6 or above or an equivalent qualified unlicensed insurer by the State of Arizona (non-admitted insurer) with policies and forms satisfactory to the City.. Failure to maintain insurance as specified may result in termination of this Contract at City's option.

B. No Representation of Coverage Adequacy By requiring the insurance stated in this Contract, the City does not represent that coverage and limits will be adequate to protect Contractor. City reserves the right to review any and all of the insurance policies and/or endorsements required by this Contract, but has no obligation to do so. Failure to demand any evidence of full compliance with the insurance requirements stated in this Contract or failure to identify any insurance deficiency does not relieve Contractor from, nor may it be construed or considered a waiver of Contractor's obligation to maintain the required insurance at all times during the performance of this Contract.

C. Coverage Term All insurance required by this Contract must be maintained in full force and effect until all work or services required to be performed under the terms of this Contract are satisfactorily performed, completed and formally accepted by the City, unless specified otherwise in this Contract.

D. Claims Made In the event any insurance policies required by this Contract are written on a "claims made" basis, coverage shall continue uninterrupted throughout the term of this Contract by keeping coverage in force using the effective date of this Contract as the retroactive date on all "claims made" policies. The retroactive date for exclusion of claims must be on or before the effective date of this Contract, and can never be after the effective date of this Contract. Upon completion or termination of this Contract, the "claims made" coverage shall be extended for an additional three (3) years using the original retroactive date, either through purchasing an extended reporting option; or by continued renewal of the original insurance policies. Submission of annual Certificates of Insurance, citing the applicable coverages and provisions specified herein, shall continue for three (3) years past the completion or termination of this Contract.

E. Policy Deductibles and or Self-Insured Retentions The policy requirements may provide coverage which contains deductibles or self-insured retention amounts. Any deductibles or self-insured retention are not applicable to the policy limits provided to City. Contractor is solely responsible for any deductible or self-insured retention amount. City, at its option, may require Contractor to secure payment of any deductible or self-insured retention by a surety bond or irrevocable and unconditional Letter of Credit.

F. Use of Subcontractors If any work under this Contract is subcontracted in any way, Contractor must execute a written agreement with Subcontractor containing the same Indemnification Clause and Insurance Requirements as stated in this Contract protecting City and Contractor. Contractor will be responsible for executing the agreement with Subcontractor and obtaining Certificates of Insurance verifying the insurance requirements.

G. Evidence of Insurance and Required Endorsements Before starting any work or services under this Contract, Contractor must furnish City with Certificate(s) of Insurance, or formal endorsements as required by this Contract, issued by Contractor's insurer(s) as evidence that policies are placed with acceptable insurers as specified in this Contract and provide the required coverage, conditions, and limits of coverage and that this coverage and the provisions are in full force and effect. If a Certificate of Insurance is submitted as verification of coverage, City will reasonably rely upon the Certificate of Insurance as evidence of coverage but this acceptance and reliance will not waive or alter in any way the insurance requirements or obligations of this agreement. If any of the above cited policies expire during the life of this Contract, it is Contractor's responsibility to forward renewal Certificates within ten (10) days after the renewal date containing all the aforementioned insurance provisions. Certificates must specifically cite the following provisions endorsed to the Contractor's policy:

1. City, its agents, representatives, officers, directors, officials and employees must be named an Additional Insured under the following policies:
 - a) Commercial General Liability
 - b) Auto Liability
 - c) Excess Liability - Follow Form to underlying insurance as required.
2. Contractor's insurance must be primary insurance as respects performance of subject contract.
3. All policies, except Professional Liability insurance, if applicable, waive rights of recovery (subrogation) against City, its agents, representatives, officers, directors, officials and employees for any claims arising out of work or services performed by Contractor under this Contract.
4. If Contractor receives notice that any of the required policies of insurance are materially reduced or cancelled, it will be Contractor's responsibility to provide prompt notice of same to City, unless such coverage is immediately replaced with similar policies.
5. Contractor's Insurance must be endorsed or otherwise provide for separation of insureds.

Required Coverage

H. Commercial General Liability/Garage Liability Contractor shall maintain occurrence" form Commercial General Liability/Garage Liability insurance with a limit of not less than \$10,000,000 for each occurrence, \$10,000,000 Products and Completed Operations Annual Aggregate, and a \$10,000,000 General Aggregate Limit. The policy shall cover liability arising from premises, operations, independent Contractors, products-completed operations, personal injury and advertising injury. If any Excess insurance is utilized to fulfill the requirements of this paragraph, such Excess insurance shall be "follow form" equal or broader in coverage scope than underlying insurance.

I. Vehicle Liability Contractor shall maintain Business Automobile Liability insurance with a limit of \$10,000,000 each occurrence on Contractor's owned, hired, and non-owned vehicles assigned to or used in the performance of the Contractor's work or services under this Contract. Contractor shall also maintain Uninsured Motorist Insurance of at least \$5,000,000 per accident and Underinsured Motorist coverage of at least \$5,000,000 each accident. If any hazardous material, as defined by any local, state or federal authority, is the subject, or transported, in the performance of this Contract, an MCS 90 endorsement is required providing \$5,000,000 per occurrence limits of liability for bodily injury and property damage.

J. Workers Compensation Insurance Contractor must maintain Workers Compensation insurance to cover obligations imposed by federal and state statutes applicable to Contractor's employees engaged in the performance of work or services under this Contract and must also maintain Employers' Liability Insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee and \$500,000 disease policy limit. If the Contractor's is a sole proprietor, has no employees, and has elected not to purchase workers compensation insurance; a completed and signed Workers Compensation Waiver form will substitute for the insurance requirement. The Workers Compensation Waiver form cannot be used by corporations, LLC's, partnerships or sole proprietors with employees.

K. Professional Liability If the Contract is the subject of any professional services or work, or if Contractor engages in any professional services or work adjunct or residual to performing the work under this Contract, Contractor must maintain Professional Liability insurance covering errors and omissions arising out of the work or services performed by Contractor or anyone employed by Contractor or anyone for whose acts, mistakes, errors and omissions Contractor is legally liable, with a liability insurance limit of \$1,000,000 each claim and \$2,000,000 all claims.

L. Employee Dishonesty/Fidelity Insurance Contractor shall maintain Employee Dishonesty/Fidelity Insurance, including but not limited to the perils of Employee Dishonesty, robbery, theft, disappearance or destruction of money and securities; and shall cover loss outside the premises of the Names Insured, in the performance of their duties under this contract. The limit of liability shall be not less than \$1,000,000 per occurrence.

1.24 **ISRAEL BOYCOTT PROHIBITION** By submitting a quote/proposal/bid and/or entering into a contract with the City, the vendor/company certifies that they are not currently engaged in, and agrees for the duration of the contract to not engage in a boycott of Israel as defined in A.R.S. § 35-393.

1.25 **LITIGATION** Contractor shall notify the Contract Administrator within twenty-four (24) hours of any litigation or significant potential for litigation of which Contractor is aware arising out of or related to this Contract or the administration of services under this Contract. Should such event occur on a holiday or weekend, Contractor shall notify the City no later than 9:00 a.m. on the next regular business day after the holiday or weekend. Further Contractor will be required to warrant that it will disclose in writing to the City all litigation involving Contractor, Contractor's related organization, owners and key personnel which might have a detrimental impact on Contractor or his employees' ability to carry out their operational obligations under this Contract. Such notification shall include the filing of any formal complaints, as defined in accordance with the regulations of "formal hearings" with DHS, felony criminal complaint or indictment upon receipt of a proper service of a lawsuit or hearing from a court against key personnel or a misdemeanor charge of misfeasance, malfeasance or moral turpitude. As used herein, Contractor shall refer to Contractor only and not to its parent company, unless any such Complaint against the parent company will impact Contractor's ability to carry out its obligations under this Contract.

1.26 **LOCAL CONDITIONS, RULES AND REGULATIONS** Contractor shall familiarize itself with the nature and extent of the Contract documents, work to be performed, all local conditions, and federal, state and local laws, ordinances, rules and regulations that in any manner may affect cost, progress or performance of the work

1.27 **MODIFICATIONS** Any adjustments, alterations, additions, deletions, or modifications in the terms and/or conditions of this Contract must be made by written Change Authorization approved by the Contract Administrator, Purchasing Director and the Contractor. Any such changes may require the approval of DHS prior to implementation by the Contractor.

If Contractor performs any modification without such written Change Authorization, the City shall not be obligated to accept said modification.

1.28 **NO PREFERENTIAL TREATMENT OR DISCRIMINATION** In accordance with the provisions of Article II, Section 36 of the Arizona Constitution, City will not grant preferential treatment to or discriminate against any individual or group on the basis of race, sex, color, ethnicity or national origin. The City of Scottsdale Diversity Office can be reached at 480-312-2727.

1.29 **NO WAIVER.** No delay or failure of either party in exercising any right or enforcement of any provision hereunder, and no partial or single exercise thereof, shall be deemed to constitute a waiver of such right or any other rights hereunder. All waivers must be in writing and signed by the party to be charged. Any waiver by either party of any requirement hereunder shall be deemed to be a specific limited waiver, and shall not be deemed to be a continuing waiver nor a waiver of any other requirement hereof.

1.30 **ORDER OF PRECEDENCE** In the event of a conflict in the provisions of this Contract and the Request for Proposal (RFP), as amended, the following shall prevail in the order set forth below:

1. Signed and fully executed separate Contract with exhibits
2. Special Terms & Conditions of the Solicitation
3. General Terms & Conditions of the Solicitation
4. Statement or Scope of Work (SOW)
5. Specifications
6. Attachments

7. Exhibits
8. Instructions to Bidders
9. Other documents referenced or included in the RFP or Contract

1.31 **PATENTS / INTELLECTUAL PROPERTY** Contractor agrees upon receipt of notification to promptly assume full responsibility for the defense of any suit or proceeding which is, has been, or may be brought against the City and its agents or bidders for alleged patent and/or copyright infringement, as well as for the alleged unfair competition resulting from similarity in design, trademark or appearance of goods by reason of the use or sale of any goods furnished under this Contract and Contractor further agrees to indemnify the City against any and all expenses, losses, royalties, profits and damages including court costs and attorney's fees resulting from the bringing of such suit or proceedings including any settlement or decree of judgment entered therein.

The City may be represented by and actively participate through its own counsel in any such suit or proceedings if it so desires.

1.32 **PAYMENT TERMS** The City's payment terms are payment within thirty (30) days except in Title 34 circumstances where payment is required within fourteen (14) days. In no event will payment be made prior to receipt of an original invoice containing invoice and Purchase Order numbers and receipt of purchased item. The City is not liable for delays in payment caused by failure of Contractor to send an invoice to the address specified below:

CITY OF SCOTTSDALE
ACCOUNTS PAYABLE
7447 E. INDIAN SCHOOL ROAD, #210
SCOTTSDALE, ARIZONA 85251-4468

1.33 **RECORDS AND AUDIT RIGHTS** Authorized City representatives may at any time, and without notification, directly observe Contractor's operation of the communications center, maintenance facility and any ambulance post location. Contractor's records (hard copy, as well as computer readable data), and any other supporting evidence considered reasonably necessary by the City to substantiate amounts related to the Contract shall be open to inspection and subject to audit and/or reproduction by the City's authorized representative to the extent necessary to adequately permit evaluation and verification of the terms and payments from the Contract. The City's authorized representative shall be afforded access, at reasonable times and places, to all of Contractor's records and personnel throughout the term of any contract and for a period of three (3) years after final payment under the terms of the Contract. A City Fire Department employee, or a designee as authorized by the Fire Chief and Contractor may ride as an observer or for clinical or vehicular training experience on any Contractor ambulance at any time, provided that in exercising this right for inspection, observation and training, the City's Fire Department employee shall conduct themselves professionally and shall not interfere with the duties of the Contractor's employees, and shall at all times be respectful of the Contractor's employer/employee relationships. The City or its authorized designee shall have the right to audit the reports and data that the Contractor is required to provide under the Contract. Such audits will be conducted during normal business hours with a minimum of 48-hours' notice to the Contractor.

A. Contractor must require all Subcontractors, insurance agents, and material suppliers (payees) to comply with the provisions of this contract by insertion of these requirements in a written Contract Agreement between Contractor and payee. These requirements will also apply to any and all Subcontractors.

B. If an audit, discloses overcharges, of any nature, by Contractor to the City in excess of 1% of the total Contract billings, the actual cost of the City's audit must be reimbursed to City by the Contractor. Any adjustments and/or payments which must be made as a result of any such audit or inspection of Contractor's invoices and/or records must be made within a reasonable time (not to exceed ninety (90) days) from presentation of City's findings to Contractor.

1.34 **RISK OF LOSS** Contractor agrees to bear all risks of loss, injury or destruction of goods and materials ordered as a result of this Contract which occur prior to delivery to the City; and such loss, injury, or destruction shall not release Contractor from any obligation hereunder.

1.35 **SCOTTSDALE CITY SEAL AND CITY SYMBOL** The Scottsdale City seal (as defined in S.R.C. § 2-1) and the City symbol are registered marks and are reserved solely for the City's use. Any other use or reproduction of the City's registered marks in any print, digital, or other media without the City's express, written consent is prohibited. As a breach of this prohibition may impair the City's reputation, dilute its mark(s), or otherwise cause the City irreparable harm, the City shall be entitled to an immediate injunction enjoining such use in addition to any other legal or equitable remedies.

1.36 **SEVERABILITY** If any term or provision of this Contract shall be found to be illegal or unenforceable, then notwithstanding such illegality or unenforceability, this Contract shall remain in full force and effect and such term or provision shall be deemed to be deleted. In accordance with the provisions of ARS § 41-194.01, should the Attorney General give notice to the City that any provisions of the Contract violates state law or the Arizona Constitution, or that it may violate a state statute or the Arizona Constitution, and the Attorney General submits the offending provision to the Arizona Supreme Court, the offending provision(s) shall be immediately severed and struck from the Contract and the City and the Contractor shall, within ten (10) days after such notice, negotiate in good faith to resolve any issues related to the severed provision(s).

1.37 **SUCCESSORS AND ASSIGNS** Services covered by this Contract may not be assigned or sublet in whole or in part without first obtaining the written consent of the Purchasing Director and Contract Administrator.

A. Any assignment made contrary to the provisions of this agreement shall terminate the Contract and, at the option of the City, shall not convey any rights to the assignee. Any change in Contractor's majority ownership control shall, for the purposes of this Contract, be considered a form of assignment. Despite the foregoing, and for the avoidance of doubt, the terms of this Paragraph regarding change of ownership control shall apply to Contractor and its immediate parent company only and will not apply to any other companies in the corporate hierarchy not obligated under this Contract. City shall not unreasonably withhold its approval of the requested change in ownership, so long as the transferee is of known financial and business strength and integrity. City may require credentials and financial information from the assignee and may base its approval or withholding of approval on the information provided. Should Contractor elect to secure or provide certain provisions or enhancements of this Contract

through various alternative sources, i.e., grants and/or foundations, such fact shall not be considered an assignment of this Contract or a violation thereof.

B. This Contract extends to and is binding upon Contractor, its successors and assigns, including any individual, company, partnership or other entity with or into which Contractor merges, consolidates or is liquidated, or any person, corporation, partnership or other entity to which Contractor sells its assets.

C. The sale, assignment or transfer of the Contract to an Affiliate or Parent of Contractor does require prior approval of City if the sale, assignment or transfer of the existing or newly created interest in the Contract results, directly or indirectly, in a transfer of Control of the Contract.

D. Such consent shall not be required for a transfer in trust, mortgage, or other hypothecation in whole or in part to secure indebtedness.

E. The proposed assignee must show the transfer will not cause any increased risks of nonperformance of the Contract or any loss to the City of it's bargained for consideration in the Contract. The assignee's showings must at a minimum detail facts sufficient to show the assignee's technical ability, financial capability, legal qualifications, current and past contractual obligations and performances, personnel qualifications and general character qualifications and such other qualifications as reasonably determined by City and the assignee must agree to comply with all provisions of this Contract.

F. A new entity, if allowed, must assume in writing all of Contractor's obligations and liabilities under this Contract (including assuming and being responsible for the performance, defaults, noncompliance with applicable law, obligations and liabilities under this Contract) and shall agree in writing to comply with all provisions of this Contract and become a signatory to the Contract.

G. In no event shall a transfer of ownership be approved without the successor-in-interest becoming a signatory to the Contract.

1.38 **TESTING OF MATERIALS** When required in the course of any service or Contract, the procedures and methods used to sample and test material, will be determined by the City. Unless otherwise specified, samples and tests will be made in compliance with the following: The City of Scottsdale Minimum Sampling Frequency Guide, The City of Scottsdale Material Testing Manual and/or the standard methods of AASHTO or ASTM, DSPM and MAG supplements. When the first and subsequent tests indicate noncompliance with the specifications, all retesting will be performed by the same testing agency, costs associated with noncompliance shall be paid for by Contractor.

A. Rejected materials shall be immediately removed and shall not be used in any form for any other part of the work.

1.39 **TIME IS OF THE ESSENCE** The City and the Contractor mutually agree that time is of the essence with respect to the dates and times contained in the Contract documents.

1.40 **WARRANTY** Contractor expressly warrants that all goods or services furnished under this agreement shall conform to all specifications and appropriate standards, will be new, and will be free from defects in material or workmanship. Contractor warrants that all such

goods or services will conform to any statements made on the containers or labels or advertisements for such goods, or services, and that any goods will be adequately contained, packaged, marked and labeled. Contractor warrants that all goods or services furnished hereunder will be merchantable, and will be safe and appropriate for the purpose for which goods or services of that kind are normally used. If Contractor knows or has reason to know, the particular purpose for which City intends to use the goods or services, Contractor warrants that such goods or services will be fit for such particular purpose. Contractor warrants that goods or services furnished will conform in all respect to samples. Inspection, test, acceptance of use of the goods or services furnished hereunder shall not affect the Contractor's obligation under this warranty, and such warranties shall survive inspection, test, acceptance and use.

A. Contractor's warranty shall run to City, its successors, and assigns. Contractor agrees to replace or correct defects of any goods or services not conforming to the foregoing warranty promptly, without expense to City, when notified of such nonconformity by City, provided City elects to provide Contractor with the opportunity to do so. In the event of failure of Contractor to correct defects in or replace nonconforming goods or services promptly, City, after reasonable notice to Contractor, may make such corrections or replace such goods and services and charge Contractor for the cost incurred by City in doing so. Contractor recognizes that City's requirements may require immediate repairs or reworking of defective goods, without notice to the Contractor. In such event, Contractor shall reimburse City for the costs, delays, or other damages which City has incurred.

2. SPECIAL TERMS AND CONDITIONS

2.1 ***AUTHORITY OF CONTRACT ADMINISTRATOR*** Contractor shall act under the authority and approval of the Contract Administrator for the City, to provide the services required by this Contract.

2.2 ASSURANCE OF PERFORMANCE AND DEFAULTS

2.2.1 **Continuous Service Delivery** Contractor expressly agrees that, in the event of a default by Contractor, the Contractor will work with the City to assure continuous delivery of services regardless of the underlying cause of the default. Contractor agrees that there is a public health and safety obligation to assurance that the City is able to provide uninterrupted service delivery in the event of default even if the Contractor disagrees with the determination of default.

2.2.2 **Performance Surety Bond** Contractor shall deposit with the City, an annually renewable Performance Surety Bond in the amount equal to \$1,000,000. The bond must be executed by a surety company or companies holding a Certificate of Authority to transact surety business in the State of Arizona, issued by the Director of the Arizona Department of Insurance. A copy of the Certificate of Authority must accompany the bond. The Certificate must have been issued or updated within 2 years before the execution of this Contract. The bond must be made payable and acceptable to the City. The bond must be written or countersigned by an authorized representative of the surety who is either a resident of the State of Arizona or whose principal office is maintained in this State, as by law required, and the bond must have attached a certified copy of the Power of Attorney of the signing official. If one Power of Attorney is submitted, it must be for twice the total of the face amount of the bond. If two Powers of Attorney are submitted; each must be for the face amount of the bond. A personal or individual bond is not acceptable. The bond submitted must be provided by a company which has been rated "A- or better" by the A.M. Best Company.

A. Due to emergency ambulance service being critical to the public health, safety and welfare, and because it will be impracticable to determine the actual damages in the event of Contractor's failure to perform and the establishment of a major breach or default, the parties agree that the amount of \$1,000,000 is a reasonable amount for total liquidated damages. The Performance Surety Bond will be used to assure the operation of ambulance service, including, but not limited to the conduct of an ambulance and equipment replacement procurement process, or related administrative expenses, should the City be required to terminate the Contract because of default.

2.2.3 Notice of Change Required for Bond Any Performance Surety Bond must contain the following endorsement: "At least 60 days before cancellation, replacement, failure to renew, or material alteration of this Performance Surety Bond, written notice of this intent must be given to the City by the company or companies. This notice will be given by certified mail to the Scottsdale Fire Chief, the City Treasurer, and City Manager".

2.2.4 Forfeiture of Performance Bond In the event the City terminates the Contract in the event of a default, the Contractor will immediately forfeit the full amount of its performance security as liquidated damages.

2.2.5 Default by Contractor Condition and circumstances that constitute a default of the contract include but are not limited to the following:

1. Failure of Contractor to operate the system in a manner which enables the City and Contractor to remain in compliance with federal or state laws, rules or regulations, and the requirements of DHS.
2. Falsification of information supplied by Contractor during or subsequent to any procurement process, or Contract negotiations, including by way of example, but not by way of exclusion, altering the presumptive run code designations to enhance the Contractor's apparent performance or falsification of any other data required under the Contract.
3. Creating patient responses or transports so as to artificially inflate run volumes.
4. Failure of Contractor to provide data generated in the course of operations including by way of example, but not by way of exclusion, dispatch data, patient report data, response time data or financial data.
5. Excessive and unauthorized scaling down of operations to the detriment of performance during a "lame duck" period.
6. Failure of Contractor's employees, on at least two (2) occasions after the City has given notice to Contractor of the need to cure the problem, to conduct themselves in a professional and courteous manner and present a professional appearance.
7. Failure of Contractor to maintain equipment in accordance with manufacturer recommended maintenance procedures.
8. Failure of Contractor to cooperate with and assist the City after a default has been declared.
9. Acceptance by Contractor or Contractor's employees, with the Contractor's knowledge, of any bribe, kickback or consideration of any kind in exchange for any consideration whatsoever, when such consideration or action on the part of Contractor or Contractor's

employees could be reasonably construed as a violation of federal, state or local law.

10. Payment by Contractor or any of Contractor's employees, with the knowledge of Contractor, of any bribe, kickback or consideration of any kind to any federal, state or local public official or consultant in exchange for any consideration whatsoever, when such consideration could reasonably be construed as a violation of any federal, state or local law.
11. Failure of the Contractor to meet the EMS system standard of care as established by City.
12. Failure of the Contractor to maintain insurance in accordance with the Contract.
13. Failure of the Contractor to meet response time requirements as set forth in the Scope of Work, Exhibit A – ATTACHMENT 1 attached hereto.
14. Failure to maintain a Performance Surety Bond meeting the terms and amount specified in the Contract.
15. Failure to submit reports and information in accordance with the terms and conditions of this Contract.
16. Any other failure of performance, clinical or otherwise, required in accordance with this Contract and which is determined by the Fire Chief to constitute a default or endangerment to public health and safety.
17. Failure to comply with the provisions of Exhibit F – Contractors Fleet Summary, Fleet & Equipment Specifications, attached hereto, as mutually agreed to by City and Contractor.
18. The dissolution or termination, as a matter of law, of Contractor without the prior approval of City, which shall not unreasonably be withheld.
19. If Contractor files a voluntary petition in bankruptcy; is adjudicated insolvent; obtains an order for relief under Section 301 of the Bankruptcy Code (11 U.S.C. § 301); files any petition or fails to contest any petition filed against it seeking any reorganization, arrangement, composition, readjustment, liquidation, dissolution or similar relief for itself under any laws relating to bankruptcy, insolvency or other relief for debtors; seeks or consents to or acquiesces in the appointment of any bankruptcy trustee, receiver, master, custodian or liquidator of Contractor, or any of Contractor's property and/or this Contract and/or of any and all of the revenues, issues, earnings, profits or income thereof; makes an assignment for the benefit of creditors; or fails to pay Contractor's debts generally as they become due.

2.2.6 City's Remedies If conditions or circumstances constituting a default occur; the City shall have all rights and remedies available at law or in equity under the Contract, specifically including the right to terminate the Contract. The City's remedies shall be cumulative and shall be in addition to any other remedy available to the City. Any actions specified in this, or any other, section will only be taken in compliance with A.R.S. §§ 36-2217, 36-2232-33, and subject to Arizona Department of Health Services approval.

2.2.7 Provisions for Termination of Contract In the event of default, the City will give the Contractor written notice by certified mail, return receipt requested, or hand delivery, setting forth with reasonable specificity the nature of the default. Within not more than ten (10)

business days of receipt of such notice, Contractor will deliver to City, in writing, a plan to cure such default. The plan will be updated, in writing, every ten (10) business days until the default is cured. The Contractor shall have the right to cure such default within thirty (30) calendar days of receipt of notice of default. If the Contractor fails to cure such default within the period allowed for cure (such failure to be determined by the sole and absolute discretion of the City), or the Contractor fails to timely deliver the cure plan, or updates to the City, the City may immediately terminate the Contract. The Contractor will cooperate completely and immediately with the City to affect a prompt and orderly transfer to a successor CON contractor. Any second finding of default during the term of the Contract or any Contract extensions may be used by the City to terminate the Contract. (A second finding of default is not necessary before the Contract may be terminated.)

2.2.7.1 Litigation Disputes By Contractor Contractor will not be prohibited from disputing any findings of default through litigation, provided, however, that such litigation will not have the effect of delaying, in any way, the immediate transfer of operations to a successor CON contractor. Such dispute by the Contractor will not delay the City's access to funds made available by the Performance Surety Bond. The Contractor stipulates and agrees that these provisions are reasonable and necessary for the protection of public health and safety. Any legal dispute concerning the finding that a default has occurred will be initiated and shall take place only after the transfer of operations to the successor CON contractor, and will not, under any circumstances delay the process of transferring operations, or delay the City's access to performance security funds. If the City elects to seek its own CON, the Contractor will not object to the City's application for a CON.

2.2.7.2 Contractor Cooperation Contractor's cooperation with and full support of the City's termination of the Contract, as well as the Contractor's immediate release of the Performance Surety Bond to the City will not be construed as acceptance by Contractor of the finding of default and will not in any way jeopardize the Contractor's right of recovery should a court later find that the declaration of default was made in error. However, failure on the part of the Contractor to cooperate fully with the City to affect a smooth and safe transition shall itself constitute a breach of contract.

2.2.8 "Lame Duck" Provisions Should Contractor fail to prevail in a future procurement cycle, or elects not to seek a contract extension or renewal, and Contractor terminates this contract as provided herein, or if a default is declared by the City and the contract is terminated, Contractor will agree to continue to provide all services required in and under the contract until a successor CON holder assumes service responsibilities, or the City is granted its own CON. Under these circumstances, Contractor will, for a period of time, not to exceed 180 days, serve as a lame duck contractor. To assure continued performance fully consistent with the requirements of the contract through any such period, the following provisions will apply:

A. Contractor will continue all operations and support services at the same level of effort and performance that were in effect prior to the award of the subsequent contract to a competing organization, including but not limited to compliance with the provisions related to the qualification of key personnel.

B. Contractor will make no changes in methods of operation, which could reasonably be considered to be aimed at cutting Contractor services, and operating cost to maximize profits during the final stages of the contract.

C. City recognizes that if a competing organization should prevail in a future procurement cycle, Contractor may reasonably begin to prepare for transition of the service to a

new Contractor. City will not unreasonably withhold its approval of Contractor's request to begin an orderly transition process, including reasonable plans to relocate staff, scale down certain inventory items, etc., as long as such transition activity does not impair Contractor's performance during the period.

D. During the process of subsequent competition conducted by the City, Contractor will permit its non-management personnel reasonable opportunities to discuss with competing organizations, issues related to employment with such organizations in the event Contractor is not the successful proposer. The Contractor may, however, require that its non-management personnel refrain from providing information to a competing organization regarding Contractor's current operations and Contractor may also prohibit its management personnel from communicating with representatives of competing organizations during any procurement competition. However, once the City has made its decision regarding award, and in the event that the Contractor is not the successful awardee, the Contractor will permit free discussion between their employees and the successful Contractor without restriction, and without consequence to the employee.

2.2.9 **End Term Provisions** Contractor shall have ninety (90) days after termination of the contract and the assumption of ambulance operations by a new CON holder in which to supply the required audited financial statements and other such documentation necessary to facilitate the close out of the contract at the end of the term.

2.3 **DELAYS AND EXTENSIONS** During the course of this Contract, if deemed in the best interest of the City, an extension of time may be granted. However, any time extension so granted shall not constitute or operate as a waiver by the City of Scottsdale of any of its rights herein.

2.4 **FAIR MARKET VALUE** This contract has been negotiated at arm's length and in good faith by the parties. Nothing contained in this contract, including any compensation paid or payable, is intended or shall be construed: (i) to require, influence or otherwise induce or solicit either party regarding referrals of business or patients, or the recommending the ordering of any items or services of any kind whatsoever to the other party or any of its affiliates, or to any other person, or otherwise generate business between the parties to be reimbursed in whole or in part by any Federal Health Care Program, or (ii) to interfere with a patient's right to choose his or her own health care provider.

2.5 **FEDERAL ANTI-KICKBACK STATUTE** Each party shall comply with the Federal Health Care Programs' Anti-Kickback Statute (42 U.S.C. § 1320a-7b) and any applicable regulations promulgated thereunder. The parties further recognize that this contract shall be subject to amendments of the Anti-Kickback Statute or any of its applicable regulations. In the event any applicable provisions of the Anti-Kickback Statute or its regulations invalidate, or are otherwise inconsistent with the terms of this contract, or would cause one or both of the parties to be in violation of the law, the parties shall exercise their best efforts to accommodate the terms and intent of this contract to the greatest extent possible consistent with the requirements of the Statute and applicable regulations.

2.6 **FEDERAL REGULATION COMPLIANCE** The Contractor shall comply with all applicable federal regulations, including, but not limited to: Immigration Reform and Control Act of 1986 (IRCA), OSHA regulations, including Title 29, Section 1910.1200 "Hazard Communication", and the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Contractor understands and acknowledges the applicability of these regulations to contract. Contractor agrees to permit City inspection of their records to verify such compliance.

2.7 **FUEL SURCHARGES** Fuel surcharges shall NOT be allowable during the term of this Contract.

2.8 **KEY PERSONNEL** Contractor shall provide an adequate staff of experienced personnel capable of and devoted to the successful accomplishment of Contract work. Contractor shall assign the specific individuals identified in its proposal to key positions. Contract is predicated, in part and among other considerations, on the utilization of the specific individual(s) and/or personnel qualification(s) identified and/or described in the Contractor's offer. Therefore, no substitution of such specified individuals and/or personnel shall be made without prior written approval of the CA. Any substitution of personnel under this Contract shall be equal or better than those identified in the Contract. City's approval of a personnel substitution shall not be construed as an acceptance of the substitution's performance potential. No approval shall be unreasonably withheld of a proposed substitution of personnel. Contractor shall bear all transitional expenses incurred for any costs associated with removing or replacing Key Personnel who are performing work under the Contract.

2.9 **PERFORMANCE SECURITY** Due to the importance of the EMS System to the community it serves, City and Contractor must do everything possible to eliminate the potential for a system failure. Ambulance service is an essential service and a well-designed system which incorporates a variety of performance security measures to minimize the potential for failure and to sustain uninterrupted service in the event of the failure of the Contractor.

2.10 **SUBSTANCE ABUSE SCREENING & BACKGROUND CHECK REQUIREMENTS** The Contractor shall provide the City written certification that all employees of the Contractor, who will be performing work pursuant to this Contract, have successfully completed and passed both a criminal background investigation and substance abuse screening prior to engaging in any work under this Contract.

A. Contractor's employees, prior to engaging in work under this Contract, shall be required to submit to and successfully complete a substance abuse screening (panel 110 test) for illegal drugs and controlled substances. The substance abuse screening shall be performed by a laboratory legally authorized to perform such screenings and any related cost will be at the sole expense of the Contractor.

B. All employees of Contractor shall abstain from the use of illegal drugs and/or alcohol, and the misuse of controlled substances while performing work in City facilities. Contractor shall be notified, and required to immediately remove any employee that is suspected of being under the influence of a controlled substance while performing work in a City facility. The employee removed under these circumstances may return to performing work in City facilities only after it has been determined and verified by the City, that the employee was not under the influence of a controlled substance at the time of the incident.

C. Contractor and/or Contractor's employees, prior to engaging in work for or in any City facility, shall be required to submit to and successfully complete a full state and local criminal background investigation. Contractor (if the Contractor performs work individually), shall not perform any work and the Contractor shall not allow any employee to perform work for or in a City facility, if it is determined through the background investigation, that the person has a history of conviction or arrest involving crimes of violence against others, sex offense, theft, or the sale and/or use of illegal drugs. Any cost incurred by Contractor as a result

of performing background investigation on their employees, shall be at the sole expense of Contractor.

D. Contractor agrees that City policy does not permit, and the Contractor shall not allow, any individual who meets any of the following disqualifiers to have unescorted access to any area that is considered vital infrastructure or to have unsupervised contact with members of a vulnerable population (such as children, those with mental disabilities or the elderly):

List of Automatic Disqualifiers:

1. Pending criminal charges of any kind except for minor traffic offenses.
2. Active warrants of any kind.
3. Violent felony convictions within either the last 10 years after conviction or release from prison, whichever is longer.
4. Non-violent felony convictions within either the last 5 years after conviction or release from prison, which ever period is longer.
5. Affiliation, past or present, with a terrorist organization.
6. Current affiliation with an organized crime syndicate or street gang or past membership within the last 10 years.

City of Scottsdale Vital Infrastructures includes but is not limited to:

7. Public Safety Facilities
8. Water Department Facilities
9. Prosecutors' Office
10. City Courts
11. City Hall

E. Including any facility defined under A.R.S. 41-1801 - "Critical Infrastructure" means systems and assets, whether physical or virtual, that is so vital to this state and the United States, that the incapacity or destruction of these systems and assets would have a debilitating impact on security, economic security, public health or safety.

2.11 **TERM OF AGREEMENT.** The term of this Contract shall be for a three (3) year period beginning from the date that the City issues its notice to proceed to Contractor. Such notice shall be given after this Contract has been approved by DHS, Contractor shall be obligated to seek DHS approval of the Contract with in five (5) days after execution by all parties.

2.11.1 **EXTENSIONS** The City and Contractor may mutually agree to extend this Contract for two (2) additional three (3) year periods, upon the recommendation of the Contract Administrator and concurrence of the Purchasing Director and approval by a specific City Council action. Any such extensions shall require the approval of DHS prior to implementation. Contractor shall seek DHS approval of the Contract extension within five (5) days after execution by all parties.

2.11.2 **EVALUATION OF EXTENSION** The City shall evaluate the services of the Contractor during each term of this Contract. Before extension of the Contract will be considered, this evaluation may, among other things, include:

- A. The Contractor has met or exceeded the response time reliability requirements of the Contract for each and every month of the period being evaluated.
- B. The Fire Chief certifies that the Contractor has met all clinical provisions of the Contract during the period being evaluated.
- C. The City verifies that the Contractor has met the financial requirements of the Contract.
- D. The Contractor is not in default under any of the terms and conditions of this Contract.

2.12 **IDENTIFICATION OF SUBCONTRACTORS** Should the Contractor utilize one or more subcontractors to provide any of Contractor's primary responsibilities, including but not limited to, ambulance response, medical transportation, staffing, training, communications, call center management, protocol development, accounts receivable management, collection activity, fleet or equipment maintenance, or any similar services, Contractor must provide the City -detailed information about the subcontractor and its relationship to the Contractor to allow the City to evaluate the quality and effectiveness of the subcontractor's role. Copies of all proposed subcontracts must be provided to City. In any event, City will look only to the Contractor to deliver the contracted services. The inability or failure of the subcontractor to perform any duty or deliver any contracted services will not excuse the Contractor from any responsibility under this Contract. Nothing contained in this contract shall be construed as identifying the City as a subcontractor to any ALS or Contract Labor agreements the City may enter into with Contractor.

3. **MISCELLANEOUS ITEMS**

3.1 **NOTICES** Except as otherwise required by law notices hereunder shall be given in writing delivered to the other party or mailed by registered or certified mail return receipt requested postage prepaid or by FedEx or other reliable overnight courier service that confirms delivery, address to;

To City: Scottsdale Fire Chief
City of Scottsdale
8401 E. Indian School Road
Scottsdale, AZ 85251

A copy to: City Attorney
3939 N. Drinkwater Blvd.
Scottsdale, AZ 85251

To Contractor:
Maricopa Ambulance, LLC
10243 N. 19th Avenue
Phoenix, AZ 85021

Copy to:

3.2 **VENUE AND JURISDICTION** Legal action regarding this Contract shall be instituted in the Superior Court of the County of Maricopa State of Arizona, or in the Federal District Court in the District of Arizona sitting in Maricopa County. City and Contractor agree to the exclusive jurisdiction of such courts. Claims by Contractor shall comply with time periods and other requirements of City's claims procedures and other applicable State and Federal laws.

3.3 **EXHIBITS** All exhibits attached hereto are hereby incorporated into and made an integral part of this Contract for all purposes.

3.4 **SURVIVAL** All indemnifications contained in this Contract shall survive any expiration or termination of this Agreement.

3.5 **BUSINESS DAYS** If the last day of any time period stated in this Contract or the date of which any obligation to be performed under this Contract shall fall on a Saturday Sunday or Legal Holiday then the duration of such time period or the date of performance shall be extended so that it shall end on the next succeeding day which is not a Saturday Sunday or Legal Holiday.

IN WITNESS WHEREOF, this Contract has been duly executed by the parties herein above named, on the date and year first above written.

CITY OF SCOTTSDALE

By: _____
W.J. "Jim" Lane, Mayor

ATTEST:

BY: _____
Carolyn Jagger, City Clerk

CONTRACTOR:

Maricopa Ambulance, LLC
10243 N. 19th Avenue
Phoenix, AZ 85021

By: _____

REVIEWED:

CITY OF SCOTTSDALE REVIEW:

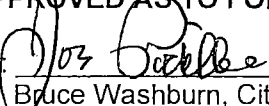
CITY CONTRACT ADMINISTRATOR:

By: _____
Steve Randall
Deputy Fire Chief
Fire Operations & Emergency Medical Services

By: _____
James Flanagan
Purchasing Director

By: _____
Katherine Callaway
Risk Management Director

APPROVED AS TO FORM:

By:  _____
Bruce Washburn, City Attorney
Joe Padilla
Deputy City Attorney

**EXHIBIT A
SCOPE OF WORK**

1. SERVICES TO BE PROVIDED

- 1.1 Contractor will provide all emergency (911) ground ambulance service for the City's primary service area and the Scottsdale County Island Fire Districts. Aero medical helicopter rescue services are not the responsibility of the Contractor.
- 1.2 All ambulance services will be provided at the Basic Life Support (BLS) levels, with the City providing the necessary paramedics for 911 emergency ALS response, riding with the patient in the ambulance to the hospital when necessary, as authorized by the protocols and approval of the City and Contractor's Medical Directors. Additionally, Contractor will provide automatic aid services, special contract services, and communications. Contractor may not furnish standby coverage for special events, inter-facility transfers, or long distance transfers with vehicles identified in the Contract as units committed to the primary service area for 911 emergencies, without the authorization of the Fire Chief or his designee.
- 1.3 Although Contractor may seek outside ambulance contracts, Contractor may not use any of the Scottsdale EMS system infrastructure or related services to provide service for any other purpose not covered by this Contract, unless Contractor first presents a plan to the City and receives written approval from City's Contract Administrator. Under no circumstances will such outside ambulance contracts interfere with Contractor meeting its obligations under this Contract to the City.

2. SERVICE AREA

2.1 Primary Service Area Summary

The primary service area for the City is as defined in Section 6.24. The population within the current legal boundaries of the City of Scottsdale is approximately 231,200 people within an area of 184 square miles. The primary service area is within the service area description contained in Contractor's CON 147.

2.2 Demographics

Demographic and geographic data may be found at the following website provided by the City @

<http://www.scottsdaleaz.gov/Assets/ScottsdaleAZ/About+Scottsdale/Demographics.pdf>

3. CONTRACTOR QUALIFICATIONS

- 3.1 Contractor and all employees shall be in compliance with all applicable Federal, State, Local, ANSI and OSHA laws, rules and regulations and all other applicable regulations for the term of this Contract.
- 3.2 Contractor shall hire, train, supervise all drivers, and be in compliance with all vehicle repair and maintenance of their fleet, in accordance with the laws of the State of Arizona.
- 3.3 Contractor, without additional expense to the City, shall be responsible for obtaining and maintaining any necessary licenses and permits required in connection with the completion of the required services herein.

- 3.4 Contractor must hold a Certificate of Necessity (CON) for City and the Scottsdale County Islands throughout the term of the contract, and any extensions.
- 3.5 Contractor must have and maintain full time Company representation located in the Scottsdale/Phoenix Metropolitan area, with the ability and authority to address all Contract issues that may develop. Contractor shall assign one (1) person to deal with the Contract Administrator, for purposes of administering all aspects of this Contract and all questions relating to this Contract. Contractor shall provide the individual's name and complete contact information.
- 3.6 Contractor may not subcontract any segment or services covered herein, without prior approval of the Contract Administrator. All subcontractors used under the scope of this Contract shall meet all requirements, terms and conditions set forth herein. All subcontracted services shall be warranted by and be the responsibility of Contractor. The subcontractor will be required to maintain their own insurance or be covered under the Contractor's insurance.

4. CERTIFICATION OF NECESSITY

- 4.1 Contractor's Certificate of Necessity (CON), Exhibit B, attached hereto with the Arizona Department of Health Services (DHS), for the City of Scottsdale and the Scottsdale County Island Fire District. Contractor shall maintain exclusive control of its ambulance service, ambulances and ambulance staff. Nothing contained herein shall imply or be construed in any way as relinquishment of control or the ceding of Contractor's ambulance service, ambulances, or ambulance staff, to any third party. At the sole discretion of Contractor, and under the authority of its CON, Contractor shall use its expertise to develop and implement operational policies, procedures, standards, and plans in order to operate its ambulance service, ambulances and ambulance staff, and in cooperation with the City, maximize the EMS system resources specific to the City, to ensure the highest standard of care for the general public. Contractor shall be solely responsible for ensuring that all operational procedures, standards and plans comply with its CON and all applicable State and federal laws.
- 4.2 Contractor and City shall establish and maintain a collaborative Performance Improvement Team to discuss, evaluate and implement specific, mutually agreed upon, operation policies, procedures, standards and EMS management plans in order to meet the City's EMS needs. The Team will include the City and Contractor's medical directors, the City's Performance Improvement Coordinator, and Contractor's Quality Assurance Officers and such management and field personnel from the Fire Department and Contractor as they may select. The foregoing is in no way meant to imply that City maintains control over the Contractor's ambulance operation, ambulances or ambulance personnel. The intent of the Performance Improvement Team is to ensure the smooth coordination of EMS services within the City. Contractor's management and control shall include developing and maintaining system status management programs to ensure that ambulances are appropriately distributed throughout the Primary Service Area in order to meet response time requirements. This also includes providing appropriately certified and trained emergency medical care technician staff for its ambulances and establishing and maintaining strategically positioned ambulance sub-stations within its service area. All operational procedures shall be mutually agreed upon.

5. EMS SYSTEM DESIGN

- 5.1. The establishment of a Scottsdale Emergency Medical Services (EMS) System has been authorized by the City Council pursuant to the provisions of the Scottsdale City Ordinance No. 3588, and the provisions of the Arizona Health and Safety Code and other relevant Federal, State and Local Laws.
- 5.2. Under the EMS system design, the City contracts for all emergency ambulance services with a single exclusive provider of ambulance services for the City. Contract rights are granted to the Contractor through an exclusive high performance contract.
- 5.3. The Scottsdale EMS system is designed along the interests of the City and Contractor with those of the community and healthcare providers they serve. The City provides no financial subsidy or payments of any kind to the Contractor. The Contractor derives its operating revenue from user fees. The Department of Health Services for the State of Arizona sets user fees for all providers. The division of functional responsibilities in the EMS system is designed to achieve the best possible combination of public interest and industry expertise, when viewed from the patient's point of view.

6. DEFINITIONS

As used in this Scope of Work and Contract, the following terms shall have the meanings as set forth below:

- 6.1 **Advanced Life Support (ALS)** means those medical treatments, procedures (including assessment), and techniques, established by A.R.S. §36-2205, which may be administered or performed by ALS paramedics.
- 6.2 **ALS Services** means a 911 response situation in which a City Firefighter Paramedic must accompany a patient to the hospital as he/she is being transported by the Contractor.
- 6.3 **Ambulance** means a vehicle providing emergency services to the City, and meeting the requirements of A.R.S. §36-2201 and which meets the additional requirements set forth in **Exhibit A- Attachment 1**.
- 6.4 **Basic Life Support (BLS)** means those medical treatments, procedures (including assessment), and techniques, established pursuant to A.R.S. §36-2205, which may be administered or performed by BLS Emergency Medical Technicians.
- 6.5 **CAD** means computer assisted dispatch.
- 6.6 **Certified** means approved by the Arizona Department of Health Services.
- 6.7 **Contract Administrator** means the Deputy Fire Chief or a Fire Department Officer designated by the City who will assure that City and Contractor jointly carry out the terms and conditions of this Contract.
- 6.8 **Contractor** means the entity awarded this Contract.

- 6.9 **Day** means calendar day, without regard to whether it is a Saturday, Sunday or holiday.
- 6.10 **Department of Health Services (DHS)** means the Arizona Department of Health Services or DHS.
- 6.11 **Director** means the Director of the Arizona Department of Health Services.
- 6.12 **Emergency Medical Technician (EMT)** means a person who has been trained in an emergency medical technician basic training program and who is certified by the Director of DHS to render Basic Life Support (BLS) pursuant to A.R.S. §36-2205 and Article 4 of Chapter 25 of Title 9 of the Arizona Administrative Code.
- 6.13 **Emergency Paramedic or Paramedic** means a person who has been trained in an emergency paramedic-training program and who is certified by the Director to render Advanced Life Support (ALS) pursuant to A.R.S. §36-2205 and Articles 4 and 5 Chapter 25 of Title 9 of the Arizona Administrative Code.
- 6.14 **EMS System** means the arrangement between the City and Contractor personnel and resources used for the coordinated delivery of pre-hospital emergency medical services and ambulance service transportation of sick and injured persons.
- 6.15 **Exception Report** means a report from Contractor to the City containing an explanation for responses that fail to meet the response time standards of the City.
- 6.16 **Fire Department** means the City of Scottsdale's municipal fire department.
- 6.17 **First Responder** shall mean Fire Department personnel that provide immediate support services during prevention, response and recovery operations.
- 6.18 **High Performance Contract**, high performance and high performance EMS shall mean an EMS system design components that specify required performance outcomes, allowing the Contractor to use its own expertise and ingenuity to achieve those outcomes. It also generally means that performance is measured in terms of the Contractor's reliability in achieving the performance requirements of the contract.
- 6.19 **Hospital** means a Scottsdale health care facility or an equivalent facility for City-based advanced life support units, in accordance with DHS requirements and approval of the Contract Administrator.
- 6.20 **Medical Director** shall mean the physician who may provide authorized medical direction to the City's EMS system in accordance with Arizona Administrative Code Title 9, Article 2 of Chapter 25.
- 6.21 **Mobile Computer Terminal (MCT)** means the mobile computer located on response vehicles that are part of the PFDRDC dispatch system.
- 6.22 **Mobile Integrated Healthcare Program (MIHP)** means a planned, non-emergent response by authorized Fire Department personnel for the purpose of improving the quality of care. This occurs by decreasing unnecessary ambulance and emergency room costs by focusing on providing the right services in the right setting. MIHP targets patients who frequently utilize 9-1-1 emergency services, who are at high risk of

readmission to a hospital, who are chronically ill, who suffer from acute behavioral health crises, or who would benefit from post discharge care, monitoring or education.

- 6.23 **Notice** means a written memorandum delivered to the Contract Administrator either by hand delivery or certified mail, return receipt requested. Facsimile or electronic e-mail notice shall not be considered notice.
- 6.24 **Primary Service Area** shall mean the service area within the legally adopted jurisdictional boundaries of the City, the Scottsdale County Island Fire District, automatic aid response areas and surrounding hospitals, emergency care facilities or other appropriate destinations as indicated for patient management as requested by the City, so long as it is within the area of the Contractor's CON.
- 6.25 **Phoenix Fire Department Regional Dispatch Center (PFDRDC or Dispatch Center)** means the Dispatch Center at the City of Phoenix Fire Department.
- 6.26 **Proposer** shall mean the entity or person submitting a proposal in response to this RFP. Where used herein, the term "proposer", "offeror", or "contractor" shall be deemed to be one and the same.
- 6.27 **Response Time** means the calculation of time from the time of dispatch by the PFDRDC Dispatch Center and ends when the Contractor physically arrives on the scene of the incident and reports via radio or via MCT to the PFDRDC that Contractor is on scene and ready to deliver Services.
- 6.27.1 **Priority 1** call shall mean a call in which the use of red lights and sirens are requested by the City for ambulance response to the scene of an incident.
- 6.27.2 **Priority 2** call shall mean:
1. A call in which the use of red lights and sirens are not requested by the City ambulance response to the scene of an incident.
 2. A call in which the initial request by the City was for a Priority 1 call, but was downgraded by the City to a Priority 2 Call prior to arrival on the scene of an incident.
 3. A call in which the initial request by the City was for a Priority 2 call, but was upgraded by the City to a Priority 1 Call prior to arrival on the scene of an incident.
- 6.28 **Standard of Care within the EMS System** means the level at which the prudent City and/or Contractor employee would provide pre-hospital emergency medical care to the sick and injured. The community standard guidelines adopted and approved by Arizona Emergency Medical Services, Inc., (AEMS), the Arizona Department of Health Services, ALS Base Station and/or similar bodies.
- 6.29 **Substitute Ambulance** means any ambulance used in place of an ALS or BLS emergency ambulance that is temporarily unavailable due to excessive call volumes, maintenance or repair.

7. CITY'S FUNCTIONAL RESPONSIBILITIES

Under the City's EMS system, the City has the following responsibilities:

1. To represent the public interest of its constituents.
2. Monitor compliance and enforce contractual terms.
3. Replace the Contractor, in case of failure to perform.
4. Provide certain portions of the system infrastructure.
5. Provide emergency ambulance service through an exclusive contract with the Contractor.
6. Solicit input from the medical community about appropriate clinical standards.

8. MEDICAL DIRECTOR The position of Medical Director has been established by a City contract. The City's Medical Director is given responsibilities by the City in accordance with Arizona Administrative Regulation R9-25-204. The Contractor will use the same Base Station used by the City for Medical Control. The City uses Scottsdale HonorHealth Osborn as its Base Station.

9. BASE HOSPITAL The City has entered into an Emergency Medical Services Base Hospital Contract with Scottsdale HonorHealth Osborn (Contract No. 2005-113-COS-A3). The Contract sets forth Hospital responsibilities and identifies hospital personnel for providing medical direction to the City, including direction to the Fire Department and Contractor personnel engaged in carrying out the medical ground ambulance transportation services specified within this Contract. Contractor must at all times utilize the services available pursuant to the Emergency Medical Service Base Hospital Contract and, as a Contractor for medical services with the City; Contractor must comply fully with the terms and conditions of such Contract. Specifically, Contractor agrees to require its personnel to utilize, in every indicated circumstance, medical advice and services available pursuant to the Emergency Medical Service Base Hospital Contract. Should the City enter into a Base Hospital Contract with any other hospital, the Contractor agrees to honor that Contract in the same manner as the current Contract

10. CONTRACTOR'S FUNCTIONAL RESPONSIBILITIES Under the City's EMS system, the Contractor shall possess and maintain throughout the contract period a valid CON for the City of Scottsdale and the Scottsdale County Island Fire District, and have the following responsibilities:

1. Employment of all ambulance field personnel.
2. Supervision and management of Contractor's employees.
3. Provision and maintenance of the vehicles and equipment necessary to provide the specified services.
4. In-service training of Contractor's employees.
5. Collaborate with the Performance Improvement Coordinator to implement the Performance Improvement plan.
6. Purchasing and inventory control.
7. Support services necessary to operate the system.
8. Accurate completion and timely submission of approved clinical and billing related data.
9. Meeting contractual response times and other performance requirements in compliance with all applicable law, including but not limited to: Federal laws and

regulations, State laws and regulations, this Ambulance Contract, the System Standards of Care and Approved Medical Protocols.

10. Participate and cooperate with the Medical Director in medical audits and reviews, with timely responses and completion of assigned tasks.
11. Report contract compliance on a monthly basis, while providing a verifiable audit trail of documentation of that performance.
12. Provide patient billing and collections service.
13. Provide indemnification, insurance and other performance security as stated in this Contract.
14. Timely notification of any change in staffing, in-service availability of ambulances and equipment.

The system design places the responsibility for operational performance of ambulance transportation services under the Contractor's control, and BLS and ALS services under the City's control, with both parties working together in good faith to achieve cost effective performance.

11. PERFORMANCE VS. LEVEL OF EFFORT This Contract is a performance contract rather than a level of effort contract. City accepts Contractor's financially guaranteed commitment to employ whatever level of effort is necessary to achieve the clinical response time and other performance results required by the terms of this Contract. Acceptance by City of this Contract shall not be construed as acceptance of Contractor's proposed level of effort rather Contractor shall meet the stated performance requirements in the contract regardless of the level of effort required. The contract requirements are over and above the Certification of Necessity minimum requirements.

12. RESPONSE TIME PERFORMANCE In this high performance-based contract City does not limit Contractor's flexibility in providing and improving EMS services. Performance that meets or exceeds the response time requirements is solely Contractor's responsibility. An error or failure in one portion of Contractor's operation does not excuse performance in other areas of operation.

12.1 Superior response time performance early in a month is not justification to allow inferior response time performance late in the month. Therefore, Contractor will use its best effort to minimize variations or fluctuations in response time performance according to day of the week, or week of the month, or time of the year.

12.2 Since the Contractor is the only provider of emergency ambulance services, patients and healthcare facilities rely on Contractor to provide timely ambulance services. The clinical impact of poor emergency performance is enormous. Therefore, Contractor will be required to meet or exceed the following criteria for emergency ambulance services at all times.

12.3 Response Time Requirements. Contractor shall operate the emergency ambulance service system so as to achieve compliance citywide every month.

12.4 Compliance is achieved when 90% or more of responses in each Priority meet the specified response time Requirements citywide. For example, to be in compliance for Priority 1 responses, Contractor must place an ambulance on the scene of each presumptively defined life-threatening emergency within eight (8) minutes and fifty-nine seconds (8:59) on not less than 90% of all Priority 1 responses.

12.5 Contractor is required to meet the following response time requirements citywide.

Priority	Maximum Allowable Response Time (Minutes)
1	8:59
2	14:59

12.6 Response priorities are defined according to a standard presumptive priority dispatch protocol approved by the Fire Chief. Currently, all emergency (911) ambulance dispatches are categorized as either Priority 1 or Priority 2. The City reserves the right to further categorize certain calls, based on telephone triage, with consideration of the impact on the contractor's operation, and adjust dispatch requirements into the following categories:

Priority	Definition
1	Life Threatening Emergencies
2	Non-Life Threatening Emergencies

12.7 Additional categories may be adopted by City in the future. Any new dispatch protocols shall be reviewed by City and Contractor, prior to implementation, to establish appropriate guidelines.

12.8 For every call in every presumptively defined category not meeting the specified response time criteria, Contractor shall submit a written report, at least monthly, in a format approved by City, documenting the cause of the late response and Contractor's efforts to eliminate recurrence.

12.9 **Response Time Measurement** The response time measurement methodology employed can significantly influence operational requirements of the EMS system. The following methodology shall be used throughout the Contract to measure response times.

(1) Time Intervals for Priority 1 and 2.

For the purposes of this Contract, response times will be measured from the time the call is received on the Contractor communications center Computer Aided Dispatch (CAD) terminal until Contractor's or another authorized mutual aid Paramedic or automatic aid Paramedic staffed ground ambulance arrives at the incident location and stops the response time clock.

For all types of requests for ambulance service, the response time clock shall be stopped by transmission by Contractor's ambulance or authorized mutual aid ambulance of the "unit arrived on scene" status signal to CAD. Such transmission shall not be made until the ambulance actually arrives and is stopped at the specific address or location dispatched. In the instance of apartment or business complexes, such transmission shall not be made until the

ambulance actually arrives at the point closest to the specified apartment or business to which it can reasonably be driven. Arrival on the scene of a Fire Department unit or supervisor's vehicle shall not stop the response time clock.

Arrival on scene means the moment an ambulance crew notifies the City's Dispatch Center that it is fully stopped at the location where the ambulance shall be parked while the crew exits to approach the patient. In situations where the ambulance has responded to a location other than the scene (e.g. staging areas for hazardous scenes), arrival "on scene" shall be the time the ambulance arrives at the designated staging location. The Fire Chief may require the Contractor to log time "at patient" for medical research purposes. However, during the term of this Contract, "at patient" time intervals shall not be considered part of the contractually stipulated response time.

In instances when the ambulance fails to report "on scene," the time of the next communication with the ambulance will be used as the "on scene" time. However, the Contractor may appeal such instances when it can document the actual arrival time through other means, such as a Fire Department unit assigned to the same call or Automated Vehicle Locator (AVL) position reporting.

(2) Upgrades, Downgrades and Reassignments

A. Upgrades

If an assignment is upgraded, prior to the arrival on scene of the first Contractor's ambulance (e.g. Priority 2 to Priority 1), Contractor's compliance with contract standards and liquidated damages will be calculated based on the shorter of:

1. Time elapsed from call receipt to time of upgrade plus the higher priority response time standard, or
2. The lower priority response time standard.

For example:

- a. A call is dispatched Priority 2 (required response time of 14:59) and is upgraded to Priority 1 (required response time of 8:59) after two (2:00) minutes have elapsed. Because $8:59 + 2:00 = 10:59$ is shorter than 14:59, the response is subject to the Priority 1 response time requirement and is considered a Priority 1 response.
- b. A call is dispatched Priority 2 and is upgraded to Priority 1 after seven minutes (7:00) have elapsed. Because 14:59 is shorter than $8:59 + 7:00 = 15:59$, the response is subject to the Priority 2 response time requirement and is considered a Priority 2 response.

(3) Downgrades

A. Downgrades may be initiated by medically trained Fire Department personnel as authorized by the Medical Director. If an assignment is downgraded, prior to the arrival on scene of the first ambulance, Contractor's compliance with contract standards and penalties will be calculated based on:

- a. The lower priority response time requirement, if the unit is downgraded before it would have been judged "late" under the higher priority response time requirement, or
- b. The higher priority response time requirement, if the unit were downgraded would have been judged "late" under the higher priority response time requirement.

(4) Reassignment Enroute

A. If an ambulance is reassigned from a lower priority call to a higher priority call while enroute and prior to arrival on scene, Contractor's compliance and liquidated damages will be calculated based on the response time requirement applicable to the assigned priority of the initial response. The response time clock will not stop until the arrival of an ambulance on the scene from which the ambulance was diverted.

(5) Cancelled Enroute

A. If an ambulance is cancelled by an authorized agency, after an assignment has been made, but prior to the arrival of the first ambulance, and no ambulance is required at the dispatch location, the response time clock will stop at the moment of cancellation. If the elapsed response time at the moment of cancellation exceeds the response time requirement for the assigned priority of the call, the unit will be determined to be "late" and the appropriate liquidated damages will be assessed.

(6) Response Times Outside of Scottsdale Service Area

A. Contractor will not be held accountable for emergency response time compliance for any response dispatched to a location outside of the defined service area of the City. Responses to requests for service outside of the service area will not be counted in the total number of responses used to determine compliance.

(7) Each Incident A Single Response

A. Each incident will be counted as a single response regardless of the number of units that respond. The dispatch time of the first ambulance dispatched and the on scene time of the first arriving Contractor's or authorized mutual aid or automatic aid ground ambulance will be used to compute the response time for the incident.

(8) Response Time Exceptions and Exemption Requests

A. Contractor shall maintain mechanisms for reserve production capacity to increase production should temporary system overload persist. However, it is understood that from time to time unusual factors beyond Contractor's reasonable control affect the achievement of the specified response time requirement.

B. These unusual factors are limited to unusually severe weather conditions, declared disasters or periods of unusually high demand for emergency services.

C. Equipment failures, traffic congestion, ambulance failures, dispatch errors, inability to staff units and other causes will not be grounds for granting an exception to compliance with the response time requirements.

D. If Contractor believes that any response or group of responses should be excluded from the compliance calculations due to "unusual factors beyond Contractor's reasonable control," Contractor may provide detailed documentation to the Contract Administrator and request that the City exclude these runs from response time calculations and late penalties. Any such request must be made in writing and received by the City Contract Administrator within five (5) business days after the end of each month. The Contract Administrator will jointly review the request and issue a determination. Should Contractor dispute the determination made by the Contract Administrator; Contractor may make a written appeal to the Fire Chief for a definitive ruling within five (5) business days of receiving the response time calculations summary. The Fire Chief's ruling will be final and binding.

(9) Response Time Audit Trail

A. Contractor will provide a system to assure a complete audit trail for all response times and assure the City access to the response time data at any time to assure compliance and to calculate liquidated damages.

13. DEVIATIONS FROM RESPONSE TIME, PERFORMANCE OR OTHER STANDARDS

13.1 Medical research has shown that the emergency response time from point of injury or serious physical illness is one of the key factors in determining the survival of patients critically injured or ill, particularly in heart attack emergencies. Therefore, City has determined that the response times contained herein are vital to the health, safety, and welfare of its citizens.

13.2 Contractor understands and agrees that the failure to comply with any time, performance or other requirements in this Contract will result in damage to the City and its citizens and that it is and will be impracticable to determine the actual amount of such damage whether in the event of delay, nonperformance, failure to meet standards, or any other deviation; therefore, the Contractor and City agree to the liquidated damages specified in Non-Performance Liquidated Damages in paragraph 14 of this Scope of Work.

13.3 It is expressly understood and agreed that the liquidated damages amounts are not to be considered a penalty, but shall be deemed, taken and treated as reasonable liquidated damages. It is also expressly understood and agreed that the City's remedies in the event of the Contractor's default, minor or major breach or any noncompliance, are not limited to the Contract liquidated damages provisions. All liquidated damage amounts will be billed first to the Contractor, and if not paid within thirty (30) days from the date of invoice, then may be subject to be withdrawn from the Performance Surety Bond.

13.4 Upon either retrospective audits of calls or exemption requests, if the City finds that a call was assigned a lower priority by the Contractor than would have been assigned had the Contractor communications personnel properly followed the Medical Priority Dispatch Standards as approved by the Fire Chief or his designee, the City will measure the response time against the higher priority, and when applicable, the response will be subject to late response time liquidated damages.

14. NON-PERFORMANCE LIQUIDATED DAMAGES

14.1 The following liquidated damages will be assessed when system wide response time compliance for Priority 1 or 2 transports falls below 90% for any given month:

89.0 – 89.9%	\$7,000
88.0% - 88.9%	\$9,000
87.0% - 87.9%	\$10,000
86.0% - 86.9%	\$11,000
0% - 85.9%	\$12,000

A. Each Priority 1 Response Time exceeding 19:59 minutes will be assessed a non-performance liquidated damage of one thousand dollars (\$1,000).

B. Each Priority 2 Response Time exceeding 24:59 minutes will be assessed a non-performance liquidated damage of five hundred dollars (\$500).

C. Response Time Exceptions and Exemption Requests for each Priority 1 or 2 responses that exceed the maximum timeframes defined above will be treated in accordance with Response Time Performance, Item 12.

D. Failure to meet Priority 1 or 2 response time requirements for at least 90% of responses each month for 3 consecutive months or for 4 months in any contract year will be additionally defined as a major breach and may result in removal of the Contractor and forfeiture of the Performance Surety Bond.

E. The City will submit monthly invoices to the Contractor, who will be required to submit payment to the City within thirty (30) calendar days.

15. REPORTING REQUIREMENTS Contractor will provide, by the fifteenth (15th) day of each calendar month, reports detailing its performance during the preceding month as it relates to each of the performance requirements stipulated herein. If Contractor is unable to get needed reports from the Dispatch System, consideration will be given by City to provide assistance in obtaining the needed reports.

16. EQUIPMENT FURNISHED / INFRASTRUCTURE AVAILABLE For services rendered to the community, City will provide to Contractor, access to the radio system used by the City.

A. The City currently contracts with the City of Phoenix Fire Department Alarm Center for Fire Department Communications services. Unless modified at some later date by the City, references to the City's Communications or Dispatch Center refer to the Phoenix Fire Regional Dispatch Center (PFDRDC or Dispatch Center).

B. For reasons of continuity of dispatch functions, economy of resources, EMS system oversight and performance security, Contractor shall perform all ambulance dispatch functions required under this Contract from within a Contractor provided Communications Center or an alternative acceptable to the City.

17. RETURN OF CITY EQUIPMENT Contractor agrees to return any City issued equipment in good working order, normal wear and tear excepted, at the termination of the Contract. For any City equipment not returned at the conclusion of the term, or, for any equipment returned damaged or unusable, City shall repair or replace this equipment at Contractor's expense.

18. PHOENIX FIRE DEPARTMENT REGIONAL DISPATCH SYSTEM

18.1 Dispatch Service.

A. Contractor agrees to pay the City of Phoenix an annual fee, payable quarterly, for basic dispatch services provided by the PFDRDS, based on the total number of ambulance dispatches for the previous calendar year as delineated in **Exhibit A - Attachment 2** of this Scope of Work. Any payments to the City shall not exceed the actual amounts paid and/or due by the City for these services on behalf of Contractor and will reflect only those charges for dispatch of ambulances and related equipment costs and fees. As a condition of participation, Contractor agrees to conform to the Phoenix Fire Department Communication and Incident Management Procedures (PFD Procedures, Vol. II).

18.2 Technical Service.

A. Contractor agrees to pay the City of Phoenix a Technical Service Fee each fiscal year (July 1 through June 30) for the services provided by Phoenix. The Technical Service Fee shall consist of a specific Maintenance portion and a General Maintenance portion.

1. The specific Maintenance portion of the Technical Service Fee is associated with parts and materials for each specific piece of equipment, as delineated in **Exhibit A - Attachment 1** to this Scope of Work.

2. The General Maintenance portion of the Technical Service Fee offsets costs associated with the general maintenance of that equipment and is based on a per unit charge for each piece of equipment in the Equipment Base, as set forth in the Phoenix Fire Department Regional Dispatch System Agreement.

18.3 Total Charges.

A. Current charges at time of contract acceptance will result in the Dispatch and Technical Service Fees that the City of Phoenix will charge Contractor. The City will receive the invoice from PFDRDS and will submit that invoice directly to Contractor, and Contractor will make payment to PFDRDS in accordance with the schedule. The schedule will be revised annually, and will become effective on July 1 of each year.

B. In addition to payments described above, certain other fees associated with the expansion of the Phoenix Regional Wireless Network (PRWN) may be applicable, and, if so, an amendment to this Scope of Work will be created and included.

19. OPTICOM TRAFFIC SIGNAL PRE-EMPTION SYSTEM For services rendered to the community, City will provide access to its Opticom Traffic Signal Pre-emption System for Contractor contracted ambulances, including back-up ambulances. This System shall be used only for 911 responses or transports within the City's primary service area. Contractor shall be responsible for the purchase of all equipment necessary to install and activate, in all its

contracted Ambulances, the Opticom Traffic Signal Pre-emption System. All equipment specifications must be approved by the City. In addition, an AVL system shall be integrated with the Contractor's CAD system.

20. CONTRACTOR PROVIDED EQUIPMENT Contractor shall provide the ambulances, clinical equipment and supplies as a part of this Contract as described in **Exhibit A - Attachment 1**, attached hereto and by reference made a part hereof. Included therein is the type of ownership of the vehicles, whether leased or otherwise.

A. Ambulance Fleet Contractor's detailed plan for the management of the ambulance fleet, support vehicles and equipment, together with Contractor's preventive maintenance plan is hereby incorporated as Exhibit F – Contractors Fleet Summary, Fleet & Equipment Specifications, attached hereto.

The specified ambulances shall meet the following minimum standards:

- (1) Minimum Fleet size of 125% of proposed peak deployment to adequately respond to unplanned surge events and vehicle replacement due to maintenance, inspection, etc. Ambulances deployed at the inception of the contract shall not be more than three years old or exceed 150,000 miles of use.
- (2) All Ambulances used as contract units capable of providing 911 services for the City shall be Type II or III.
- (3) All Ambulances to meet Federal Specification KKK-1822F and be certified by the manufacturer to meet these specifications. Exceptions are allowed only for those items and features that must differ from the federal specification in order to meet Arizona State requirements.
- (4) All ambulances must be specified and constructed to carry multiple individuals without exceeding the Original Equipment Manufacturer's specified Maximum Gross Vehicle Weight while fully equipped and fueled. For purposes of calculating this requirement, Contractor may use a standard DOT per person weight of 175 pounds. In any event, Contractor must not exceed the manufacturer's Gross Vehicle Weight (GVW).
- (5) All ambulances will be identified as stipulated in A.A.C. R-9-25-1006. Any additional markings are subject to prior City approval.

B. Fleet Safety: Contractor shall describe vehicle specifications and modifications designed to improve the safety of patients, firefighters and Contractor's employees. At a minimum, the following areas shall be addressed:

- (1) Road Safety, Driver education and vehicle operations.
- (2) "Low Forces" driving systems.
- (3) Patient and attendant restraint and injury prevention systems.
- (4) Vehicle monitoring and record keeping systems
- (5) Fleet maintenance procedures designed to promote and enhance safety.

C. Fleet Compliance: The City shall have the right to thoroughly inspect and investigate the establishment, facilities, business reputation and other general qualifications of

Contractor, to determine if Contractor is lacking in any of the elements necessary to assure acceptable standards of performance. The City reserves the right to make unannounced inspection of the Contractor's facility (during normal business hours), for the entire term of the contract to ensure Contractor's continued conformance to the requirements herein.

21. USE OF CITY FIRE STATIONS Contractor may not use City Fire Stations as a part of this Contract for its equipment or staff, without the prior written approval of the Fire Chief

22. SUPPLIES FOR BASIC AND ADVANCED LIFE SUPPORT SERVICES It shall be Contractor's sole responsibility and at the Contractor's sole expense to provide all disposable supplies and pharmaceuticals necessary and/or required to perform basic and advanced life support services. Contractor will provide as a minimum, all equipment and supplies in compliance with DHS guidelines and the current Scottsdale Basic and Advanced Life Support equipment and supply list (refer to **Exhibit A Attachment 1**). Contractor will comply with the required number, type and in some cases brand (including name brand only), of each item that shall be carried on every ambulance. From time to time, Contractor may submit proposed enhancements and additions to the list. The Fire Department and Medical Directors, in cooperation with Contractor, shall develop the Scottsdale Basic and Advanced Life Support equipment and supply list, and may modify this list to reflect changing practices within the EMS system.

For each instance in which a Contractor's unit fails to meet the minimum equipment requirement, City will assess liquidated damages of \$500. Failure to meet the minimum equipment requirement may be determined as the result of an incident related to a response or as a result of any scheduled or unscheduled ambulance inspection. The City will submit monthly invoices to the Contractor, who will be required to submit payment to the City within thirty (30) calendar days.

23. SCENE CONTROL The Scottsdale Fire Department has the responsibility for overall scene safety and management of all responders and patients. Where City emergency personnel are present, City is the control authority at the scene. Contractor is included in standard operating procedures within the command system. City shall provide ALS Services to the patient utilizing City's First Responder Paramedics. Contractor shall be liable for any actions taken by Contractor's employees that are outside City's EMS system and that are contrary to any instructions given by City Paramedics at the scene or by City's Base Station Physician.

24. INCIDENT COMMAND STRUCTURE Contractor will require its employees, including EMT's, Paramedics, Supervisors, Dispatchers and Management personnel to adhere to and participate in the Fire Department's Incident Command procedures. Ambulance crews and other personnel will participate in and fully comply with accountability procedures when involved in any incident in which the Incident Commander requires them to use the accountability system.

25. EQUIPMENT AND MEDICAL SUPPLIES REPLENISHMENT Contractor is authorized by the Arizona Department of Health Services to charge for Disposable Medical Supplies. Whenever the Fire Department uses disposable medical supplies at a medical incident, and Contractor transports the patient, Contractor shall replenish such disposable medical supplies used by the Fire Department. Replacement of disposable medical supplies shall occur either by one for one exchange at the time of transport, or the Fire Department may submit to Contractor a list of requested disposable medical supplies. These supplies will be delivered to the Fire

Department and the Fire Department will distribute them throughout its system. (The supplies are as described in Exhibit E attached hereto).

A. The City's disposable supplies shall be stocked and replaced by Contractor.

B. The Fire Department will re-stock pharmaceuticals at the hospital. The hospital will direct all invoices for pharmaceuticals to the Contractor for payment to the hospital. Contractor shall be entitled to bill the payor for pharmaceuticals administered by the Fire Department.

C. Under DHS regulations, Contractor's BLS ambulances are not permitted to carry pharmaceuticals, therefore, the City will carry pharmaceuticals on its first responder vehicles for all ALS calls.

26. IN-SERVICE TRAINING Each Party shall make available its in-service training program to the other Party, which will benefit the EMS system as a whole. This training should, facilitate on-scene interactions with City and Contractor's personnel by offering joint EMS training and provide access to City and Contractor's educational programs needed for the continued certification of the Contractor and the City Fire Department.

27. COMMUNICATIONS SYSTEM MANAGEMENT For EMS services provided to the community, City will provide Contractor access to the Phoenix Fire Department Regional Dispatch System. Contractor shall furnish and manage emergency ambulance dispatch and communication services through the PFDRDS. Ambulance System Status Management shall be provided by Contractor.

27.1 Hardware Contractor shall provide ambulance radios (mobile and portable) and Mobile Computer Terminals, dispatch equipment including consoles, furniture, CAD and AVL systems, paging systems, uninterruptible power supplies, telephone and base radios.

A. The City currently utilizes a dual band VHF (154-155MHz) /800 MHz radio system. Contractor must provide base, mobile and portable radios that enable voice interoperability by allowing Contractor's dispatch center, ambulances and supervisors to communicate directly with Fire units and Phoenix Fire Regional Dispatch Center on appropriate radio channels and according to procedures established by the Fire Department. Field unit radios (mobile and portable) and Mobile Computer Terminals are to be acquired by Contractor. Failure to comply will result in liquidated damages of \$1,000 per incident where the responding ambulance does not have communication capabilities. The City will submit monthly invoices to the Contractor, who will be required to submit payment to the City within thirty (30) calendar days.

27.2 Priority Dispatch Protocols and Pre-Arrival Instructions Phoenix Fire Regional Dispatch System will be responsible for Emergency Medical Dispatch procedures and call prioritization. Contractor participation in joint quality improvement may be required at City discretion.

28. COMMUNICATION CENTER DATA CAPABILITIES Contractor's electronic data system as set forth in Exhibit D & Attachment 1 of Exhibit D shall be capable of producing the following reports to be utilized in measuring response time compliance:

1. Emergency life threatening and non-life threatening response times by jurisdiction and by user definition.

2. Out of chute response times by crewmembers.
3. On-scene times.
4. Hospital drop times by crewmembers.
5. Emergency and non-emergency responses by hour and day.
6. Dispatch personnel response time reports.
7. Canceled run report.
8. Demand analysis report.
9. Problem hour assessment. Call mode by hour and day.
10. Ambulance alert exception report.

29. INTERNAL RISK MANAGEMENT/LOSS CONTROL PROGRAM REQUIRED

Education and aggressive prevention of conditions in which accidents occur is the best mechanism to avoid injuries to patients and Contractor's staff. Therefore, Contractor shall develop and implement an aggressive loss control program including, at a minimum, physical pre-screening of potential employees (including drug testing), initial and on-going driver training monitoring of driving performance, safety restraints for patients and caregivers, infectious/communicable disease training, lifting technique training, hazard reduction training, as well as involvement of employees in planning and executing its safety program. Contractor shall provide to the City, in writing and subject to the approval of the City, its program for internal Risk Management and Loss Control.

30. STAND-BY COVERAGE Upon request by law enforcement and fire department dispatchers, Contractor will respond to emergency incidents involving a potential danger to the personnel of the requesting agency or the general public.

31. PUBLIC RELATIONS ACTIVITIES The Contractor shall obtain approval from the Fire Chief prior to the production or planning of any press release or media event related to emergency responses or health and safety campaigns in Scottsdale.

32. MUTUAL AID Contractor shall, at a minimum, provide mutual aid as required by the Arizona Department of Health Services. Additionally, Contractor may enter into mutual aid agreements with other agencies which will utilize other Contractor units to occasionally respond to calls within the City's jurisdiction, provided that the level of service is substantially equal to that provided by Contractor and Contract has the prior written approved of the Fire Chief. Mutual aid may be utilized to augment, but not replace, the services that City is requiring from Contractor. In every case, Contractor will be held accountable for the performance, including response times, of any mutual aid provider used.

33. DISASTER ASSISTANCE AND RESPONSE Contractor shall be actively involved in planning for and responding to any declared disaster in the City. Both a Mass Casualty Incident Plan (MCI) and an Emergency Disaster Plan following incident command system guidelines have been developed.

33.1 In the event a disaster within the City or a neighboring city is declared, normal operations shall be suspended and Contractor shall respond in accordance with the City's Disaster Plan. Contractor shall use best efforts to maintain primary emergency services and may suspend non-emergency service as required. During the period of a declared disaster, the City will not impose performance requirements and penalties for response times.

33.2 The direct marginal costs resulting from the performance of disaster services that are non-recoverable from third parties shall be submitted to the appropriate agencies for cost recovery. Such marginal costs shall not include cost for maintaining normal levels of service during the disaster, but shall be limited to the reasonable and verifiable direct marginal cost of these additional services. City will provide all reasonable assistance to Contractor in recovering these costs; however, City shall not be responsible for payments to Contractor.

33.3 During mass-casualty or disaster situations, Contractor will ensure that City Fire Department Dispatch Centers, appropriate hospitals and City Health Services are kept informed of patient status. Contractor will have radio communications capability to do so and will adapt to alternative communications mechanisms, if necessary. If the primary system is not functioning, these communications capabilities will be extended to the City Fire Department at any time upon request.

34. DEPLOYMENT PLANNING Contractor will propose an initial deployment plan attached as Exhibit C incorporated herein to the City. Contractor agrees to follow a system status management plan to ensure coverage in this performance based contract. By following the system status management plan, Contractor will have the ability to monitor peak time demands and make adjustments to the system.

A. The plan will best address the needs of all areas of the City, including variances by time of day and day of week. The plan will establish definitive hours of operation (combination of 24-hours), number and location of units, as well as unit designators.

B. This proposed plan will be reviewed by City and may be modified to satisfy operational response time requirements. City reserves final acceptance of the mutually agreed deployment plan. Contractor shall adopt the deployment plan using Contractor staffing only.

C. Contractor agrees to work with the City on changes that are made to the deployment plan with the understanding the System Status Management (SSM) System can change rapidly. The contract with the City is a performance based agreement, which is the responsibility of the Contractor to manage and meet the stated performance requirements in the contract regardless of the level of effort required.

35. PROGRAM ENHANCEMENTS Contractor agrees to work with the City on possible MIHP program enhancements, such as behavioral or others that the City may bring forward in during the term of the contract. Contractor agrees that they will provide a plan to be a willing and participative partner with the City in working to implement MIHP program enhancements.

36. FINANCIAL RESERVE FOR CLINICAL UPGRADES AND TRAINING Contractor will support the clinical upgrade and training program by reserving a minimum of \$50,000 annually over the life of the Contract, including any extensions thereof. Contractor may place said funds in an interest bearing account, but interest earned thereon shall accrue to Contractor and not the City. Each annually reserved sum will be used for clinical upgrades and training directly related to the City's 911 EMS transportation system as well as potential EMS research projects that the City and its Medical Director determine may enhance EMS service delivery in the City. These funds will be spent at the direction of the Fire Chief to upgrade or improve equipment and/or supplies, fund research projects and training, and/or insure uniformity and compatibility of procedures, equipment and supplies between the City and Contractor during the term of the Contract. If the reserved funds are not used in any one year, the funds will roll over to the next year and will accumulate until needed. Contractor shall provide an annual report to the City

setting forth the amount of the funds held in the reserve account. The report shall be provided within sixty (60) days after the anniversary date of the commencement of this Contract.

37. PERFORMANCE IMPROVEMENT COORDINATOR (PIC) The Performance Improvement Coordinator (PIC) is a Management Analyst job classification of the City's Fire Department, responsible for implementing the Performance Improvement plan as described in Section 4.2 of the Scope of Work. This plan is designed to ensure and improve the care delivered by the EMCT staff of City and Contractor. The plan includes prospective initiatives, concurrent quality inspection, and retrospective analysis. Each Party will collaborate with the PIC to implement the plan. The PIC shall deliver to Contractor on a monthly basis, all reports required under this Agreement and/or reasonably requested by Contractor. It is the intent of this provision that the reasonable and specific direct cost of providing the Performance Improvement Coordinator shall be passed through and funded by user fees. Accordingly, the City will annually make a determination of the reasonable and direct costs associated with performance improvement coordination and require the Contractor to pay the City an amount equal to those costs of the Approximate Pay Grade \$56,924 - \$79,656 (salary only), as adjusted by the City. The City will submit monthly invoices to the Contractor, who will be required to submit payment to the City within thirty (30) calendar days.

38. MEDICAL REVIEW/AUDITS In an effort to improve patient care by providing feedback on system and individual performance, the City and Contractor will, as determined necessary by either party, hold joint reviews of the Contractor's operations and the actions of the City's paramedics. The extent of these reviews is to produce improvements in procedures, on-board equipment, and medical practices.

City and Contractor will make available such employees as are relevant to these joint reviews. Employees may attend any reviews with respect to any incident in which they were involved, but must maintain the confidentiality of the medical review process. Every employee involved in a case being reviewed is not required to attend unless mandated by the Deputy Chief of Medical Services.

City shall at all times work with Contractor to insure that procedures and processes, which are already in place in the Contractor's organization, are not altered unnecessarily.

39. MINIMUM CLINICAL LEVELS AND STAFFING REQUIREMENTS All BLS ambulances shall be staffed with two (2) Arizona Department of Health Services Bureau of EMS Certified Emergency Medical Care Technician-EMTs. All Emergency Medical Care Technicians must maintain all current certifications and required training to ensure continued certification at all times throughout their deployment on Contractor's ambulances.

40. CHARACTER, COMPETENCE AND PROFESSIONALISM OF PERSONNEL City expects and requires professional and courteous conduct and appearance at all times from Contractor's field personnel, medical communications personnel, middle managers and top executives. Field personnel will maintain a professional appearance in accordance with City and Fire Department guidelines as outlined in adopted policy. Uniform shirts will be a different color than those worn by Fire Department personnel.

All persons employed by Contractor in the performance of work shall be competent and holders of appropriate operator licenses, license class and endorsement(s) (as applicable) and permits in their respective professions and shall be required to pass a criminal record check.

Contractor shall provide documentation to City of compliance with this provision. Copies of such licenses must be submitted and verified before the contract start date.

41. OSHA AND OTHER REGULATORY REQUIREMENTS It is anticipated during the term of this Contract that certain regulatory requirements for occupational safety and health, including but not limited to infection control and blood borne pathogens may be increased. Contractor will adopt procedures that meet or exceed all requirements for dealing with these matters.

A. No change order or any other provision contained in the Contract or attached Exhibits, as may be adopted from time to time shall require Contractor to be in violation of state or federal law, including but not limited to, compliance with Medicare, compliance with HIPAA, level of service as defined in A.C.C. R9-25-901 (65), response time as defined in A.C.C. R9-25-901 (47).

42. DISCRIMINATION NOT ALLOWED During the performance of this Contract, Contractor will comply with all applicable provisions of federal, state and local laws and regulations that prohibit discrimination. Specifically, Contractor warrants that it shall:

A. Not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, national origin, handicapped status or disability. Contractor shall take affirmative action to ensure that applicants are treated appropriately during the application process, and that employees are treated without regard to their race, color, creed, religion, sex, national origin, handicapped status or disability. This shall include, but not limited to the following: employment; upgrading; demotion; transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship;

B. Comply with Executive Order 11246, as amended, if applicable, and the rules, regulations and orders of the Secretary of Labor;

C. Be responsible for determining the applicability of and compliance with any federal or state regulation enacted pursuant to: Executive Orders; federal legislation or amendments to legislation; and state legislation or amendments to legislation.

43. WORK SCHEDULES AND EMPLOYEE AFFAIRS – A CONTRACTOR MATTER Contractor is responsible for conducting all affairs with its employees, including managing personnel and resources fairly and effectively in a manner that ensures compliance with the Contract. City will not otherwise involve itself in contractor/management/employee relationships.

44. PROVISION OF THE ALS SERVICES As part of City's provision of fire and rescue services and of Contractor's provision of emergency transportation services, as determined by City's ALS Authority at the scene and/or in conjunction with the City's base station physician, City shall provide ALS Services the patient requires involving emergency medical care and treatment procedures by the City's certified firefighter Paramedics. Only City shall have the right and the sole discretion as the medical authority at the scene and/or in conjunction with City's base station physician, to provide all ALS Services to patients utilizing City's firefighter Paramedics. When Contractor arrives on the scene of an emergency and City's ALS paramedic determines the need to accompany the patient to the hospital to assure continuity of care, and the transportation is billed at an ALS level of service, Contractor shall reimburse City for full amount of the agreed ALS services fee.

A. City's ALS paramedics are at all times required to maintain all certification as required by DHS at the Paramedic level. If at any time it is found that City's ALS paramedics are not certified or lost his/her certification, Contractor will be notified as soon as possible. Any damages or reimbursements to any patients, commercial, State and Federal payers will be the sole responsibility of the City.

45. COMPENSATION When the primary payor for a transport is a Medicare Plan, Contractor agrees to pay the City one-hundred percent (%100) of the difference between the Medicare allowable payment for ALS Emergency and BLS transports. Otherwise, the Contractor will agree to pay City one hundred percent (100%) of the difference between the Basic Life Support (BLS) rate and the Advanced Life Support (ALS) rate at the rate authorized by DHS for each patient in which a City of Scottsdale Paramedic provides Advanced Life Support treatment and accompanies the patient transported in Contractor staffed ambulances and the transport is billed at an ALS level of service.

A. Payment for ALS Services by means of wire transfer or other direct delivery method acceptable to City shall be made to City within thirty (30) days of receipt of an invoice from City. Invoices shall include all records as required by Contractor. Final payments by Contractor for ALS Services to City for ALS Services provided by City Paramedics shall be made within thirty (30) days after the expiration of this Contract. If Contractor fails to pay within thirty (30) days, City may deduct the payment from Contractor's Performance Surety Bond provided as a part of this Contract, and may immediately conduct an audit of Contractor's financial records.

46. RETURN TO STATION Any Fire personnel used in the transport of a patient to a hospital in Contractor's ambulances as a part of providing ALS Services will be promptly returned by Contractor personnel to the appropriate Fire Station. The transport will be accomplished either by the transporting ambulance or one of Contractor's field supervisors. If a timely return is impossible using Contractor resources and the Fire Department is unable to pick up its personnel, and with the prior approval of the Fire Department, a taxicab shall be immediately dispatched to pick up the personnel and will be paid for by Contractor. Contractor shall be permitted to use the ambulance returning Fire personnel to the station to respond to another 9-1-1 call in the City in the event that the ambulance returning the Fire personnel is the closest available ambulance to respond to that 9-1-1 call.

47. RATES, FARES, OR CHARGES FOR AMBULANCE SERVICES Nothing herein shall be construed to govern, alter, or amend Contractor's rates, fares, or charges. All such rates, fares, or charges of Contractor shall be in accordance with and shall not be greater or lesser than or different from Contractor's rates, fares, or charges as may be approved, fixed, determined, established, and/or authorized by the Arizona Department of Health Services (or any successor governmental entity) regulating such rates, fares, or charges for the service provided.

48. RECORDS City shall provide to Contractor, at the time of service, all completed ALS Medical Encounter Forms for documentation of ALS Services provided by City's Paramedics.

A. City shall provide Contractor, on a monthly basis, with an invoice listing all transports where City Paramedics determined ALS Services were required for effective patient care and a City Paramedic accompanied the patient to the health care facility. This invoice shall include the date of service; address of pick-up location, and patient's first and last name. City

shall deliver the invoice to Contractor no later than ten (10) business days following the month of service.

49. BASE HOSPITAL City has entered into an Emergency Medical Services Base Hospital Contract with Scottsdale HonorHealth Osborn. The Contract sets forth Hospital responsibilities and identifies hospital personnel for providing medical direction to the City, including direction to the Fire Department and Contractor personnel engaged in carrying out the medical ground ambulance transportation services specified within this Contract. Contractor must at all times utilize the services available pursuant to the Emergency Medical Service Base Hospital Contract and, as a Contractor for medical services with the City; Contractor must comply fully with the terms and conditions of such Contract. Specifically, Contractor agrees to require its personnel to utilize, in every indicated circumstance, medical advice and services available pursuant to the Emergency Medical Service Base Hospital Contract. Should the City enter into a Base Hospital Contract with any other hospital, the Contractor agrees to honor that Contract in the same manner as the current Contract.

ATTACHMENTS TO EXHIBIT A BEGIN ON NEXT PAGE.

EXHIBIT A - ATTACHMENT 1

DESCRIPTION OF AMBULANCES, CLINICAL EQUIPMENT AND SUPPLIES

All ambulance markings shall be subject to prior City approval and ADHS requirements.

The ambulance must meet Federal specification KKK-1822F and be certified by the manufacturer to meet these specifications. It must be capable of carrying multiple individuals without exceeding the manufactures specified maximum gross vehicle weight capacity, fully fueled and fully equipped. There is enough room in the patient compartment for three paramedics, (one at the head and two on the side) in the event of a trauma patient or two patients and two paramedics in the event of a major medical incident with multiple patients and a delay in additional ambulances.

The Contractor must install GPS automatic vehicle locators in every ambulance and all its support vehicles and will utilize this system or its equivalent or better throughout the term of this Contract.

Equipment and Supplies

All of the Contractor's Scottsdale 911 ambulances will be equipped to meet DHS standards and shall be equipped with the following:

- Phillips Heartstart MRx monitor/defibrillator with all diagnostic accessories and software including IOS wireless capability for transmission of data to iPad-based ZOI ePCR software.
- Battery powered hydraulic lift patient gurney equivalent to Stryker Power Pro mode with Bariatric extension.
- Stair Chair equivalent to Stryker Stair-PRO (model 6252).
- All items required by the current Scottsdale Basic and Advanced Life Support equipment and supply list (as follows and attached)

EXHIBIT A - ATTACHMENT 1 – CONT'D

CLINICAL EQUIPMENT AND SUPPLIES LIST

ITEM NAME	TYPE	QTY
Pulmonary CPAP O2 MAX BiTrac ED Mask w/Neb, Adult MED 313-7556 XN-1	Airway	1
Intranasal Mucosal Atomization Device	Airway	2
Bite Stick	Airway	1
BVM Adult w/Timing Light(Smart Bag)	Airway	1
BVM Ped w/Timing Light(Smart Bag)	Airway	1
Nasal Cannula (pediatric)	Airway	1
NRB oxygen mask (adult)	Airway	1
NRB oxygen mask (infant)	Airway	1
NRB oxygen mask (pediatric)	Airway	1
In-line Nebulizer (w/ET/BVM adaptors)	Airway	1
O2 Supply Tubing	Airway	1
SVN	Airway	1
Pediatric Dragon Mask w/SVN	Airway	1
Filterline ET Adaptor (Adult/Peds)	Airway	1
Capnoline capnography w/N/C (Adult/Peds)	Airway	1
Filterline H Set Capnograph (Infant/Neo) (Philips) 1923A	Airway	1
S-scorp III Portable Suction 74000 w charger	Airway	1
Lancets (Safety)	ALOC	5
Ammonia Inhalants	ALOC	1 bx
Glucose Glucose Oral Gel Lemon 15gm	ALOC	3
Precision Extra Glucometer	ALOC	1
Precision Extra Glucose test strips	ALOC	1 bx
Arm board (3"x9")	Bandaging	2
Arm board (3"x18")	Bandaging	2
Cardboard splint 18" w/foam	Bandaging	2
Cardboard splint 24" w/foam	Bandaging	2
Ladder Splint	Bandaging	1
Sam Splint (moldable splint)	Bandaging	3
Cardboard splint 12" w/foam	Bandaging	1
Sager Traction splint S304: Bilateral	Bandaging	1
4" Ace	Bandaging	1
Eye Patches	Bandaging	2
Sterile Trauma Pad 12"x30"	Bandaging	1
Halo Chest Seal	Bandaging	1
Abdominal Pads (5"x 9")	Bandaging	2
Triangular Bandages	Bandaging	1

EXHIBIT A - ATTACHMENT 1 – CONT'D

CLINICAL EQUIPMENT AND SUPPLIES LIST - CONT'D

ITEM NAME	TYPE	QTY
Coban self-adherent wrap 3"	Bandaging	2
4x4 sponge (non-sterile)	Bandaging	3" stack
4x4 sponge (sterile)	Bandaging	4
Z-fold Quickclot Combat Gauze 3" x 4yd	Bandaging	1
4" Kling (non-sterile)	Bandaging	3
tape 1/2" (Cloth)	Bandaging	1
tape 1" (Cloth)	Bandaging	1
tape 2" (Cloth)	Bandaging	1
tape 3" (Cloth)	Bandaging	1
tape 1/2" (transpore surgical tape)	Bandaging	1
tape 1" (transpore surgical tape)	Bandaging	1
Biohoop collection bag w/hook (emesis)	Bio-Hazard	2
Biohazard bags - L (33 gal)	Bio-Hazard	2
C-Collar adult (adjustable) stifneck select	C-Spine	2
C-Collar peds (adjustable) stifneck select	C-Spine	1
Head Block (STA-BLOCK)	C-Spine	2
Disposable Orange Backboard Strap 2"x9'	C-Spine	8
Medical Duct Tape	C-Spine	1
Protection Sleeves 18"	Infection Control	8
Sharps container (6.9 quart)	Infection Control	1
MedTech Sharps Single-use shuttle	Infection Control	2
Apexpro Nitrile Exam Gloves sizes XS-XXXL	Infection Control	1 ea
Deversey Disinfectant Wipes	Infection Control	1
Vionex Towelettes	Infection Control	1 bx
Eye Protection (Uvex Genesis) clear lens	Infection Control	4
N95 respirator flat fold 3M (one size)	Infection Control	4
Impervious Personal Protection Gown	Infection Control	4
Spit Hood	Infection Control	1
ET Tube 9.5	Intubation Roll	1
ET Tube 2.5	Intubation Roll	1
ET Tube 3.0	Intubation Roll	1
ET Tube 3.5	Intubation Roll	1
ET Tube 4.0	Intubation Roll	1
ET Tube 4.5	Intubation Roll	1

EXHIBIT A - ATTACHMENT 1 – CONT'D

CLINICAL EQUIPMENT AND SUPPLIES LIST - CONT'D

ITEM NAME	TYPE	QTY
Flexi-Set ET Tube 5.0 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 6.0 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 6.5 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 7.0 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 7.5 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 8.0 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 8.5 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 9.0 (flexi-set)	Intubation Roll	1
Flexi-Set ET Tube 5.5 (flexi-set)	Intubation Roll	1
Endotrol Nasal 6.0	Intubation Roll	1
Endotrol Nasal 7.0	Intubation Roll	1
Thomas ETT holder (adult)	Intubation Roll	1
Thomas ETT holder (Peds))	Intubation Roll	1
NPA #14 fr	Intubation Roll	1
NPA #16 fr	Intubation Roll	1
NPA #18 fr	Intubation Roll	1
NPA #20 fr	Intubation Roll	1
NPA #22 fr	Intubation Roll	1
NPA #24 fr	Intubation Roll	1
NPA #26 fr	Intubation Roll	1
NPA #28 fr	Intubation Roll	1
NPA #30 fr	Intubation Roll	1
NPA #32 fr	Intubation Roll	1
NPA #34 fr	Intubation Roll	1
NPA #36 fr	Intubation Roll	1
OPA 80mm	Intubation Roll	
OPA 90mm	Intubation Roll	1
OPA 100mm	Intubation Roll	1
OPA 40mm	Intubation Roll	1
OPA 50mm	Intubation Roll	1
OPA 60mm	Intubation Roll	1
OPA 70mm	Intubation Roll	1
Adult/Pediatric Bougie 10fr, 16fr	Intubation Roll	1 ea
iGel Supraglottic airway 1-5	Intubation Roll	1 ea
ARS Needle Decompression Kit 14g/3.5"	Intubation Roll	2
Cricothyrotomy Kit	Intubation Roll	1
Scalpel	Intubation Roll	1

EXHIBIT A - ATTACHMENT 1 – CONT'D

CLINICAL EQUIPMENT AND SUPPLIES LIST - CONT'D

ITEM NAME	TYPE	QTY
Rusch Green Spec Intubation Handle-Adult, Pediatric	Intubation Roll	1 ea
Multi-use Intubation Miller Blades 1-4	Intubation Roll	1 ea
Multi-use Intubation Mac Blades 1-4	Intubation Roll	1 ea
Magill Forceps Adult, Pediatric	Intubation Roll	1 ea
IV fluid 0.9% sodium chloride 100ml	IV	1
IV fluid 0.9% sodium chloride 50ml	IV	1
IV fluid L/R 1000ml	IV	2
Syringe 60cc Luer Lock	IV	
IV fluid 0.9% sodium chloride 250ml	IV	1
IV 10gtt/Blood Tubing w/20cc pump needleless	IV	2
Pediatric Veniguard	IV	2
B Braun Safeday Extension Set	IV	2
Interlink Injection Site Saline Lock	IV	2
Motion Medical IV Start Kit	IV	4
Syringe 10cc Luer Lock	IV	1
Syringe 20cc Luer Lock	IV	1
Syringe 3cc Luer Lock	IV	1
Syringe 5cc Luer Lock	IV	1
IV fluid 0.9% sodium chloride 500ml	IV	1
Amsino AMSafe 3 10-60gtt Selectable Drip IV Tubing	IV	2
Saline Flush pre-filled 3 ml	IV	2
IV fluid Dextrose 5% 50ml	IV	1
IV fluid 0.9% sodium chloride 1000ml	IV	2
EZ-IO drill	IV	1
EZ-IO needles: Obese, Adult, Peds	IV	1 ea
B Braun Introcan Safety IV Catheters: 24, 22,	IV	2 ea
Needles: 25, 23, 21, 18	IV	1 ea
Syringes: 3cc, 5cc, 10cc, 20cc	IV	
Filter needles: 18g	IV	2
MegaMover / CARRY ALL	MISC	1
Combat Application Tourniquet	MISC	2
Poseys Soft Restraints	MISC	4
Band-Aids Plain (1"x 3")	MISC	1 bx
Sterile Burn sheet	MISC	1
Cold packs	MISC	2
Hot Packs	MISC	2
Yellow/Highway blankets	MISC	1

EXHIBIT A - ATTACHMENT 1 – CONT'D

CLINICAL EQUIPMENT AND SUPPLIES LIST - CONT'D

ITEM NAME	TYPE	QTY
Penlight	MISC	2
Alcohol Preps	MISC	1 bx
KY Jelly	MISC	4
Sterile water (irrigation) 500 ml	MISC	1
Sterile water (irrigation) 250 ml	MISC	1
Manual Blood Pressure Cuffs: Adult, LG Adult, Infant, Child	MISC	1 ea
Trauma Shears	MISC	2
Broslow Pediatric Tape	MISC	1
Medsource non-contact Infrared Forehead Thermometer	MISC	1
3M Surgical Clipper w Charger	MISC	1
3M Surgical Clipper Blade assembly-disposable	MISC	2
Ring Cutter	MISC	1
Littman Select Stethoscope: Adult, Pediatric	MISC	1 ea
Trauma Shears	MISC	2
Portable Suction Unit	MISC	1
Arizona Triage System Kit	MISC	1
Replacement Arizona Triage System Tags w cable ties	MISC	20
Replacement Arizona Triage System Immediate stickers	MISC	2
OB Kit	MISC	1
Ambu Blue Dot Electrodes 10pk Adult/Peds	Philips Monitor	1
BP Cuff (Adult) Disposable	Philips Monitor	2
BP Cuff (Peds) Disposable	Philips Monitor	2
BP Cuff (Lg Adult) Disposable	Philips Monitor	1
BP Cuff (Infant) Disposable	Philips Monitor	1
Philips Multi-function Pads - Adult (M3713A)	Philips Monitor	2
Philips Multi-function Pads - Ped (M3717A)	Philips Monitor	1
Philips MRx Wide Printer Paper	Philips Monitor	1
Philips Disp Adult/Ped Pulse Ox M1131A	Philips Monitor	2
Philips Disp Infant Pulse Ox M1132A	Philips Monitor	2
Gastric sump tubes 8fr	Suction	1
Yankauer Tip	Suction	1
Gastric sump tubes 10fr (36")	Suction	1
Gastric sump tubes 14fr (48")	Suction	1
Gastric sump tubes 18fr (48")	Suction	1
Gastric sump tubes 12fr (48")	Suction	1
Gastric sump tubes 16fr (48")	Suction	1

EXHIBIT A - ATTACHMENT 1 – CONT'D

CLINICAL EQUIPMENT AND SUPPLIES LIST - CONT'D

ITEM NAME	TYPE	QTY
Suction catheter 6fr	Suction	1
Suction catheter 8fr	Suction	1
Suction catheter 10fr	Suction	1
62004 Suction catheter 12fr	Suction	1
62005 Suction catheter 14fr	Suction	1
62006 Suction catheter 16fr	Suction	1
62007 Suction catheter 18fr	Suction	1
62101 Suction catheter 5fr	Suction	1
63157 Suction canister w/suction tubing	Suction	1
67006 Bulb Syringe (wrapped)	Suction	1



MEDICAL SUPPLIES PRICE SHEETS

SCOTTSDALE INVENTORY LIST

SKU	DESCRIPTION	UNIT	QTY	COST	INVENTORY VALUE
313-7554XN-1EA	CPAP Large Adult	Each	1	\$51.29	\$51.29
313-7557XN-1EA	CPAP Medium Adult	Each	1	\$51.29	\$51.29
2170-30113	Intranasal Mucosal Atomization device	Each	2	\$4.93	\$9.86
3	Bite Stick	Each	2	\$0.33	\$0.66
661236	Manual Ventilation Timing Lights, Pediatric	Each	2	\$5.49	\$10.98
661237	Manual Ventilation Timing Lights, Adult	Each	2	\$4.24	\$8.48
533-MS-24101EA	Pediatric nasal cannula	Each	2	\$0.51	\$1.02
30051	Adult non-rebreather	Each	2	\$0.66	\$1.32
30053	Pediatric non-rebreather	Each	2	\$0.66	\$1.32
301-100EA	Adult nasal cannula	Each	2	\$0.29	\$0.58
30058	Infant non-rebreather	Each	2	\$0.89	\$1.78
412174	In-line Nebulizer (with adapters)	Each	2	\$3.54	\$7.08
D6146	Oxygen tubing	Each	2	\$0.33	\$0.66
301-200EA	SVN Nebulizer	Each	2	\$0.66	\$1.32
515527	Pediatric Dragon Mask	Each	2	\$1.76	\$3.52



174620	FilterLine Set, CO2 Sampling Line, Adult/Pediatric	Each	2	\$7.81	\$15.62
177268	Smart CapnoLine CO2 Sampling Line Adult	Each	2	\$8.67	\$17.34
177266	Smart CapnoLine CO2 Sampling Line, Disposable, Ped	Each	2	\$9.99	\$19.98
596400	S-cort III Portable suction	Each	1	\$551.49	\$551.49
E6254	Surgilance Needle Lancet	BOX/100	5	\$13.10	\$65.50
1360-07546	Ammonia Inhalants	Box/10	1	\$2.57	\$2.57
1423-03015	Glucose, 3 Tube Pack, 15gm, Grape	Pack/3	1	\$14.49	\$14.49
179837	Precision Extra Glucometer	Each	1	\$36.99	\$36.99
E6251	Precision Extra Glucose strips	BOX	1	\$20.99	\$20.99
14134	IV arm board 3"x12"	Each	2	\$1.53	\$3.06
504-12	Xtremity Splint, Cardboard, Foam Rubber 12"	Each	2	\$3.36	\$6.72
504-18	Xtremity Splint, Cardboard, Foam Rubber 18"	Each	2	\$4.54	\$9.08
504-24	Xtremity Splint, Cardboard, Foam Rubber 24"	Each	2	\$5.94	\$11.88
10973	Ladder splint	Each	2	\$3.90	\$7.80
533-NS-Splint	SAM Splint	Each	2	\$5.12	\$10.24
660202	Sager Traction splint S304	Each	1	\$409.99	\$409.99
279-3664EA	4" ACE	Each	2	\$0.81	\$1.62
86424	Eye Patches	Each	2	\$42.79	\$85.58
1211-03020	Sterile multi-trauma dressing, 10" x 30"	Each	4	\$1.09	\$4.36
G1164	Halo chest seal	Pack/2	2	\$16.29	\$32.58
G1276	ABD Pads	Each	4	\$1.42	\$5.68



1124-03680	Triangular Bandages	Each	2	\$0.23	\$0.46
16415	Coban Self-Adherent Wrap	Each	2	\$0.90	\$1.80
80114	Gauze Sponge, Non-Sterile, 4-inch x 4-inch	Pack of 200	1	\$3.70	\$3.70
1212-00468	4x4 sponge, sterile	25/box	1	\$3.63	\$3.63
1214-35034	QuikClot Z-fold	Each	2	\$43.49	\$86.98
276-404BG	Rolled Gauze, Non-Sterile, 4 inch	Bag of 12	1	\$5.42	\$5.42
372-7110EA	Tape 1/2" Cloth	Each	2	\$0.53	\$1.06
372-7111EA	Tape 1" Cloth	Each	2	\$0.67	\$1.34
372-7112EA	Tape 2" Cloth	Each	2	\$1.36	\$2.72
372-7113EA	Tape 3" Cloth	Each	2	\$2.04	\$4.08
1515275	Tape 1/2" Transpore	Box/24	2	\$17.99	\$35.98
151527	Tape 1" Transpore	Box/12	2	\$17.29	\$34.58
440101	Biohoop collection bag (emesis)	Pack/12	4	\$22.49	\$89.96
520-104MEA	33-gallon Biohazard Bag	Each	2	\$0.28	\$0.56
980012	Stifneck Select Extrication Collar, Adjustable.	Each	2	\$5.46	\$10.92
L980021	Stifneck Select Extrication Collar, Adjustable, Pediatric	Each	2	\$5.06	\$10.12
260975	Head-Block (STA-BLOK)	Each	2	\$3.93	\$7.86
16684	Disposable Backboard straps (orange)	Each	8	\$3.24	\$25.92
1110-01420	Medical duct tape	Each	2	\$2.18	\$4.36
295561	Protective sleeves	Each	4	\$0.32	\$1.28
64250	Sharps solo	Each	4	\$1.84	\$7.36



290182	Sharps container	Each	1	\$5.29	\$5.29
1015-11200	ApexPro nitrile gloves XS	Each	1	\$14.69	\$14.69
1015-11201	ApexPro nitrile gloves small	Each	1	\$14.69	\$14.69
1015-11202	ApexPro nitrile gloves medium	Each	1	\$14.69	\$14.69
1015-11203	ApexPro nitrile gloves large	Each	1	\$14.69	\$14.69
1015-11204	ApexPro nitrile gloves X-large	Each	1	\$14.69	\$14.69
1015-11205	ApexPro nitrile gloves XX-Large	Each	1	\$14.69	\$14.69
1015-11206	ApexPro nitrile gloves XXX-Large	Each	1	\$14.69	\$14.69
1061-17517	Germicidal disposable wipes	Each	1	\$5.88	\$5.88
205100	VioNex wipes	Box/50	1	\$13.99	\$13.99
660274	Safety glasses	Each	4	\$2.15	\$8.60
R5096	3M Particulate Respirator Mask N95	Box/20	6	\$34.49	\$206.94
295814	Isolation Kit, Disposable, Complete	Each	4	\$6.31	\$25.24
1033-15311	Spit hood	Each	2	\$4.18	\$8.36
2113-10325	ET TUBE 2.5	Each	2	\$1.76	\$3.52
2113-10330	ET TUBE 3	Each	2	\$1.76	\$3.52
2113-10335	ET TUBE 3.5	Each	2	\$1.76	\$3.52
2113-10340	ET TUBE 4	Each	2	\$1.76	\$3.52
2113-10345	ET TUBE 4.5	Each	2	\$1.76	\$3.52
2113-10350	ET TUBE 5	Each	2	\$1.76	\$3.52
2113-10255	ET TUBE 5.5	Each	2	\$1.76	\$3.52



2113-10260	ET TUBE 6	Each	2	\$1.76	\$3.52
2113-10265	ET TUBE 6.5	Each	2	\$1.76	\$3.52
2113-10270	ET TUBE 7	Each	2	\$1.76	\$3.52
2113-10275	ET TUBE 7.5	Each	2	\$1.76	\$3.52
2113-10280	ET TUBE 8	Each	2	\$1.76	\$3.52
2113-10285	ET TUBE 8.5	Each	2	\$1.76	\$3.52
2113-10290	ET TUBE 9	Each	2	\$1.76	\$3.52
023060S	ET Tube for nasal intubation 6.0	Each	2	\$24.99	\$49.98
023070S	ET Tube for nasal intubation 7.0	Each	2	\$24.99	\$49.98
2130-42560	ET Tube holder for adult	Each	2	\$4.12	\$8.24
20400	ET Tube holder for Peds (pediatrics)	Each	2	\$2.68	\$5.36
51150	NPA French Size 12	Each	2	\$1.16	\$2.32
51151	NPA French Size 14	Each	2	\$1.16	\$2.32
51152	NPA French Size 16	Each	2	\$1.16	\$2.32
51153	NPA French Size 18	Each	2	\$1.16	\$2.32
51154	NPA French Size 20	Each	2	\$1.16	\$2.32
51155	NPA French Size 22	Each	2	\$1.16	\$2.32
51156	NPA French Size 24	Each	2	\$1.16	\$2.32
51157	NPA French Size 26	Each	2	\$1.16	\$2.32
51158	NPA French Size 28	Each	2	\$1.16	\$2.32
51159	NPA French Size 30	Each	2	\$1.16	\$2.32



51160	NPA French Size 32	Each	2	\$1.16	\$2.32
51161	NPA French Size 34	Each	2	\$1.16	\$2.32
12974	OPA Size 40mm	Pack/5	2	\$0.67	\$1.34
12975	OPA Size 50mm	Each	2	\$0.67	\$1.34
12976	OPA Size 60mm	Each	2	\$0.67	\$1.34
12977	OPA Size 70mm	Each	2	\$0.67	\$1.34
12978	OPA Size 80mm	Each	2	\$0.67	\$1.34
12979	OPA Size 90mm	Each	2	\$0.67	\$1.34
12980	OPA Size 100mm	Each	2	\$0.67	\$1.34
12981	OPA Size 110mm	Each	2	\$0.67	\$1.34
9-01212-70	Bougie Adult	Each	2	\$4.11	\$8.22
2120-17010	Bougie Peds (pediatrics)	Each	2	\$8.99	\$17.98
2114-08201	I-Gel Supraglottic Airway, Size 1	Each	2	\$17.49	\$34.98
2114-08202	I-Gel Supraglottic Airway, Size 2	Each	2	\$17.49	\$34.98
2114-08203	I-Gel Supraglottic Airway, Size 3	Each	2	\$17.49	\$34.98
2114-08204	I-Gel Supraglottic Airway, Size 4	Each	2	\$17.49	\$34.98
2114-08205	I-Gel Supraglottic Airway, Size 5	Each	2	\$17.49	\$34.98
NARZZ-0056	Decompression needle, 14ga x 3.25in, w/Protective Case	Each	2	\$9.51	\$19.02
36611	Cricothyrotomy Kit	Each	1	\$26.79	\$26.79
372610	Scalpel	Each	2	\$2.89	\$5.78
661130	Green spec handle, Medium	Each	1	\$39.00	\$39.00



661129	Green spec handle, small	Each	1	\$39.00	\$39.00
661132	Curaplex Green Spec Laryngoscope Blade, Mac 1	Each	1	\$43.99	\$43.99
661133	Curaplex Green Spec Laryngoscope Blade, Mac 2	Each	1	\$43.99	\$43.99
661134	Curaplex Green Spec Laryngoscope Blade, Mac 3	Each	1	\$43.99	\$43.99
661135	Curaplex Green Spec Laryngoscope Blade, Mac 4	Each	1	\$43.99	\$43.99
661137	Curaplex Green Spec Laryngoscope Blade, Miller 1	Each	1	\$43.99	\$43.99
661138	Curaplex Green Spec Laryngoscope Blade, Miller 2	Each	1	\$43.99	\$43.99
661139	Curaplex Green Spec Laryngoscope Blade, Miller 3	Each	1	\$43.99	\$43.99
661140	Curaplex Green Spec Laryngoscope Blade, Miller 4	Each	1	\$43.99	\$43.99
128	Forceps, Magill, Child	Each	1	\$2.86	\$2.86
129	Forceps, Magill, Adult	Each	1	\$3.87	\$3.87
601306	Sodium Chloride 0.9% IV solution 50ml	Each	1	\$1.83	\$1.83
358437	Sodium Chloride 0.9% IV solution 100ml	Each	2	\$1.86	\$3.72
602324X	Lactated Ringers, 1000ml Bag	Each	2	\$5.17	\$10.34
601322	Sodium Chloride 0.9% IV solution 250ml	Each	2	\$4.07	\$8.14
607123	Sodium Chloride 0.9% IV solution 500ml	Each	2	\$2.79	\$5.58
7800-09	Sodium Chloride 0.9% IV solution 1000ml	Each	4	\$5.07	\$20.28
600086	Dextrose, 5%, 50ml Bag	Each	1	\$3.17	\$3.17
352560	Blood Tubing IV	Each	2	\$4.35	\$8.70
352232	Selec-3 IV tubing	Each	4	\$7.69	\$30.76
600-16	Prefilled IV Flush Syringe, Sterile, 3ml Normal Saline, 12ml Syringe	Each	5	\$0.39	\$1.95



1633-30303	3ml Syringe	Each	5	\$0.05	\$0.25
1633-05305	5ml Syringe	Each	5	\$0.07	\$0.35
1633-10010	10ml Syringe	Each	5	\$0.08	\$0.40
1633-20720	20ml Syringe	Each	3	\$0.21	\$0.63
1633-30430	30ml Syringe	Each	3	\$0.32	\$0.96
620060	60ml Syringe	Each	3	\$0.67	\$2.01
1633-40601	1ml Syringe	Each	5	\$0.06	\$0.30
354432	Veni-Gard, Intravenous Dressing, Transparent, Junior	box/100	5	\$53.99	\$269.95
1714-24406	IV Extension Set, SafeDAY Valve, Sliding Spinlock Connector, 8 in.	Each	4	\$2.69	\$10.76
353399	Interlink injection site	Each	4	\$2.45	\$9.80
670060-KIT	IV start kit	Each	5	\$2.89	\$14.45
ARROW MEDICAL	EZ-IO Drill	Each	1	\$295.00	\$295.00
ARROW MEDICAL	EZ-IO Needles 15mm	Each	2	\$120.00	\$240.00
ARROW MEDICAL	EZ-IO Needles 25mm	Each	2	\$120.00	\$240.00
ARROW MEDICAL	EZ-IO Needles 45mm	Each	2	\$120.00	\$240.00
62305916	Safety Needle 25G	Each	8	\$0.33	\$2.64
62305902	Safety Needle 23G	Each	8	\$0.42	\$3.36
62305917	Safety Needle 21G	Each	8	\$0.33	\$2.64
1641-91830	Safety Needle 18G	Each	8	\$0.33	\$2.64
602500	Introcan Safety IV Catheter, Straight, Polyurethane, 24ga x 3/4inch	Each	8	\$1.74	\$13.92
602519	Introcan Safety IV Catheter, Straight, Polyurethane, 22ga	Each	8	\$1.74	\$13.92



602535	Introcan Safety IV Catheter, Straight, Polyurethane, 20ga	Each	8	\$1.74	\$13.92
602560	Introcan Safety IV Catheter, Straight, Polyurethane, 18ga	Each	8	\$1.74	\$13.92
602586	Introcan Safety IV Catheter, Straight, Polyurethane, 16ga	Each	8	\$1.74	\$13.92
602594	Introcan Safety IV Catheter, Straight, Polyurethane, 14ga	Each	8	\$1.74	\$13.92
625211	5 Micron filter needles	Each	5	\$0.39	\$1.95
111500	MegaMover	Each	2	\$18.08	\$36.16
3246-95220	Carry all	Each	2	\$10.90	\$21.80
1880-13022	Combat Application Tourniquet	Each	2	\$29.00	\$58.00
660543	Posey Double Strap Foam Limb Holders	Each	4	\$4.95	\$19.80
84634	Band-Aid Adhesive Bandage, Sheer Strip, 3/4-inch x 3inch	box/100	1	\$3.79	\$3.79
30061MS	Sterile Burn Sheets	Each	2	\$2.25	\$4.50
4313	Cold Pack, Crush Type, Single Squeeze, 4-x-5-inch	Each	2	\$0.25	\$0.50
11156	Hot Pack	Each	2	\$0.63	\$1.26
16570	Curaplex Emergency Highway Blanket, Tissue/Poly, 56-in x 90-in, Yellow	Each	2	\$2.98	\$5.96
61448MS	Penlights	Pack/6	2	\$7.89	\$15.78
F1653	Alcohol Prep Pad	box/100	1	\$1.05	\$1.05
WDG292	Lubricating Jelly	Box/144	1	\$8.81	\$8.81
607115	Sterile Saline 500ml	Each	1	\$2.79	\$2.79
607112	Sterile Saline 250ml	Each	1	\$8.49	\$8.49
740LF	740 System 5 Cuff BP Kit, including Palm Style Gauge, Child, SM Adult, Adult, LG Adult, Thigh Cuffs, Orange	Each	1	\$108.00	\$108.00
2811-68009	Heavy-duty scissors	Each	2	\$1.19	\$2.38



3710-16051	PediaTape, Pediatric Emergency Measuring Tape	Each	1	\$16.05	\$16.05
2731-13119	Non-contact thermometer	Each	1	\$59.99	\$59.99
179602	Surgical clipper	Each	1	\$99.99	\$99.99
9600	3M Surgical clipper blade	CS of 40	1	\$224.99	\$224.99
400010	Ring cutter	Each	1	\$5.14	\$5.14
172290	Littman Select	Each	1	\$73.99	\$73.99
681207	AZ triage system kit	Each	1	\$120.99	\$120.99
441260	Replacement AZ triage tags	Pack of 20	1	\$31.79	\$31.79
4440010	Sterile OB kit	Each	1	\$6.59	\$6.59
230005	Blue Dot multi-use electrodes 10/pk	Each	5	\$2.81	\$14.05
320210	Gastric Sump Tube, 36inch L, 10 French, 3.3mm OD	Each	2	\$2.58	\$5.16
320212	Gastric Sump Tube, 48inch L, 12 French, 4.0mm OD	Each	2	\$2.58	\$5.16
320214	Gastric Sump Tube, 48inch L, 14 French, 4.7mm OD	Each	2	\$2.58	\$5.16
320216	Gastric Sump Tube, 48inch L, 16 French, 5.3mm OD	Each	2	\$2.58	\$5.16
320218	Gastric Sump Tube, 48inch L, 18 French, 6.0mm OD	Each	2	\$2.75	\$5.50
301-001-12106EA	French flexible suction catheter size 6	Each	2	\$0.31	\$0.62
301-001-12108EA	French flexible suction catheter size 8	Each	2	\$0.31	\$0.62
301-001-12110EA	French flexible suction catheter size 10	Each	2	\$0.31	\$0.62
301-001-12112EA	French flexible suction catheter size 12	Each	2	\$0.31	\$0.62
301-001-12114EA	French flexible suction catheter size 14	Each	2	\$0.31	\$0.62
301-001-12116EA	French flexible suction catheter size 16	Each	2	\$0.31	\$0.62



MARICOPA™
A M B U L A N C E

301-001- 12118EA	French flexible suction catheter size 18	Each	2	\$0.31	\$0.62
D4808	Wide Bore suction tubing	Each	2	\$0.91	\$1.82
16107	Rigid tip suction catheters	Each	2	\$0.45	\$0.90
598041	Suction Canister		2	\$2.78	\$5.56

EXHIBIT A – ATTACHMENT 2

**FEES AND CHARGES
(Dispatch and Technical Service Fees)**

City of Phoenix Fire Department
Regional Dispatch Center Partners
Computer Aided Dispatch Consortium
Annual Amortized Equipment & Dispatch Cost Estimates
Fiscal Year 2017/2018

FINAL

EXHIBIT A
INTERGOVERNMENTAL AGREEMENT
2004-136-COS
Jurisdiction

City of Scottsdale – Private Ambulances (subset)

I. Dispatch Service Fee

The Dispatch Service Fee calculation is the dispatch rate multiplied by the total number of dispatches for the previous calendar year.

Dispatch Fee	Dispatch Count	Dispatch Service Fee Total
\$15.10 – Scottsdale – PMT	23,509	\$354,985.90
\$15.10 – Scottsdale – SWA	3	\$45.30
Dispatch Fee Total:		\$355,031.20

II. Specific Maintenance Fee

SYSTEM	\$ / Unit	# Units	Ext. \$
FIRE STATION PACKAGE – Scottsdale – PMT	\$6,622	6	\$39,732.00
FIRE STATION PACKAGE TOTALS:			\$39,732.00
MCT/AVL – Scottsdale – PMT	\$1,544	11	\$16,984.00
WAN/LAN SYSTEM – Scottsdale – PMT	\$4,400	1	\$4,400.00
WAN/LAN EQUIPMENT – Scottsdale – PMT	\$2,295	1	\$2,295.30
NON-FIRE STATION PACKAGE TOTALS:			\$23,679.30
SPECIFIC MAINTENANCE FEE TOTAL:			\$63,411.30

III. General Maintenance Fee

FIRE STATION PACKAGE MAINTENANCE			
EQUIPMENT BASE	\$ / Unit	# Units	Ext. \$
Scottsdale – PMT	\$7,500	6	\$45,000.00
FIRE STATION MAINTENANCE TOTALS:			\$45,000.00
GENERAL MAINTENANCE FEE PER DEVICE (NON-FS PACK)			
Scottsdale – PMT	\$3,250	13	\$42,250.00
Non-FIRE STATION MAINTENANCE FEE TOTAL			\$42,250.00
GENERAL MAINTENANCE FEE TOTAL:			\$87,250.00

IV. CAD Modernization Fee

Dispatch Count	Total
CAD Modernization Fee Total:	
\$0.00	

V. Total Dispatch Service, Technical Service, and General Maintenance Fees

The Dispatch Service, Technical Service, and General Maintenance fees for the City of Scottsdale – Private Ambulances (subset) are \$505,692.50.

EXHIBIT B
CONTRACTORS CERTIFICATE OF NECESSITY (CON)



CERTIFICATE OF NECESSITY

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

CERTIFICATE NO. - 147 -

County of Maricopa

DOCKET NO. EMS 0851

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

**MARICOPA AMBULANCE, LLC dba
MARICOPA AMBULANCE**

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. Service Area:

Maricopa County, with the exception of those geographic areas covered by the following Certificates of Necessity: Buckeye Valley Rural Volunteer Fire District (C.O.N. No. 8); North County Fire & Medical District (C.O.N. No. 114); Daisy Mountain Fire District (C.O.N. No. 105); Sun Lakes Fire District (C.O.N. No. 12); Lifeline Ambulance Service Inc. (C.O.N. No. 62); Superstition Fire & Medical District (C.O.N. No. 137)

The service area does overlap the C.O.N. service area covered by Phoenix Fire Department (C.O.N. No. 76), American Medical Response of Maricopa, LLC (C.O.N. No. 136) and all C.O.N. service areas covered by the Rural/Metro and its subsidiaries: Canyon State Ambulance (C.O.N. No. 58), Southwest Ambulance and Rescue of Arizona (C.O.N. No. 66), Southwest Ambulance-Maricopa (C.O.N. No. 86), Rural Metro Corp-Maricopa (C.O.N. No. 109), Com Trans Ambulance Service, Inc. (C.O.N. No. 46), Professional Medical Transport, Inc. (C.O.N. No. 71) and American Ambulance (C.O.N. No. 75).

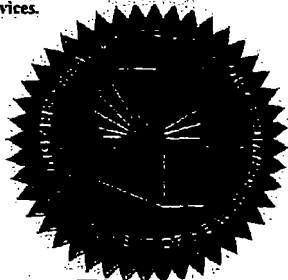
2. Legal Address: 23200 N Pima Rd. Suite 210, Scottsdale, AZ 85255

Now, therefore, by virtue of the authority vested in the Arizona department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

**RENEWAL
CERTIFICATE OF NECESSITY**

authorizing the operation of the aforesaid ambulance service for a period ending September 21, 2020 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I CARA M. CHRIST, MD. the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 7/20/17

Terry Mullin
DIRECTOR



ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

CERTIFICATE NO. - 147 -

County of Maricopa

DOCKET NO. EMS 0851

3. Response Times:

1. Emergency Response Times:

a. For any of the cities within Maricopa County where Maricopa Ambulance, LLC has a filed suboperation station with ADHS/BEMSTS, the following fractal response times will apply:

- i. Ten minutes, zero seconds (10:00) on 90 percent of all ambulance calls.
- ii. Fifteen minutes, zero seconds (15:00) on 95 percent of all ambulance calls.
- iii. Twenty minutes, zero seconds (20:00) on 100 percent of all ambulance calls.

b. Otherwise:

- i. Ten minutes, zero seconds (10:00) on 80 percent of all ambulance calls.
- ii. Fifteen minutes, zero seconds (15:00) on 90 percent of all ambulance calls.
- iii. Twenty minutes, zero seconds (20:00) on 100 percent of all ambulance calls.

2. Interfacility Arrival Times:

a. Arrive within sixty minutes, zero seconds (60:00) of the requested at-the-bedside pickup time on 90 percent of all non-urgent transfers¹ from a licensed healthcare facility.

b. Arrive within thirty minutes, zero seconds (30:00) of the requested at-the-bedside pickup time on 90 percent of all urgent transfers² from a licensed healthcare facility.

*** Special Provisions:**

¹ Non-urgent transfer is scheduled at least one (1) hour in advance and shall mean a stable patient that has a low risk or medium risk of his/her condition deteriorating as determined by the patient's transferring clinician. Examples of patients requiring a Non-Urgent Transfer include patients in a stable condition: with established IV or vascular access; IV medications not requiring constant hemodynamic monitoring including pain medications; with pulse oximetry; increased need for ALS assessment and interpretation skills; 3 or 12 lead EKG monitoring; basic cardiac medications, e.g., heparin or nitroglycerin; or the need for continued ALS assessment and interpretation skills.

² Urgent transfers are immediate and shall mean a patient that has a high risk of his/her condition deteriorating as determined by the patient's transferring clinician. Examples of patients requiring an urgent transfer include patients in a stable condition: requiring advanced airway support but secured, intubated, on ventilator; patients on multiple vasoactive medication drips; patients whose condition has been initially stabilized, but has likelihood of deterioration based on assessment or knowledge of provider regarding specific illness/injury. A patient is not stable if he/she is clinically deteriorating and is in need of a time-sensitive intervention not available at the transferring facility. Examples of patients that are not stable include patients: who require invasive monitoring; are post resuscitation; have sustained significant multi-system trauma, acute STEMI or acute stroke; or are hemodynamically unstable.

4. Type of Service: Immediate Response Transports

5. Hours of Operation: 24 hours per day - 7 days per week

CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED 7/20/17

EXPIRES September 21, 2020

DIRECTOR

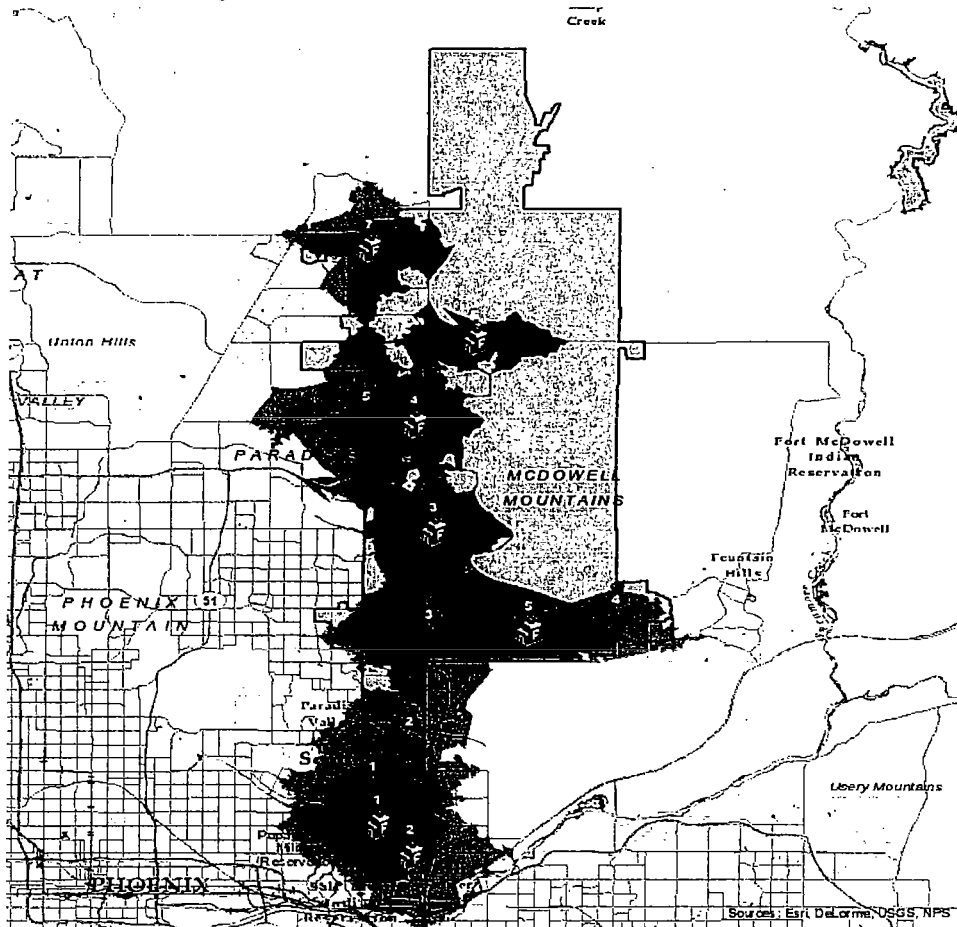
EXHIBIT C
CONTRACTORS DEPLOYMENT PLAN



Station & Post Locations:

Map ID	Street Address	City	State	Zip	Latitude	Longitude
Hospital 1	7400 E Osborn Rd	Scottsdale	AZ	85251	33.48896	111.92203
Hospital 2	9003 E Shea Blvd	Scottsdale	AZ	85280	33.58067	111.8859
Hospital 3	7400 E Thompson Peak Pkwy	Scottsdale	AZ	85255	33.67062	111.9213
Post 1	N Scottsdale Rd & E Thomas Rd	Scottsdale	AZ	85251	33.4793	111.9251
Post 2	E McDonald Dr & N Granite Reef Rd	Scottsdale	AZ	85250	33.52428	111.89986
Post 3	E Indian Bend Rd & N Hayden Rd	Scottsdale	AZ	85250	33.5375	111.9069
Post 4	E Via Linda & N 136th St	Scottsdale	AZ	85259	33.58086	111.78694
Post 5	N Scottsdale Rd & E Pinnacle Peak Rd	Scottsdale	AZ	85255	33.70088	111.92477
Station 1	4385 N 75th St	Scottsdale	AZ	85251	33.50044	111.92001
Station 2	9393 N 90th St	Scottsdale	AZ	85258	33.67032	111.8868
Station 3	16655 N 90th St	Scottsdale	AZ	85280	33.63817	111.88695
Station 4	23200 North Pima Rd	Scottsdale	AZ	85255	33.68658	111.898091
Station 5	N Frank Lloyd Wright Blvd & E Sahuaro Dr	Scottsdale	AZ	85259	33.58447	111.83477
Station 6	10000 E Dynamite Blvd	Scottsdale	AZ	85262	33.74199	111.86558
Station 7	33747 N Scottsdale Rd	Scottsdale	AZ	85266	33.79143	111.92428

Post and Station Coverage Areas:



Scottsdale, AZ - Initial System Status Plan

Friday - 00:00 to 00:59

Level: % Demand Coverage:

1	62.16% (23 of 37)	S 1											
2	75.68% (28 of 37)	S 1	S 3										
3	86.49% (32 of 37)	S 1	S 3	P 2									
4	89.19% (33 of 37)	S 1	P 3	P 5	S 2								
5	94.59% (35 of 37)	S 1	P 3	P 5	S 3	S 2							
6	97.3% (36 of 37)	S 1	P 3	P 5	P 2	S 3	S 7						
7	97.3% (36 of 37)	S 1	P 3	P 5	S 3	S 2	S 7	P 2					
8	97.3% (36 of 37)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 01:00 to 01:59

Level: % Demand Coverage:

1	64.71% (22 of 34)	S 1											
2	91.18% (31 of 34)	S 1	P 3										
3	91.18% (31 of 34)	S 1	S 3	P 2									
4	97.06% (33 of 34)	S 1	P 3	S 3	S 2								
5	97.06% (33 of 34)	S 1	P 3	S 3	S 2	S 7							
6	100% (34 of 34)	S 1	P 3	S 3	S 2	S 7	P 5						
7	100% (34 of 34)	S 1	P 3	S 3	S 2	S 7	P 5	P 2					
8	100% (34 of 34)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 02:00 to 02:59

Level: % Demand Coverage:

1	60.87% (14 of 23)	S 1											
2	78.26% (18 of 23)	S 1	S 3										
3	86.96% (20 of 23)	S 1	S 3	P 5									
4	86.96% (20 of 23)	S 1	S 3	P 5	P 2								
5	91.3% (21 of 23)	S 1	S 3	P 5	P 3	S 7							
6	91.3% (21 of 23)	S 1	S 3	P 5	P 3	S 2	S 7						
7	95.65% (22 of 23)	S 1	S 3	P 5	P 3	S 2	S 7	S 6					
8	100% (23 of 23)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 5				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Friday - 03:00 to 03:59

Level: % Demand Coverage:

1	52.17% (12 of 23)	S 1											
2	82.61% (19 of 23)	S 1	P 3										
3	95.65% (22 of 23)	S 1	P 3	S 3									
4	95.65% (22 of 23)	S 1	P 3	S 3	S 2								
5	95.65% (22 of 23)	S 1	P 3	S 3	S 7	S 2							
6	95.65% (22 of 23)	S 1	P 3	S 3	S 2	S 7	P 2						
7	100% (23 of 23)	S 1	P 3	S 3	S 2	S 7	P 5	S 5					
8	100% (23 of 23)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 04:00 to 04:59

Level: % Demand Coverage:

1	41.18% (7 of 17)	S 1											
2	70.59% (12 of 17)	S 1	P 3										
3	82.35% (14 of 17)	S 1	P 3	S 3									
4	82.35% (14 of 17)	S 1	P 3	S 3	S 7								
5	82.35% (14 of 17)	S 1	P 3	S 3	S 7	S 2							
6	82.35% (14 of 17)	S 1	P 3	S 3	S 7	S 2	P 5						
7	82.35% (14 of 17)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	88.24% (15 of 17)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 05:00 to 05:59

Level: % Demand Coverage:

1	64% (16 of 25)	S 1											
2	80% (20 of 25)	S 1	S 3										
3	88% (22 of 25)	S 1	S 3	P 2									
4	88% (22 of 25)	S 1	S 3	P 2	S 7								
5	96% (24 of 25)	S 1	S 3	P 2	S 7	S 5							
6	96% (24 of 25)	S 1	S 3	P 2	S 5	S 7	S 2						
7	96% (24 of 25)	S 1	S 3	P 2	S 5	S 7	S 2	P 5					
8	96% (24 of 25)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Friday - 06:00 to 06:59

Level: % Demand Coverage:

1	43.75% (14 of 32)	S 1											
2	78.12% (25 of 32)	S 1	S 3										
3	90.62% (29 of 32)	S 1	S 3	P 3									
4	90.62% (29 of 32)	S 1	S 3	P 3	S 7								
5	90.62% (29 of 32)	S 1	S 3	P 3	S 7	S 2							
6	96.88% (31 of 32)	S 1	S 3	P 3	S 7	S 2	S 5						
7	96.88% (31 of 32)	S 1	S 3	P 3	S 7	S 2	S 5	P 5					
8	96.88% (31 of 32)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96.88% (31 of 32)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 07:00 to 07:59

Level: % Demand Coverage:

1	51.11% (23 of 45)	S 1											
2	75.56% (34 of 45)	S 1	S 3										
3	88.89% (40 of 45)	S 1	S 3	P 3									
4	88.89% (40 of 45)	S 1	S 3	P 3	S 7								
5	91.11% (41 of 45)	S 1	S 3	P 3	P 5	S 2							
6	91.11% (41 of 45)	S 1	S 3	P 3	S 2	P 5	S 7						
7	91.11% (41 of 45)	S 1	S 3	P 3	P 5	S 2	S 7	P 2					
8	95.56% (43 of 45)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3				
9	95.56% (43 of 45)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 08:00 to 08:59

Level: % Demand Coverage:

1	36.84% (21 of 57)	S 1											
2	73.68% (42 of 57)	S 1	S 3										
3	89.47% (51 of 57)	S 1	S 3	P 3									
4	89.47% (51 of 57)	S 1	S 3	P 3	S 7								
5	92.98% (53 of 57)	S 1	S 3	P 3	P 5	S 7							
6	92.98% (53 of 57)	S 1	S 3	P 3	P 5	S 7	S 2						
7	98.25% (56 of 57)	S 1	S 3	P 3	P 5	S 7	S 2	S 5					
8	98.25% (56 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.25% (56 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Friday - 09:00 to 09:59

Level: % Demand Coverage:

1	33.33% (16 of 48)	S 1											
2	60.42% (29 of 48)	S 1	S 3										
3	77.08% (37 of 48)	S 1	S 3	P 3									
4	79.17% (38 of 48)	S 1	S 3	P 3	S 7								
5	83.33% (40 of 48)	S 1	P 3	S 3	S 7	P 5							
6	83.33% (40 of 48)	S 1	P 3	S 3	S 7	P 5	S 2						
7	91.67% (44 of 48)	S 1	P 3	S 3	P 5	S 7	S 2	S 5					
8	97.92% (47 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.92% (47 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.92% (47 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 10:00 to 10:59

Level: % Demand Coverage:

1	40.91% (27 of 66)	S 1											
2	63.64% (42 of 66)	S 1	S 3										
3	77.27% (51 of 66)	S 1	S 3	P 3									
4	77.27% (51 of 66)	S 1	S 3	P 3	S 7								
5	81.82% (54 of 66)	S 1	S 3	P 3	P 5	S 7							
6	92.42% (61 of 66)	S 1	S 3	P 3	P 5	S 7	S 5						
7	92.42% (61 of 66)	S 1	P 3	S 3	P 5	S 5	S 7	S 2					
8	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5			
10	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 11:00 to 11:59

Level: % Demand Coverage:

1	32.35% (22 of 68)	S 1											
2	64.71% (44 of 68)	S 1	S 3										
3	80.88% (55 of 68)	S 1	S 3	P 3									
4	80.88% (55 of 68)	S 1	S 3	P 3	S 7								
5	95.59% (65 of 68)	S 1	S 3	S 5	S 7	P 3							
6	98.53% (67 of 68)	S 1	S 3	S 5	S 7	P 3	P 5						
7	98.53% (67 of 68)	S 1	S 3	S 5	P 3	P 5	S 7	S 2					
8	97.06% (66 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.06% (66 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.06% (66 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Friday - 12:00 to 12:59

Level: % Demand Coverage:

1	41.38% (24 of 58)	S 1											
2	72.41% (42 of 58)	S 1	S 3										
3	87.93% (51 of 58)	S 1	P 3	S 3									
4	87.93% (51 of 58)	S 1	P 3	S 3	S 7								
5	91.38% (53 of 58)	S 1	P 3	S 3	S 7	P 5							
6	91.38% (53 of 58)	S 1	P 3	S 3	S 7	P 5	S 2						
7	91.38% (53 of 58)	S 1	P 3	S 3	S 7	P 5	S 2	P 2					
8	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Friday - 13:00 to 13:59

Level: % Demand Coverage:

1	32.61% (15 of 46)	S 1											
2	65.22% (30 of 46)	S 1	S 3										
3	86.96% (40 of 46)	S 1	S 3	P 3									
4	89.13% (41 of 46)	S 1	S 3	P 3	S 7								
5	89.13% (41 of 46)	S 1	S 3	P 3	S 7	P 5							
6	89.13% (41 of 46)	S 1	S 3	P 3	S 7	P 5	S 2						
7	93.48% (43 of 46)	S 1	S 3	P 3	S 7	P 5	S 2	S 5					
8	95.65% (44 of 46)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.65% (44 of 46)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.65% (44 of 46)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	95.65% (44 of 46)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Friday - 14:00 to 14:59

Level: % Demand Coverage:

1	48.72% (38 of 78)	S 1											
2	82.05% (64 of 78)	S 1	S 3										
3	92.31% (72 of 78)	S 1	S 3	P 3									
4	92.31% (72 of 78)	S 1	S 3	S 7	P 3								
5	92.31% (72 of 78)	S 1	S 3	P 3	S 7	S 2							
6	92.31% (72 of 78)	S 1	S 3	P 3	S 7	S 2	P 5						
7	96.15% (75 of 78)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	98.72% (77 of 78)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	98.72% (77 of 78)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2			
10	98.72% (77 of 78)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5		
11	98.72% (77 of 78)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5	P 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Friday - 15:00 to 15:59

Level: % Demand Coverage:

1	35.29% (18 of 51)	S 1											
2	74.51% (38 of 51)	S 1	P 3										
3	84.31% (43 of 51)	S 1	P 3	S 3									
4	84.31% (43 of 51)	S 1	P 3	S 3	S 7								
5	88.24% (45 of 51)	S 1	P 3	S 3	S 7	P 5							
6	88.24% (45 of 51)	S 1	P 3	S 3	S 7	P 5	S 2						
7	96.08% (49 of 51)	S 1	P 3	S 3	S 7	P 5	S 2	S 5					
8	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Friday - 16:00 to 16:59

Level: % Demand Coverage:

1	44.44% (28 of 63)	S 1											
2	79.37% (50 of 63)	S 1	P 3										
3	87.3% (55 of 63)	S 1	P 3	S 3									
4	87.3% (55 of 63)	S 1	P 3	S 3	S 7								
5	88.89% (56 of 63)	S 1	P 3	S 3	S 7	S 2							
6	88.89% (56 of 63)	S 1	P 3	S 3	S 7	S 2	P 5						
7	96.83% (61 of 63)	S 1	P 3	S 3	S 7	S 2	P 5	S 5					
8	96.83% (61 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96.83% (61 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	96.83% (61 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	96.83% (61 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Friday - 17:00 to 17:59

Level: % Demand Coverage:

1	39.22% (20 of 51)	S 1											
2	74.51% (38 of 51)	S 1	S 3										
3	88.24% (45 of 51)	S 1	S 3	P 3									
4	88.24% (45 of 51)	S 1	S 3	P 3	S 7								
5	90.2% (46 of 51)	S 1	P 3	S 3	S 7	P 5							
6	90.2% (46 of 51)	S 1	P 3	S 3	S 7	P 5	S 2						
7	94.12% (48 of 51)	S 1	P 3	S 3	S 7	P 5	S 2	S 5					
8	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		
11	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2	P 2	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Friday - 18:00 to 18:59

Level: % Demand Coverage:

1	41.51% (22 of 53)	S 1											
2	67.92% (36 of 53)	S 1	S 3										
3	86.79% (46 of 53)	S 1	S 3	P 3									
4	86.79% (46 of 53)	S 1	S 3	P 3	S 7								
5	88.68% (47 of 53)	S 1	S 3	P 3	S 7	P 5							
6	88.68% (47 of 53)	S 1	S 3	P 3	S 7	P 5	S 2						
7	92.45% (49 of 53)	S 1	P 3	S 3	P 5	S 7	S 2	S 5					
8	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 19:00 to 19:59

Level: % Demand Coverage:

1	48% (24 of 50)	S 1											
2	74% (37 of 50)	S 1	S 3										
3	76% (38 of 50)	S 1	S 3	S 7									
4	86% (43 of 50)	S 1	S 3	S 7	P 3								
5	86% (43 of 50)	S 1	S 3	P 3	S 7	S 2							
6	88% (44 of 50)	S 1	S 3	P 3	S 7	S 2	P 5						
7	94% (47 of 50)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	94% (47 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96% (48 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	96% (48 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 20:00 to 20:59

Level: % Demand Coverage:

1	52.38% (22 of 42)	S 1											
2	88.1% (37 of 42)	S 1	P 3										
3	97.62% (41 of 42)	S 1	P 3	S 3									
4	97.62% (41 of 42)	S 1	P 3	S 3	S 7								
5	97.62% (41 of 42)	S 1	P 3	S 3	S 7	S 2							
6	100% (42 of 42)	S 1	P 3	S 3	S 7	S 2	P 5						
7	100% (42 of 42)	S 1	P 3	S 3	S 2	S 7	P 5	P 1					
8	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Friday - 21:00 to 21:59

Level: % Demand Coverage:

1	51.28% (20 of 39)	S 1											
2	76.92% (30 of 39)	S 1	S 3										
3	94.87% (37 of 39)	S 1	S 3	P 3									
4	94.87% (37 of 39)	S 1	S 3	P 3	S 7								
5	94.87% (37 of 39)	S 1	S 3	P 3	S 7	S 2							
6	97.44% (38 of 39)	S 1	S 3	P 3	S 2	P 5	S 7						
7	97.44% (38 of 39)	S 1	S 3	P 3	S 2	P 5	S 7	P 1					
8	97.44% (38 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	97.44% (38 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 22:00 to 22:59

Level: % Demand Coverage:

1	62.75% (32 of 51)	S 1											
2	82.35% (42 of 51)	S 1	P 3										
3	80.39% (41 of 51)	S 1	S 3	P 2									
4	92.16% (47 of 51)	S 1	S 3	P 3	S 7								
5	90.2% (46 of 51)	S 1	P 3	P 5	S 2	S 7							
6	94.12% (48 of 51)	S 1	P 3	P 5	S 2	S 3	S 7						
7	94.12% (48 of 51)	S 1	P 3	P 5	S 2	S 3	S 7	P 1					
8	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Friday - 23:00 to 23:59

Level: % Demand Coverage:

1	50.88% (29 of 57)	S 1											
2	78.95% (45 of 57)	S 1	S 3										
3	91.23% (52 of 57)	S 1	S 3	P 3									
4	94.74% (54 of 57)	S 1	S 3	P 3	S 7								
5	94.74% (54 of 57)	S 1	S 3	P 3	S 7	S 2							
6	94.74% (54 of 57)	S 1	P 3	S 3	S 7	S 2	P 2						
7	94.74% (54 of 57)	S 1	P 3	S 3	S 7	S 2	P 2	P 5					
8	94.74% (54 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	94.74% (54 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Monday - 00:00 to 00:59

Level: % Demand Coverage:

1	63.64% (21 of 33)	S 1											
2	75.76% (25 of 33)	S 1	S 3										
3	81.82% (27 of 33)	S 1	S 3	P 2									
4	87.88% (29 of 33)	S 1	S 3	P 2	P 5								
5	87.88% (29 of 33)	S 1	S 3	P 2	P 5	S 7							
6	87.88% (29 of 33)	S 1	S 3	P 2	P 5	S 2	S 7						
7	93.94% (31 of 33)	S 1	S 3	P 2	P 5	S 7	S 2	S 5					
8	100% (33 of 33)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Monday - 01:00 to 01:59

Level: % Demand Coverage:

1	72.22% (26 of 36)	S 1											
2	83.33% (30 of 36)	S 1	S 3										
3	83.33% (30 of 36)	S 1	S 3	S 2									
4	83.33% (30 of 36)	S 1	S 3	S 2	S 7								
5	88.89% (32 of 36)	S 1	S 3	S 2	S 7	P 3							
6	88.89% (32 of 36)	S 1	S 3	S 2	P 3	S 7	P 1						
7	88.89% (32 of 36)	S 1	S 3	S 2	P 3	S 7	P 5	P 1					
8	94.44% (34 of 36)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Monday - 02:00 to 02:59

Level: % Demand Coverage:

1	89.29% (25 of 28)	S 1											
2	100% (28 of 28)	S 1	P 2										
3	100% (28 of 28)	S 1	P 2	S 3									
4	100% (28 of 28)	S 1	P 2	S 3	S 7								
5	100% (28 of 28)	S 1	P 2	S 3	S 7	S 2							
6	100% (28 of 28)	S 1	P 2	S 3	S 7	S 2	P 1						
7	100% (28 of 28)	S 1	P 2	S 3	S 7	S 2	P 5	P 1					
8	100% (28 of 28)	S 7	S 6	S 4	S 5	S 3	P 1	P 2	S 2				
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Monday - 03:00 to 03:59

Level: % Demand Coverage:

1	42.86% (9 of 21)	S 1											
2	76.19% (16 of 21)	S 1	P 3										
3	80.95% (17 of 21)	S 1	P 3	S 3									
4	80.95% (17 of 21)	S 1	P 3	S 3	S 7								
5	85.71% (18 of 21)	S 1	P 3	S 3	S 7	P 5							
6	95.24% (20 of 21)	S 1	P 3	S 3	S 5	P 5	S 2						
7	95.24% (20 of 21)	S 1	P 3	S 3	S 5	P 5	S 7	S 2					
8	95.24% (20 of 21)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 04:00 to 04:59

Level: % Demand Coverage:

1	45.83% (11 of 24)	S 1											
2	79.17% (19 of 24)	S 1	P 3										
3	83.33% (20 of 24)	S 1	P 3	P 5									
4	87.5% (21 of 24)	S 1	P 3	S 3	S 7								
5	91.67% (22 of 24)	S 1	P 3	P 5	S 3	S 7							
6	91.67% (22 of 24)	S 1	P 3	S 3	P 5	P 2	S 7						
7	95.83% (23 of 24)	S 1	P 3	S 3	P 5	P 2	S 7	S 5					
8	95.83% (23 of 24)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 05:00 to 05:59

Level: % Demand Coverage:

1	58.33% (21 of 36)	S 1											
2	88.89% (32 of 36)	S 1	P 3										
3	91.67% (33 of 36)	S 1	P 3	S 3									
4	91.67% (33 of 36)	S 1	P 3	S 3	S 2								
5	91.67% (33 of 36)	S 1	P 3	S 3	S 2	S 7							
6	94.44% (34 of 36)	S 1	P 3	S 3	S 2	S 7	P 1						
7	94.44% (34 of 36)	S 1	P 3	S 3	S 2	S 7	P 1	P 5					
8	97.22% (35 of 36)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Monday - 06:00 to 06:59

Level: % Demand Coverage:

1	50% (15 of 30)	S 1											
2	76.67% (23 of 30)	S 1	P 3										
3	86.67% (26 of 30)	S 1	P 3	S 3									
4	86.67% (26 of 30)	S 1	P 3	S 3	S 7								
5	86.67% (26 of 30)	S 1	P 3	S 3	S 7	S 2							
6	86.67% (26 of 30)	S 1	P 3	S 3	S 2	S 7	P 5						
7	86.67% (26 of 30)	S 1	P 3	S 3	S 2	S 7	P 5	P 2					
8	90% (27 of 30)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	90% (27 of 30)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 07:00 to 07:59

Level: % Demand Coverage:

1	47.22% (17 of 36)	S 1											
2	72.22% (26 of 36)	S 1	S 3										
3	83.33% (30 of 36)	S 1	S 3	P 3									
4	88.89% (32 of 36)	S 1	S 3	P 3	P 5								
5	88.89% (32 of 36)	S 1	S 3	P 3	P 5	S 7							
6	88.89% (32 of 36)	S 1	S 3	P 3	P 5	S 2	S 7						
7	94.44% (34 of 36)	S 1	S 3	P 3	P 5	S 2	S 7	S 5					
8	94.44% (34 of 36)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2				
9	94.44% (34 of 36)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 08:00 to 08:59

Level: % Demand Coverage:

1	57.41% (31 of 54)	S 1											
2	74.07% (40 of 54)	S 1	S 3										
3	81.48% (44 of 54)	S 1	S 3	P 2									
4	88.89% (48 of 54)	S 1	S 3	P 3	S 7								
5	88.89% (48 of 54)	S 1	S 3	P 3	S 2	S 7							
6	90.74% (49 of 54)	S 1	P 3	S 3	S 2	P 5	S 7						
7	90.74% (49 of 54)	S 1	P 3	S 3	S 2	P 5	S 7	P 1					
8	100% (54 of 54)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3				
9	100% (54 of 54)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Monday - 09:00 to 09:59

Level: % Demand Coverage:

1	44.44% (28 of 63)	S 1											
2	68.25% (43 of 63)	S 1	S 3										
3	85.71% (54 of 63)	S 1	P 3	S 3									
4	85.71% (54 of 63)	S 1	P 3	S 3	S 7								
5	85.71% (54 of 63)	S 1	P 3	S 3	S 7	S 2							
6	87.3% (55 of 63)	S 1	P 3	S 3	S 7	P 5	S 2						
7	92.06% (58 of 63)	S 1	P 3	S 3	S 7	S 2	P 5	S 5					
8	93.65% (59 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	93.65% (59 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	93.65% (59 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 10:00 to 10:59

Level: % Demand Coverage:

1	35.21% (25 of 71)	S 1											
2	69.01% (49 of 71)	S 1	S 3										
3	84.51% (60 of 71)	S 1	S 3	P 3									
4	84.51% (60 of 71)	S 1	S 3	P 3	S 7								
5	88.73% (63 of 71)	S 1	S 3	P 3	P 5	S 7							
6	97.18% (69 of 71)	S 1	S 3	P 3	P 5	S 7	S 5						
7	97.18% (69 of 71)	S 1	S 3	P 3	P 5	S 5	S 7	S 2					
8	97.18% (69 of 71)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.18% (69 of 71)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.18% (69 of 71)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 11:00 to 11:59

Level: % Demand Coverage:

1	46.15% (30 of 65)	S 1											
2	76.92% (50 of 65)	S 1	S 3										
3	96.92% (63 of 65)	S 1	S 3	P 3									
4	96.92% (63 of 65)	S 1	S 3	P 3	S 7								
5	96.92% (63 of 65)	S 1	S 3	P 3	S 7	S 2							
6	96.92% (63 of 65)	S 1	S 3	P 3	S 7	S 2	P 5						
7	100% (65 of 65)	S 1	P 3	S 3	S 7	S 2	P 5	S 5					
8	98.46% (64 of 65)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	98.46% (64 of 65)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	98.46% (64 of 65)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Monday - 12:00 to 12:59

Level: % Demand Coverage:

1	47.83% (33 of 69)	S 1												
2	72.46% (50 of 69)	S 1	S 3											
3	88.41% (61 of 69)	S 1	S 3	P 3										
4	88.41% (61 of 69)	S 1	S 3	P 3	S 7									
5	88.41% (61 of 69)	S 1	S 3	P 3	S 7	S 2								
6	91.3% (63 of 69)	S 1	S 3	P 3	S 7	S 2	P 5							
7	94.2% (65 of 69)	S 1	S 3	P 3	S 7	S 2	P 5	S 5						
8	94.2% (65 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1					
9	97.1% (67 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2				
10	97.1% (67 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2	P 5			
11	97.1% (67 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2	P 5	P 1		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Monday - 13:00 to 13:59

Level: % Demand Coverage:

1	45.45% (30 of 66)	S 1												
2	69.7% (46 of 66)	S 1	S 3											
3	87.88% (58 of 66)	S 1	P 3	S 3										
4	87.88% (58 of 66)	S 1	S 3	P 3	S 7									
5	90.91% (60 of 66)	S 1	P 3	S 3	S 7	P 5								
6	90.91% (60 of 66)	S 1	P 3	S 3	S 7	P 5	S 2							
7	96.97% (64 of 66)	S 1	P 3	S 3	S 7	P 5	S 2	S 5						
8	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					
9	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5				
10	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2			
11	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Monday - 14:00 to 14:59

Level: % Demand Coverage:

1	49.15% (29 of 59)	S 1												
2	69.49% (41 of 59)	S 1	S 3											
3	84.75% (50 of 59)	S 1	S 3	P 3										
4	84.75% (50 of 59)	S 1	S 3	P 3	S 7									
5	84.75% (50 of 59)	S 1	P 3	S 3	S 7	S 2								
6	86.44% (51 of 59)	S 1	P 3	S 3	S 7	S 2	P 5							
7	91.53% (54 of 59)	S 1	P 3	S 3	S 7	S 2	P 5	S 5						
8	91.53% (54 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1					
9	91.53% (54 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2				
10	93.22% (55 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2	P 5			
11	93.22% (55 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

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Monday - 15:00 to 15:59

Level: % Demand Coverage:

1	55.71% (39 of 70)	S 1												
2	77.14% (54 of 70)	S 1	S 3											
3	87.14% (61 of 70)	S 1	S 3	P 3										
4	88.57% (62 of 70)	S 1	S 3	P 3	S 7									
5	88.57% (62 of 70)	S 1	S 3	P 3	S 7	S 2								
6	91.43% (64 of 70)	S 1	S 3	P 3	S 7	S 2	P 5							
7	97.14% (68 of 70)	S 1	S 3	P 3	S 7	P 5	S 2	S 5						
8	98.57% (69 of 70)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3					
9	98.57% (69 of 70)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2				
10	98.57% (69 of 70)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2	P 5			
11	98.57% (69 of 70)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2	P 5	P 1		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Monday - 16:00 to 16:59

Level: % Demand Coverage:

1	50.94% (27 of 53)	S 1												
2	79.25% (42 of 53)	S 1	S 3											
3	96.23% (51 of 53)	S 1	S 3	P 3										
4	96.23% (51 of 53)	S 1	S 3	P 3	S 7									
5	96.23% (51 of 53)	S 1	S 3	P 3	S 2	S 7								
6	96.23% (51 of 53)	S 1	S 3	P 3	S 7	S 2	P 5							
7	98.11% (52 of 53)	S 1	S 3	P 3	S 7	S 2	P 5	S 5						
8	98.11% (52 of 53)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1					
9	98.11% (52 of 53)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2				
10	98.11% (52 of 53)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2	P 5			
11	98.11% (52 of 53)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2	P 5	P 1		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Monday - 17:00 to 17:59

Level: % Demand Coverage:

1	59.57% (28 of 47)	S 1												
2	82.98% (39 of 47)	S 1	S 3											
3	87.23% (41 of 47)	S 1	S 3	P 2										
4	87.23% (41 of 47)	S 1	S 3	S 7	P 2									
5	87.23% (41 of 47)	S 1	S 3	P 2	S 7	S 2								
6	91.49% (43 of 47)	S 1	S 3	P 2	S 7	S 2	S 5							
7	89.36% (42 of 47)	S 1	S 3	P 3	S 7	S 2	P 5	P 1						
8	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3					
9	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5				
10	97.87% (46 of 47)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5	S 1			
11	97.87% (46 of 47)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5	S 1	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

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Monday - 18:00 to 18:59

Level: % Demand Coverage:

1	53.7% (29 of 54)	S 1											
2	75.93% (41 of 54)	S 1	S 3										
3	88.89% (48 of 54)	S 1	S 3	P 3									
4	90.74% (49 of 54)	S 1	S 3	P 3	S 7								
5	90.74% (49 of 54)	S 1	S 3	P 3	S 7	S 2							
6	92.59% (50 of 54)	S 1	S 3	P 3	S 7	S 2	P 5						
7	96.3% (52 of 54)	S 1	P 3	S 3	S 7	S 2	P 5	S 5					
8	98.15% (53 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.15% (53 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.15% (53 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Monday - 19:00 to 19:59

Level: % Demand Coverage:

1	60.47% (26 of 43)	S 1											
2	86.05% (37 of 43)	S 1	P 3										
3	90.7% (39 of 43)	S 1	P 3	P 5									
4	90.7% (39 of 43)	S 1	P 3	P 5	S 7								
5	90.7% (39 of 43)	S 1	P 3	P 5	S 2	S 7							
6	90.7% (39 of 43)	S 1	P 3	P 5	S 7	S 2	S 3						
7	90.7% (39 of 43)	S 1	P 3	P 5	S 2	S 7	S 3	P 2					
8	97.67% (42 of 43)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.67% (42 of 43)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.67% (42 of 43)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Monday - 20:00 to 20:59

Level: % Demand Coverage:

1	51.61% (32 of 62)	S 1											
2	80.65% (50 of 62)	S 1	S 3										
3	90.32% (56 of 62)	S 1	S 3	P 3									
4	90.32% (56 of 62)	S 1	S 3	P 3	S 7								
5	90.32% (56 of 62)	S 1	S 3	P 3	S 7	S 2							
6	90.32% (56 of 62)	S 1	S 3	P 3	S 7	S 2	P 5						
7	96.77% (60 of 62)	S 1	S 3	P 3	S 2	S 7	P 5	S 5					
8	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2			
10	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2	P 5		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Monday - 21:00 to 21:59

Level: % Demand Coverage:

1	55.56% (15 of 27)	S 1											
2	92.59% (25 of 27)	S 1	P 3										
3	96.3% (26 of 27)	S 1	P 3	S 3									
4	96.3% (26 of 27)	S 1	P 3	S 3	S 7								
5	96.3% (26 of 27)	S 1	P 3	S 3	S 2	S 7							
6	96.3% (26 of 27)	S 1	P 3	S 3	S 2	S 7	P 5						
7	96.3% (26 of 27)	S 1	P 3	S 3	S 2	S 7	P 5	P 1					
8	96.3% (26 of 27)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.3% (26 of 27)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 22:00 to 22:59

Level: % Demand Coverage:

1	62.86% (22 of 35)	S 1											
2	91.43% (32 of 35)	S 1	P 3										
3	94.29% (33 of 35)	S 1	P 3	P 5									
4	94.29% (33 of 35)	S 1	P 3	P 5	S 7								
5	94.29% (33 of 35)	S 1	P 3	P 5	S 2	S 7							
6	100% (35 of 35)	S 1	P 3	S 2	S 3	S 7	P 1						
7	100% (35 of 35)	S 1	P 3	S 3	S 2	S 7	P 2	P 5					
8	100% (35 of 35)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	100% (35 of 35)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Monday - 23:00 to 23:59

Level: % Demand Coverage:

1	72.73% (16 of 22)	S 1											
2	86.36% (19 of 22)	S 1	S 3										
3	90.91% (20 of 22)	S 1	S 3	P 2									
4	90.91% (20 of 22)	S 1	S 3	P 2	S 7								
5	90.91% (20 of 22)	S 1	S 3	P 2	S 7	S 2							
6	95.45% (21 of 22)	S 1	S 3	P 2	S 2	S 7	P 3						
7	95.45% (21 of 22)	S 1	S 3	P 2	S 7	S 2	P 3	P 5					
8	95.45% (21 of 22)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				
9	95.45% (21 of 22)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 3			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Saturday - 00:00 to 00:59

Level: % Demand Coverage:

1	71.05% (27 of 38)	S 1											
2	86.84% (33 of 38)	S 1	S 3										
3	86.84% (33 of 38)	S 1	S 3	S 2									
4	86.84% (33 of 38)	S 1	S 3	S 2	S 7								
5	86.84% (33 of 38)	S 1	S 3	P 2	S 7	S 2							
6	89.47% (34 of 38)	S 1	S 3	P 2	S 2	S 7	P 5						
7	89.47% (34 of 38)	S 1	S 3	P 2	S 7	S 2	P 5	S 5					
8	86.84% (33 of 38)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 01:00 to 01:59

Level: % Demand Coverage:

1	76.19% (32 of 42)	S 1											
2	76.19% (32 of 42)	S 1	P 2										
3	85.71% (36 of 42)	S 1	S 3	P 2									
4	88.1% (37 of 42)	S 1	P 3	S 2	P 5								
5	88.1% (37 of 42)	S 1	P 3	S 2	P 5	S 7							
6	90.48% (38 of 42)	S 1	P 3	S 2	S 3	S 7	P 1						
7	90.48% (38 of 42)	S 1	P 3	S 2	S 3	S 7	P 1	P 5					
8	90.48% (38 of 42)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 02:00 to 02:59

Level: % Demand Coverage:

1	80% (44 of 55)	S 1											
2	81.82% (45 of 55)	S 1	P 2										
3	87.27% (48 of 55)	S 1	S 3	P 2									
4	87.27% (48 of 55)	S 1	P 2	S 3	S 7								
5	87.27% (48 of 55)	S 1	S 3	P 2	S 7	S 2							
6	94.55% (52 of 55)	S 1	P 2	S 3	S 2	S 7	S 5						
7	96.36% (53 of 55)	S 1	S 3	P 2	S 7	S 2	S 5	P 5					
8	92.73% (51 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Saturday - 03:00 to 03:59

Level: % Demand Coverage:

1	53.12% (17 of 32)	S 1												
2	78.12% (25 of 32)	S 1	P 3											
3	84.38% (27 of 32)	S 1	P 3	S 3										
4	84.38% (27 of 32)	S 1	P 3	S 3	S 2									
5	84.38% (27 of 32)	S 1	P 3	S 3	S 7	S 2								
6	87.5% (28 of 32)	S 1	P 3	S 3	S 2	S 7	P 5							
7	93.75% (30 of 32)	S 1	P 3	S 3	S 7	S 2	P 5	P 2						
8	93.75% (30 of 32)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3					
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Saturday - 04:00 to 04:59

Level: % Demand Coverage:

1	61.11% (11 of 18)	S 1												
2	83.33% (15 of 18)	S 1	S 3											
3	88.89% (16 of 18)	S 1	S 3	P 2										
4	94.44% (17 of 18)	S 1	S 3	P 2	P 5									
5	94.44% (17 of 18)	S 1	S 3	P 2	P 5	S 7								
6	94.44% (17 of 18)	S 1	S 3	P 2	P 5	S 2	S 7							
7	94.44% (17 of 18)	S 1	S 3	P 2	P 5	S 7	S 2	S 5						
8	94.44% (17 of 18)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2					
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Saturday - 05:00 to 05:59

Level: % Demand Coverage:

1	63.64% (14 of 22)	S 1												
2	90.91% (20 of 22)	S 1	S 3											
3	90.91% (20 of 22)	S 1	S 3	S 2										
4	90.91% (20 of 22)	S 1	S 3	S 2	S 7									
5	90.91% (20 of 22)	S 1	S 3	S 2	S 7	P 3								
6	95.45% (21 of 22)	S 1	S 3	S 2	S 7	P 3	S 4							
7	95.45% (21 of 22)	S 1	S 3	S 2	S 7	P 3	S 4	P 1						
8	100% (22 of 22)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2					
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

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Saturday - 06:00 to 06:59

Level: % Demand Coverage:

1	32.14% (9 of 28)	S 1											
2	67.86% (19 of 28)	S 1	P 3										
3	78.57% (22 of 28)	S 1	P 3	P 5									
4	85.71% (24 of 28)	S 1	P 3	P 5	S 3								
5	85.71% (24 of 28)	S 1	P 3	P 5	S 3	S 7							
6	85.71% (24 of 28)	P 2	S 3	S 2	P 3	P 5	S 7						
7	85.71% (24 of 28)	P 2	S 3	S 2	P 5	P 3	S 7	S 1					
8	89.29% (25 of 28)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	89.29% (25 of 28)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 07:00 to 07:59

Level: % Demand Coverage:

1	48.65% (18 of 37)	S 1											
2	86.49% (32 of 37)	S 1	P 3										
3	89.19% (33 of 37)	S 1	P 3	S 3									
4	91.89% (34 of 37)	S 1	P 3	P 5	S 7								
5	89.19% (33 of 37)	S 1	P 3	S 3	S 7	S 2							
6	94.59% (35 of 37)	S 1	P 3	S 3	S 2	P 5	S 7						
7	94.59% (35 of 37)	S 1	P 3	S 3	P 5	S 2	S 7	P 2					
8	97.3% (36 of 37)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.3% (36 of 37)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 08:00 to 08:59

Level: % Demand Coverage:

1	36% (18 of 50)	S 1											
2	74% (37 of 50)	S 1	P 3										
3	84% (42 of 50)	S 1	P 3	S 3									
4	86% (43 of 50)	S 1	P 3	S 3	S 7								
5	86% (43 of 50)	S 1	P 3	S 3	S 7	S 2							
6	86% (43 of 50)	S 1	P 3	S 3	S 7	S 2	P 5						
7	86% (43 of 50)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	88% (44 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	88% (44 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Saturday - 09:00 to 09:59

Level: % Demand Coverage:

1	46.43% (26 of 56)	S 1											
2	73.21% (41 of 56)	S 1	S 3										
3	85.71% (48 of 56)	S 1	S 3	P 3									
4	85.71% (48 of 56)	S 1	S 3	P 3	S 7								
5	85.71% (48 of 56)	S 1	S 3	P 3	S 7	S 2							
6	85.71% (48 of 56)	S 1	S 3	P 3	S 7	S 2	P 5						
7	91.07% (51 of 56)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Saturday - 10:00 to 10:59

Level: % Demand Coverage:

1	42.62% (26 of 61)	S 1											
2	65.57% (40 of 61)	S 1	S 3										
3	83.61% (51 of 61)	S 1	P 3	S 3									
4	85.25% (52 of 61)	S 1	P 3	S 3	S 7								
5	88.52% (54 of 61)	S 1	P 3	S 3	S 7	P 5							
6	88.52% (54 of 61)	S 1	P 3	S 3	S 7	P 5	S 2						
7	90.16% (55 of 61)	S 1	P 3	S 3	P 5	S 7	S 2	P 2					
8	93.44% (57 of 61)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	93.44% (57 of 61)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	93.44% (57 of 61)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Saturday - 11:00 to 11:59

Level: % Demand Coverage:

1	30.95% (13 of 42)	S 1											
2	54.76% (23 of 42)	S 1	S 3										
3	80.95% (34 of 42)	S 1	P 3	S 3									
4	83.33% (35 of 42)	S 1	P 3	S 3	S 7								
5	88.1% (37 of 42)	S 1	P 3	S 3	S 7	P 5							
6	100% (42 of 42)	S 1	P 3	S 3	S 7	P 5	S 5						
7	100% (42 of 42)	S 1	P 3	S 3	S 7	P 5	S 5	S 2					
8	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Saturday - 12:00 to 12:59

Level: % Demand Coverage:

1	39.68% (25 of 63)	S 1											
2	69.84% (44 of 63)	S 1	S 3										
3	87.3% (55 of 63)	S 1	S 3	P 3									
4	90.48% (57 of 63)	S 1	S 3	P 3	S 7								
5	90.48% (57 of 63)	S 1	S 3	P 3	S 7	S 2							
6	90.48% (57 of 63)	S 1	S 3	P 3	S 7	P 5	S 2						
7	92.06% (58 of 63)	S 1	S 3	P 3	S 7	P 5	S 2	P 2					
8	96.83% (61 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96.83% (61 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.41% (62 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	98.41% (62 of 63)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Saturday - 13:00 to 13:59

Level: % Demand Coverage:

1	43.55% (27 of 62)	S 1											
2	72.58% (45 of 62)	S 1	S 3										
3	87.1% (54 of 62)	S 1	S 3	P 3									
4	88.71% (55 of 62)	S 1	S 3	P 3	S 7								
5	88.71% (55 of 62)	S 1	S 3	P 3	S 7	S 2							
6	90.32% (56 of 62)	S 1	S 3	P 3	S 7	S 2	P 5						
7	95.16% (59 of 62)	S 1	S 3	P 3	S 7	P 5	S 2	S 5					
8	95.16% (59 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		
11	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2	P 2	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Saturday - 14:00 to 14:59

Level: % Demand Coverage:

1	43.4% (23 of 53)	S 1											
2	75.47% (40 of 53)	S 1	S 3										
3	90.57% (48 of 53)	S 1	S 3	P 3									
4	90.57% (48 of 53)	S 1	S 3	P 3	S 7								
5	90.57% (48 of 53)	S 1	S 3	P 3	S 7	S 2							
6	94.34% (50 of 53)	S 1	S 3	P 3	S 7	S 2	P 5						
7	94.34% (50 of 53)	S 1	S 3	P 3	S 7	P 5	S 2	P 2					
8	92.45% (49 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	96.23% (51 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	96.23% (51 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Saturday - 15:00 to 15:59

Level: % Demand Coverage:

1	45.83% (22 of 48)	S 1											
2	77.08% (37 of 48)	S 1	S 3										
3	93.75% (45 of 48)	S 1	S 3	P 3									
4	93.75% (45 of 48)	S 1	S 3	P 3	S 7								
5	93.75% (45 of 48)	S 1	S 3	P 3	S 7	S 2							
6	93.75% (45 of 48)	S 1	S 3	P 3	S 7	S 2	P 5						
7	97.92% (47 of 48)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	95.83% (46 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	95.83% (46 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2			
10	95.83% (46 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2	P 5		
11	95.83% (46 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2	P 2	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 16:00 to 16:59

Level: % Demand Coverage:

1	52.54% (31 of 59)	S 1											
2	84.75% (50 of 59)	S 1	S 3										
3	94.92% (56 of 59)	S 1	S 3	P 3									
4	94.92% (56 of 59)	S 1	S 3	P 3	S 7								
5	94.92% (56 of 59)	S 1	S 3	P 3	S 7	S 2							
6	94.92% (56 of 59)	S 1	S 3	P 3	S 7	S 2	P 5						
7	94.92% (56 of 59)	S 1	S 3	P 3	S 7	S 2	P 5	P 1					
8	100% (59 of 59)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (59 of 59)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	100% (59 of 59)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	100% (59 of 59)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 17:00 to 17:59

Level: % Demand Coverage:

1	52.94% (27 of 51)	S 1											
2	70.59% (36 of 51)	S 1	S 3										
3	78.43% (40 of 51)	S 1	S 3	P 2									
4	78.43% (40 of 51)	S 1	S 3	P 2	S 7								
5	84.31% (43 of 51)	S 1	S 3	P 2	P 5	S 7							
6	92.16% (47 of 51)	S 1	S 3	P 2	P 5	S 7	S 5						
7	92.16% (47 of 51)	S 1	S 3	P 2	P 5	S 7	S 5	S 2					
8	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Saturday - 18:00 to 18:59

Level: % Demand Coverage:

1	39.13% (27 of 69)	S 1											
2	68.12% (47 of 69)	S 1	S 3										
3	81.16% (56 of 69)	S 1	S 3	P 3									
4	81.16% (56 of 69)	S 1	S 3	P 3	S 7								
5	84.06% (58 of 69)	S 1	S 3	P 3	S 7	P 5							
6	84.06% (58 of 69)	S 1	S 3	P 3	S 7	P 5	S 2						
7	91.3% (63 of 69)	S 1	S 3	P 3	P 5	S 7	S 2	S 5					
8	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Saturday - 19:00 to 19:59

Level: % Demand Coverage:

1	53.85% (28 of 52)	S 1											
2	78.85% (41 of 52)	S 1	S 3										
3	90.38% (47 of 52)	S 1	S 3	P 3									
4	92.31% (48 of 52)	S 1	S 3	P 3	S 7								
5	92.31% (48 of 52)	S 1	P 3	S 3	S 7	S 2							
6	94.23% (49 of 52)	S 1	P 3	S 3	S 7	S 2	P 5						
7	94.23% (49 of 52)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Saturday - 20:00 to 20:59

Level: % Demand Coverage:

1	48.89% (22 of 45)	S 1											
2	64.44% (29 of 45)	S 1	S 3										
3	71.11% (32 of 45)	S 1	S 3	P 2									
4	86.67% (39 of 45)	S 1	S 3	P 3	P 5								
5	86.67% (39 of 45)	S 1	P 3	P 5	S 3	S 7							
6	86.67% (39 of 45)	S 1	P 3	P 5	S 3	S 7	S 2						
7	86.67% (39 of 45)	S 1	P 3	P 5	S 3	P 1	S 7	S 2					
8	97.78% (44 of 45)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.78% (44 of 45)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.78% (44 of 45)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Saturday - 21:00 to 21:59

Level: % Demand Coverage:

1	51.11% (23 of 45)	S 1												
2	75.56% (34 of 45)	S 1	S 3											
3	82.22% (37 of 45)	S 1	S 3	P 2										
4	82.22% (37 of 45)	S 1	S 3	S 7	P 2									
5	84.44% (38 of 45)	S 1	S 3	P 2	S 7	P 5								
6	91.11% (41 of 45)	S 1	S 3	P 2	S 7	S 5	P 5							
7	91.11% (41 of 45)	S 1	S 3	P 2	S 7	S 5	P 5	S 2						
8	93.33% (42 of 45)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3					
9	93.33% (42 of 45)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 22:00 to 22:59

Level: % Demand Coverage:

1	73.68% (28 of 38)	S 1												
2	92.11% (35 of 38)	S 1	P 3											
3	92.11% (35 of 38)	S 1	P 3	S 2										
4	92.11% (35 of 38)	S 1	P 3	P 5	S 2									
5	94.74% (36 of 38)	S 1	P 3	S 2	S 3	S 7								
6	94.74% (36 of 38)	S 1	P 3	S 2	S 3	S 7	P 1							
7	94.74% (36 of 38)	S 1	P 3	S 2	S 3	S 7	P 1	P 5						
8	94.74% (36 of 38)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2					
9	97.37% (37 of 38)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Saturday - 23:00 to 23:59

Level: % Demand Coverage:

1	64.1% (25 of 39)	S 1												
2	84.62% (33 of 39)	S 1	P 3											
3	87.18% (34 of 39)	S 1	P 3	S 7										
4	92.31% (36 of 39)	S 1	P 3	S 7	S 3									
5	92.31% (36 of 39)	S 1	P 3	S 3	S 7	S 2								
6	92.31% (36 of 39)	S 1	P 3	S 3	S 2	S 7	P 2							
7	97.44% (38 of 39)	S 1	P 3	S 3	S 7	S 2	P 2	S 5						
8	97.44% (38 of 39)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					
9	97.44% (38 of 39)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Sunday - 00:00 to 00:59

Level: % Demand Coverage:

1	70.37% (38 of 54)	S 1												
2	77.78% (42 of 54)	S 1	P 2											
3	81.48% (44 of 54)	S 1	P 2	S 3										
4	81.48% (44 of 54)	S 1	P 2	S 3	S 7									
5	88.89% (48 of 54)	S 1	P 3	P 5	S 2	S 7								
6	85.19% (46 of 54)	S 1	P 2	S 3	P 5	S 2	S 7							
7	94.44% (51 of 54)	S 1	P 3	P 5	P 2	S 7	S 2	S 3						
8	96.3% (52 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3					
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Sunday - 01:00 to 01:59

Level: % Demand Coverage:

1	72% (36 of 50)	S 1												
2	86% (43 of 50)	S 1	S 3											
3	88% (44 of 50)	S 1	S 3	P 2										
4	88% (44 of 50)	S 1	S 3	P 2	S 7									
5	88% (44 of 50)	S 1	S 3	P 2	S 7	S 2								
6	94% (47 of 50)	S 1	P 3	P 1	S 3	S 7	S 2							
7	94% (47 of 50)	S 1	P 3	S 3	P 1	S 7	S 2	P 5						
8	98% (49 of 50)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3					
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Sunday - 02:00 to 02:59

Level: % Demand Coverage:

1	80.77% (42 of 52)	S 1												
2	82.69% (43 of 52)	S 1	P 2											
3	90.38% (47 of 52)	S 1	S 3	P 2										
4	90.38% (47 of 52)	S 1	P 2	S 3	S 2									
5	90.38% (47 of 52)	S 1	S 3	P 2	S 7	S 2								
6	96.15% (50 of 52)	S 1	P 2	S 3	S 2	S 7	S 5							
7	96.15% (50 of 52)	S 1	P 3	S 2	P 5	S 7	S 3	P 1						
8	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2					
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

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Sunday - 03:00 to 03:59

Level: % Demand Coverage:

1	81.25% (26 of 32)	S 1											
2	90.62% (29 of 32)	S 1	P 2										
3	93.75% (30 of 32)	S 1	P 2	S 3									
4	93.75% (30 of 32)	S 1	P 2	S 3	S 2								
5	93.75% (30 of 32)	S 1	P 2	S 3	S 7	S 2							
6	100% (32 of 32)	S 1	P 2	S 3	S 2	S 7	P 3						
7	100% (32 of 32)	S 1	P 2	S 3	S 2	S 7	P 3	P 5					
8	96.88% (31 of 32)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Sunday - 04:00 to 04:59

Level: % Demand Coverage:

1	25% (4 of 16)	S 1											
2	62.5% (10 of 16)	S 1	S 3										
3	87.5% (14 of 16)	S 1	S 3	S 5									
4	87.5% (14 of 16)	S 1	S 3	S 5	S 7								
5	93.75% (15 of 16)	S 1	S 3	S 5	S 7	P 2							
6	93.75% (15 of 16)	S 1	S 5	S 3	P 2	S 7	P 5						
7	93.75% (15 of 16)	S 1	S 5	S 3	P 2	S 7	P 5	S 2					
8	87.5% (14 of 16)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Sunday - 05:00 to 05:59

Level: % Demand Coverage:

1	57.14% (12 of 21)	S 1											
2	76.19% (16 of 21)	S 1	S 3										
3	80.95% (17 of 21)	S 1	S 3	P 2									
4	85.71% (18 of 21)	S 1	S 3	P 2	P 5								
5	95.24% (20 of 21)	S 1	S 3	P 2	P 5	S 5							
6	90.48% (19 of 21)	S 1	P 3	P 5	P 2	S 3	S 7						
7	90.48% (19 of 21)	S 1	P 3	P 5	P 2	S 3	S 7	S 2					
8	95.24% (20 of 21)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Sunday - 06:00 to 06:59

Level: % Demand Coverage:

1	45.71% (16 of 35)	S 1											
2	82.86% (29 of 35)	S 1	P 3										
3	91.43% (32 of 35)	S 1	P 3	S 3									
4	91.43% (32 of 35)	S 1	P 3	S 3	S 7								
5	94.29% (33 of 35)	S 1	P 3	S 3	S 7	P 5							
6	97.14% (34 of 35)	S 1	P 3	S 3	P 5	P 1	S 7						
7	97.14% (34 of 35)	S 1	P 3	S 3	P 5	P 1	S 7	S 2					
8	100% (35 of 35)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (35 of 35)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Sunday - 07:00 to 07:59

Level: % Demand Coverage:

1	59.46% (22 of 37)	S 1											
2	89.19% (33 of 37)	S 1	S 3										
3	97.3% (36 of 37)	S 1	S 3	P 3									
4	97.3% (36 of 37)	S 1	S 3	P 3	S 7								
5	97.3% (36 of 37)	S 1	S 3	P 3	S 7	S 2							
6	97.3% (36 of 37)	S 1	S 3	P 3	S 2	S 7	P 1						
7	97.3% (36 of 37)	S 1	S 3	P 3	S 2	S 7	P 1	P 5					
8	97.3% (36 of 37)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3				
9	97.3% (36 of 37)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Sunday - 08:00 to 08:59

Level: % Demand Coverage:

1	53.06% (26 of 49)	P 3											
2	87.76% (43 of 49)	P 3	S 1										
3	91.84% (45 of 49)	S 1	P 3	S 3									
4	91.84% (45 of 49)	S 1	P 3	S 3	S 7								
5	91.84% (45 of 49)	P 3	S 1	S 3	S 7	S 2							
6	91.84% (45 of 49)	P 3	S 1	S 3	S 7	P 2	P 5						
7	91.84% (45 of 49)	P 3	S 1	S 3	S 7	P 2	P 5	S 2					
8	97.96% (48 of 49)	S 7	S 6	S 4	S 5	S 3	P 2	S 2	P 3				
9	97.96% (48 of 49)	S 7	S 6	S 4	S 5	S 3	P 2	S 2	P 3	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Sunday - 09:00 to 09:59

Level: % Demand Coverage:

1	46.81% (22 of 47)	S 1											
2	78.72% (37 of 47)	S 1	S 3										
3	82.98% (39 of 47)	S 1	S 3	P 3									
4	82.98% (39 of 47)	S 1	S 3	P 3	S 7								
5	82.98% (39 of 47)	S 1	S 3	P 3	S 7	S 2							
6	85.11% (40 of 47)	S 1	S 3	P 3	S 7	P 5	S 2						
7	91.49% (43 of 47)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Sunday - 10:00 to 10:59

Level: % Demand Coverage:

1	52.38% (22 of 42)	S 1											
2	92.86% (39 of 42)	S 1	P 3										
3	100% (42 of 42)	S 1	P 3	S 3									
4	100% (42 of 42)	S 1	P 3	S 3	S 7								
5	100% (42 of 42)	S 1	P 3	S 3	S 2	S 7							
6	100% (42 of 42)	S 1	P 3	S 3	S 7	S 2	P 5						
7	100% (42 of 42)	S 1	P 3	S 3	S 2	S 7	P 5	P 2					
8	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	100% (42 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Sunday - 11:00 to 11:59

Level: % Demand Coverage:

1	47.73% (21 of 44)	S 1											
2	72.73% (32 of 44)	S 1	S 3										
3	86.36% (38 of 44)	S 1	S 3	P 3									
4	86.36% (38 of 44)	S 1	S 3	P 3	S 7								
5	86.36% (38 of 44)	S 1	S 3	P 3	S 7	S 2							
6	86.36% (38 of 44)	S 1	S 3	P 3	S 7	S 2	P 5						
7	90.91% (40 of 44)	S 1	S 3	P 3	S 2	S 7	P 2	P 5					
8	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Sunday - 12:00 to 12:59

Level: % Demand Coverage:

1	41.86% (18 of 43)	S 1											
2	72.09% (31 of 43)	S 1	S 3										
3	90.7% (39 of 43)	S 1	S 3	P 3									
4	90.7% (39 of 43)	S 1	S 3	P 3	S 7								
5	90.7% (39 of 43)	S 1	S 3	P 3	S 7	S 2							
6	93.02% (40 of 43)	S 1	S 3	P 3	S 7	P 5	S 2						
7	93.02% (40 of 43)	S 1	S 3	P 3	S 7	P 5	S 2	P 2					
8	95.35% (41 of 43)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	95.35% (41 of 43)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.35% (41 of 43)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	95.35% (41 of 43)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Sunday - 13:00 to 13:59

Level: % Demand Coverage:

1	52.08% (25 of 48)	S 1											
2	81.25% (39 of 48)	S 1	P 3										
3	87.5% (42 of 48)	S 1	P 3	S 3									
4	87.5% (42 of 48)	S 1	P 3	S 3	S 7								
5	87.5% (42 of 48)	S 1	P 3	S 3	S 7	S 2							
6	87.5% (42 of 48)	S 1	P 3	S 3	S 7	S 2	P 5						
7	89.58% (43 of 48)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Sunday - 14:00 to 14:59

Level: % Demand Coverage:

1	50% (23 of 46)	S 1											
2	71.74% (33 of 46)	S 1	S 3										
3	84.78% (39 of 46)	S 1	S 3	P 3									
4	86.96% (40 of 46)	S 1	S 3	S 7	P 3								
5	86.96% (40 of 46)	S 1	S 3	P 3	S 7	S 2							
6	89.13% (41 of 46)	S 1	S 3	P 3	S 7	S 2	P 5						
7	93.48% (43 of 46)	S 1	S 3	P 3	S 7	S 2	P 5	S 6					
8	93.48% (43 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3				
9	93.48% (43 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2			
10	93.48% (43 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2	P 5		
11	93.48% (43 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2	P 5	P 1	
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Sunday - 15:00 to 15:59

Level: % Demand Coverage:

1	54.55% (30 of 55)	S 1											
2	81.82% (45 of 55)	S 1	P 3										
3	89.09% (49 of 55)	S 1	P 3	S 3									
4	90.91% (50 of 55)	S 1	P 3	S 3	S 7								
5	90.91% (50 of 55)	S 1	P 3	S 3	S 7	S 2							
6	92.73% (51 of 55)	S 1	P 3	S 3	S 7	S 2	P 5						
7	92.73% (51 of 55)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3				
9	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2			
10	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	P 5	S 2		
11	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	P 5	S 2	P 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Sunday - 16:00 to 16:59

Level: % Demand Coverage:

1	68.75% (33 of 48)	S 1											
2	93.75% (45 of 48)	S 1	S 3										
3	93.75% (45 of 48)	S 1	S 3	S 2									
4	93.75% (45 of 48)	S 1	S 3	S 7	S 2								
5	97.92% (47 of 48)	S 1	S 3	S 2	P 3	S 7							
6	97.92% (47 of 48)	S 1	S 3	P 3	S 2	S 7	P 5						
7	97.92% (47 of 48)	S 1	S 3	P 3	S 7	S 2	P 5	P 1					
8	95.83% (46 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				
9	100% (48 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 3			
10	100% (48 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 3	P 5		
11	100% (48 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 3	P 5	P 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Sunday - 17:00 to 17:59

Level: % Demand Coverage:

1	63.46% (33 of 52)	S 1											
2	84.62% (44 of 52)	S 1	S 3										
3	90.38% (47 of 52)	S 1	S 3	P 2									
4	92.31% (48 of 52)	S 1	S 3	P 2	S 7								
5	100% (52 of 52)	S 1	S 3	P 2	S 7	S 5							
6	100% (52 of 52)	S 1	S 3	P 2	S 7	S 5	P 5						
7	98.08% (51 of 52)	S 1	S 3	P 3	S 7	S 2	P 5	P 2					
8	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	P 2	S 2				
9	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			
10	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5	P 2		
11	98.08% (51 of 52)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5	P 2	S 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Sunday - 18:00 to 18:59

Level: % Demand Coverage:

1	57.14% (28 of 49)	S 1											
2	79.59% (39 of 49)	S 1	S 3										
3	91.84% (45 of 49)	S 1	S 3	P 3									
4	91.84% (45 of 49)	S 1	S 3	P 3	S 7								
5	91.84% (45 of 49)	S 1	S 3	P 3	S 7	S 2							
6	93.88% (46 of 49)	S 1	S 3	P 3	S 7	S 2	P 5						
7	93.88% (46 of 49)	S 1	P 3	S 3	S 2	S 7	P 5	P 1					
8	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Sunday - 19:00 to 19:59

Level: % Demand Coverage:

1	53.85% (35 of 65)	S 1											
2	75.38% (49 of 65)	S 1	S 3										
3	90.77% (59 of 65)	S 1	S 3	P 3									
4	92.31% (60 of 65)	S 1	S 3	P 3	S 7								
5	92.31% (60 of 65)	S 1	S 3	P 3	S 7	S 2							
6	95.38% (62 of 65)	S 1	S 3	P 3	S 7	S 2	P 5						
7	95.38% (62 of 65)	S 1	S 3	P 3	S 7	S 2	P 5	P 2					
8	96.92% (63 of 65)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96.92% (63 of 65)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	96.92% (63 of 65)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Sunday - 20:00 to 20:59

Level: % Demand Coverage:

1	50% (24 of 48)	S 1											
2	68.75% (33 of 48)	S 1	S 3										
3	79.17% (38 of 48)	S 1	S 3	P 3									
4	79.17% (38 of 48)	S 1	S 3	P 3	S 7								
5	79.17% (38 of 48)	S 1	S 3	P 3	S 7	S 2							
6	83.33% (40 of 48)	S 1	S 3	P 3	S 7	S 2	P 5						
7	91.67% (44 of 48)	S 1	P 3	S 3	S 2	S 7	P 5	S 6					
8	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2			
10	93.75% (45 of 48)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Sunday - 21:00 to 21:59

Level: % Demand Coverage:

1	74.36% (29 of 39)	S 1												
2	89.74% (35 of 39)	S 1	S 3											
3	89.74% (35 of 39)	S 1	S 3	P 2										
4	89.74% (35 of 39)	S 1	S 3	P 2	S 7									
5	89.74% (35 of 39)	S 1	S 3	P 2	S 7	S 2								
6	94.87% (37 of 39)	S 1	S 3	P 2	S 2	P 5	S 7							
7	94.87% (37 of 39)	S 1	S 3	P 2	P 5	S 2	S 7	S 5						
8	94.87% (37 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2					
9	94.87% (37 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 5				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Sunday - 22:00 to 22:59

Level: % Demand Coverage:

1	61.22% (30 of 49)	S 1												
2	87.76% (43 of 49)	S 1	S 3											
3	89.8% (44 of 49)	S 1	S 3	P 2										
4	89.8% (44 of 49)	S 1	S 3	P 2	S 7									
5	93.88% (46 of 49)	S 1	S 3	P 2	S 7	S 5								
6	93.88% (46 of 49)	S 1	S 3	P 2	S 5	S 7	S 2							
7	95.92% (47 of 49)	S 1	S 3	P 3	P 1	S 7	P 5	S 2						
8	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3					
9	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Sunday - 23:00 to 23:59

Level: % Demand Coverage:

1	79.41% (27 of 34)	S 1												
2	88.24% (30 of 34)	S 1	P 2											
3	91.18% (31 of 34)	S 1	P 2	S 3										
4	91.18% (31 of 34)	S 1	P 2	S 3	S 7									
5	91.18% (31 of 34)	S 1	P 2	S 3	S 7	S 2								
6	94.12% (32 of 34)	S 1	P 2	S 3	S 2	S 7	P 5							
7	97.06% (33 of 34)	S 1	P 2	S 3	S 7	S 2	P 5	P 3						
8	97.06% (33 of 34)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2					
9	100% (34 of 34)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Thursday - 00:00 to 00:59

Level: % Demand Coverage:

1	46.67% (14 of 30)	S 1											
2	86.67% (26 of 30)	S 1	S 3										
3	93.33% (28 of 30)	S 1	S 3	P 3									
4	93.33% (28 of 30)	S 1	S 3	P 3	S 7								
5	93.33% (28 of 30)	S 1	S 3	P 3	S 7	S 2							
6	100% (30 of 30)	S 1	S 3	P 3	S 2	S 7	S 5						
7	100% (30 of 30)	S 1	S 3	P 3	S 7	S 2	S 5	P 5					
8	100% (30 of 30)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 01:00 to 01:59

Level: % Demand Coverage:

1	100% (1 of 1)	S 1											
2	77.42% (24 of 31)	S 1	S 3										
3	90.32% (28 of 31)	S 1	S 3	P 3									
4	90.32% (28 of 31)	S 1	S 3	P 3	S 2								
5	90.32% (28 of 31)	S 1	S 3	P 3	S 7	S 2							
6	90.32% (28 of 31)	S 1	S 3	P 3	S 2	S 7	P 5						
7	93.55% (29 of 31)	S 1	S 3	P 3	S 7	S 2	P 5	P 1					
8	93.55% (29 of 31)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 02:00 to 02:59

Level: % Demand Coverage:

1	55% (11 of 20)	S 1											
2	90% (18 of 20)	S 1	S 3										
3	90% (18 of 20)	S 1	S 3	S 7									
4	95% (19 of 20)	S 1	S 3	P 2	S 7								
5	100% (20 of 20)	S 1	S 3	S 7	P 2	P 5							
6	100% (20 of 20)	S 1	S 3	P 2	P 5	S 7	S 2						
7	100% (20 of 20)	S 1	S 3	P 2	P 5	S 7	S 2	S 5					
8	95% (19 of 20)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Thursday - 03:00 to 03:59

Level: % Demand Coverage:

1	57.14% (12 of 21)	S 1												
2	95.24% (20 of 21)	S 1	P 3											
3	95.24% (20 of 21)	S 1	P 3	S 3										
4	95.24% (20 of 21)	S 1	P 3	S 3	S 2									
5	95.24% (20 of 21)	S 1	P 3	S 3	S 7	S 2								
6	100% (21 of 21)	S 1	P 3	S 3	S 2	S 7	S 5							
7	100% (21 of 21)	S 1	P 3	S 3	S 2	S 7	S 5	P 5						
8	100% (21 of 21)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 04:00 to 04:59

Level: % Demand Coverage:

1	29.41% (5 of 17)	S 1												
2	64.71% (11 of 17)	S 1	P 3											
3	76.47% (13 of 17)	S 1	P 3	S 3										
4	76.47% (13 of 17)	S 1	P 3	S 3	S 7									
5	88.24% (15 of 17)	S 1	P 3	S 3	S 7	S 5								
6	94.12% (16 of 17)	S 1	P 3	S 3	S 5	S 7	S 6							
7	94.12% (16 of 17)	S 1	P 3	S 3	S 5	S 7	S 6	S 2						
8	94.12% (16 of 17)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2					

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 05:00 to 05:59

Level: % Demand Coverage:

1	43.75% (7 of 16)	S 1												
2	81.25% (13 of 16)	S 1	P 3											
3	93.75% (15 of 16)	S 1	P 3	S 3										
4	93.75% (15 of 16)	S 1	P 3	S 3	S 2									
5	93.75% (15 of 16)	S 1	P 3	S 3	S 7	S 2								
6	93.75% (15 of 16)	S 1	P 3	S 3	S 2	S 7	P 5							
7	100% (16 of 16)	S 1	P 3	S 3	S 7	S 2	P 5	S 5						
8	93.75% (15 of 16)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2					

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Thursday - 06:00 to 06:59

Level: % Demand Coverage:

1	48% (12 of 25)	S 1											
2	72% (18 of 25)	S 1	S 3										
3	96% (24 of 25)	S 1	S 3	S 5									
4	96% (24 of 25)	S 1	S 3	S 5	S 7								
5	96% (24 of 25)	S 1	S 3	S 5	S 7	P 2							
6	96% (24 of 25)	S 1	S 5	S 3	P 2	S 7	S 2						
7	96% (24 of 25)	S 1	S 5	S 3	P 2	S 7	S 2	P 5					
8	100% (25 of 25)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (25 of 25)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 07:00 to 07:59

Level: % Demand Coverage:

1	42.42% (28 of 66)	S 1											
2	75.76% (50 of 66)	S 1	S 3										
3	87.88% (58 of 66)	S 1	S 3	P 3									
4	89.39% (59 of 66)	S 1	S 3	P 3	S 7								
5	93.94% (62 of 66)	S 1	S 3	P 3	P 5	S 7							
6	93.94% (62 of 66)	S 1	S 3	P 3	P 5	S 7	S 2						
7	98.48% (65 of 66)	S 1	S 3	P 3	P 5	S 7	S 2	S 5					
8	95.45% (63 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96.97% (64 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 08:00 to 08:59

Level: % Demand Coverage:

1	43.18% (19 of 44)	S 1											
2	86.36% (38 of 44)	S 1	S 3										
3	93.18% (41 of 44)	S 1	S 3	P 3									
4	93.18% (41 of 44)	S 1	S 3	P 3	S 7								
5	97.73% (43 of 44)	S 1	S 3	P 3	S 7	P 5							
6	97.73% (43 of 44)	S 1	S 3	P 3	P 5	S 2	S 7						
7	100% (44 of 44)	S 1	S 3	P 3	P 5	S 2	S 7	S 6					
8	100% (44 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (44 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Thursday - 09:00 to 09:59

Level: % Demand Coverage:

1	42.25% (30 of 71)	S 1											
2	74.65% (53 of 71)	S 1	S 3										
3	95.77% (68 of 71)	S 1	S 3	P 3									
4	95.77% (68 of 71)	S 1	S 3	P 3	S 7								
5	95.77% (68 of 71)	S 1	P 3	S 3	S 7	P 2							
6	95.77% (68 of 71)	S 1	S 3	P 3	S 7	P 5	P 2						
7	95.77% (68 of 71)	P 2	S 3	S 1	P 3	S 7	P 5	S 2					
8	92.96% (66 of 71)	S 7	S 6	S 4	S 5	S 3	P 2	S 2	P 3				
9	92.96% (66 of 71)	S 7	S 6	S 4	S 5	S 3	P 2	S 2	P 3	P 5			
10	97.18% (69 of 71)	S 7	S 6	S 4	S 5	S 3	P 2	S 2	P 3	P 5	P 1		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 10:00 to 10:59

Level: % Demand Coverage:

1	36.36% (28 of 77)	S 1											
2	70.13% (54 of 77)	S 1	S 3										
3	75.32% (58 of 77)	S 1	S 3	P 3									
4	76.62% (59 of 77)	S 1	S 3	P 3	S 7								
5	81.82% (63 of 77)	S 1	S 3	P 3	S 7	P 5							
6	90.91% (70 of 77)	S 1	S 3	P 3	S 7	P 5	S 5						
7	90.91% (70 of 77)	S 1	P 3	S 3	P 5	S 5	S 7	S 2					
8	90.91% (70 of 77)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2				
9	90.91% (70 of 77)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 5			
10	92.21% (71 of 77)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 11:00 to 11:59

Level: % Demand Coverage:

1	52.7% (39 of 74)	S 1											
2	82.43% (61 of 74)	S 1	S 3										
3	86.49% (64 of 74)	S 1	S 3	P 2									
4	87.84% (65 of 74)	S 1	S 3	P 3	S 7								
5	94.59% (70 of 74)	S 1	S 3	P 2	S 7	S 5							
6	89.19% (66 of 74)	S 1	S 3	P 3	S 7	S 2	P 5						
7	90.54% (67 of 74)	S 1	S 3	P 3	S 2	S 7	P 5	P 2					
8	95.95% (71 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	95.95% (71 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			
10	95.95% (71 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Thursday - 12:00 to 12:59

Level: % Demand Coverage:

1	39.13% (27 of 69)	S 1											
2	81.16% (56 of 69)	S 1	S 3										
3	95.65% (66 of 69)	S 1	S 3	P 3									
4	95.65% (66 of 69)	S 1	S 3	P 3	S 7								
5	95.65% (66 of 69)	S 1	S 3	P 3	S 7	P 5							
6	95.65% (66 of 69)	S 1	S 3	P 3	S 7	P 5	S 2						
7	100% (69 of 69)	S 1	S 3	P 3	S 7	P 5	S 2	S 5					
8	100% (69 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	100% (69 of 69)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	100% (69 of 69)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	100% (69 of 69)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Thursday - 13:00 to 13:59

Level: % Demand Coverage:

1	43.18% (19 of 44)	S 1											
2	61.36% (27 of 44)	S 1	S 3										
3	84.09% (37 of 44)	S 1	S 3	P 3									
4	84.09% (37 of 44)	S 1	S 3	P 3	S 7								
5	86.36% (38 of 44)	S 1	P 3	S 3	S 7	P 5							
6	86.36% (38 of 44)	S 1	P 3	S 3	S 7	P 5	S 2						
7	93.18% (41 of 44)	S 1	P 3	S 3	S 7	P 5	S 2	S 5					
8	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	95.45% (42 of 44)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Thursday - 14:00 to 14:59

Level: % Demand Coverage:

1	43.55% (27 of 62)	S 1											
2	72.58% (45 of 62)	S 1	S 3										
3	82.26% (51 of 62)	S 1	S 3	P 3									
4	82.26% (51 of 62)	S 1	S 3	P 3	S 7								
5	88.71% (55 of 62)	S 1	S 3	P 3	P 5	S 7							
6	88.71% (55 of 62)	S 1	S 3	P 3	P 5	S 7	S 2						
7	96.77% (60 of 62)	S 1	S 3	P 3	P 5	S 7	S 2	S 5					
8	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5			
10	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2		
11	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2	P 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Thursday - 15:00 to 15:59

Level: % Demand Coverage:

1	34.78% (24 of 69)	S 1											
2	72.46% (50 of 69)	S 1	S 3										
3	86.96% (60 of 69)	S 1	S 3	P 3									
4	88.41% (61 of 69)	S 1	S 3	P 3	S 7								
5	89.86% (62 of 69)	S 1	S 3	P 3	S 7	P 5							
6	89.86% (62 of 69)	S 1	S 3	P 3	S 7	P 5	S 2						
7	95.65% (66 of 69)	S 1	S 3	P 3	S 7	P 5	S 2	S 5					
8	94.2% (65 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	94.2% (65 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	95.65% (66 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2		
11	95.65% (66 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2	P 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Thursday - 16:00 to 16:59

Level: % Demand Coverage:

1	39.29% (22 of 56)	S 1											
2	71.43% (40 of 56)	S 1	S 3										
3	87.5% (49 of 56)	S 1	S 3	P 3									
4	89.29% (50 of 56)	S 1	S 3	P 3	S 7								
5	89.29% (50 of 56)	S 1	S 3	P 3	S 7	S 2							
6	91.07% (51 of 56)	S 1	S 3	P 3	S 7	P 5	S 2						
7	91.07% (51 of 56)	S 1	S 3	P 3	S 7	P 5	S 2	P 2					
8	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	92.86% (52 of 56)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Thursday - 17:00 to 17:59

Level: % Demand Coverage:

1	41.94% (26 of 62)	S 1											
2	69.35% (43 of 62)	S 1	S 3										
3	88.71% (55 of 62)	S 1	P 3	S 3									
4	88.71% (55 of 62)	S 1	P 3	S 3	S 7								
5	88.71% (55 of 62)	S 1	P 3	S 3	S 7	S 2							
6	90.32% (56 of 62)	S 1	P 3	S 3	S 7	S 2	P 5						
7	96.77% (60 of 62)	S 1	P 3	S 3	S 7	P 5	S 2	S 5					
8	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2			
10	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5		
11	96.77% (60 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5	P 1	
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

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Thursday - 18:00 to 18:59

Level: % Demand Coverage:

1	40.68% (24 of 59)	S 1											
2	88.14% (52 of 59)	S 1	S 3										
3	96.61% (57 of 59)	S 1	S 3	P 3									
4	96.61% (57 of 59)	S 1	S 3	P 3	S 7								
5	100% (59 of 59)	S 1	S 3	P 3	P 5	S 7							
6	100% (59 of 59)	S 1	S 3	P 3	P 5	S 7	S 2						
7	100% (59 of 59)	S 1	S 3	P 3	P 5	S 7	S 2	S 5					
8	94.92% (56 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	94.92% (56 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	94.92% (56 of 59)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 19:00 to 19:59

Level: % Demand Coverage:

1	40.74% (22 of 54)	S 1											
2	70.37% (38 of 54)	S 1	S 3										
3	88.89% (48 of 54)	S 1	S 3	P 3									
4	88.89% (48 of 54)	S 1	S 3	P 3	S 7								
5	88.89% (48 of 54)	S 1	S 3	P 3	S 7	S 2							
6	88.89% (48 of 54)	S 1	S 3	P 3	S 7	P 5	S 2						
7	96.3% (52 of 54)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	92.59% (50 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	92.59% (50 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	92.59% (50 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 20:00 to 20:59

Level: % Demand Coverage:

1	36.36% (20 of 55)	S 1											
2	72.73% (40 of 55)	S 1	S 3										
3	92.73% (51 of 55)	S 1	S 3	P 3									
4	92.73% (51 of 55)	S 1	S 3	P 3	S 7								
5	92.73% (51 of 55)	S 1	S 3	P 3	S 7	S 2							
6	92.73% (51 of 55)	S 1	S 3	P 3	S 7	S 2	P 5						
7	96.36% (53 of 55)	S 1	P 3	S 3	S 7	S 2	S 6	P 5					
8	92.73% (51 of 55)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	92.73% (51 of 55)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	94.55% (52 of 55)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Thursday - 21:00 to 21:59

Level: % Demand Coverage:

1	40.43% (19 of 47)	S 1											
2	78.72% (37 of 47)	S 1	P 3										
3	82.98% (39 of 47)	S 1	P 3	S 3									
4	82.98% (39 of 47)	S 1	P 3	S 3	S 7								
5	85.11% (40 of 47)	S 1	P 3	S 3	S 7	P 5							
6	95.74% (45 of 47)	S 1	P 3	S 3	S 5	S 7	P 2						
7	97.87% (46 of 47)	S 1	P 3	S 3	S 7	S 5	P 5	P 2					
8	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.74% (45 of 47)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 22:00 to 22:59

Level: % Demand Coverage:

1	52.5% (21 of 40)	S 1											
2	85% (34 of 40)	S 1	P 3										
3	92.5% (37 of 40)	S 1	P 3	S 3									
4	92.5% (37 of 40)	S 1	P 3	S 3	S 7								
5	92.5% (37 of 40)	S 1	P 3	S 3	S 7	S 2							
6	92.5% (37 of 40)	S 1	P 3	S 3	S 2	S 7	P 2						
7	92.5% (37 of 40)	S 1	P 3	S 3	S 2	S 7	P 5	P 2					
8	100% (40 of 40)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (40 of 40)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Thursday - 23:00 to 23:59

Level: % Demand Coverage:

1	74.07% (20 of 27)	S 1											
2	88.89% (24 of 27)	S 1	S 3										
3	88.89% (24 of 27)	S 1	S 3	S 2									
4	88.89% (24 of 27)	S 1	S 3	S 2	S 7								
5	96.3% (26 of 27)	S 1	S 3	S 2	S 7	P 3							
6	96.3% (26 of 27)	S 1	S 3	S 2	P 3	S 7	P 1						
7	96.3% (26 of 27)	S 1	S 3	S 2	P 3	S 7	P 1	P 5					
8	96.3% (26 of 27)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				
9	100% (27 of 27)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2	P 3			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Tuesday - 00:00 to 00:59

Level: % Demand Coverage:

1	67.57% (25 of 37)	S 1											
2	83.78% (31 of 37)	S 1	S 3										
3	91.89% (34 of 37)	S 1	S 3	P 2									
4	91.89% (34 of 37)	S 1	S 3	P 2	S 7								
5	91.89% (34 of 37)	S 1	S 3	P 2	S 7	S 2							
6	91.89% (34 of 37)	S 1	S 3	P 2	S 2	S 7	P 5						
7	94.59% (35 of 37)	S 1	S 3	P 2	S 7	S 2	P 5	P 3					
8	91.89% (34 of 37)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				
		Post Fill Priority:											
		P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Tuesday - 01:00 to 01:59

Level: % Demand Coverage:

1	50% (14 of 28)	S 1											
2	78.57% (22 of 28)	S 1	P 2										
3	82.14% (23 of 28)	S 1	P 3	P 5									
4	82.14% (23 of 28)	S 1	P 3	P 5	S 2								
5	82.14% (23 of 28)	S 1	P 3	P 5	S 2	S 7							
6	85.71% (24 of 28)	S 1	P 3	P 5	P 2	S 2	S 7						
7	96.43% (27 of 28)	S 1	P 3	P 5	P 2	S 7	S 2	P 4					
8	96.43% (27 of 28)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
		Post Fill Priority:											
		P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Tuesday - 02:00 to 02:59

Level: % Demand Coverage:

1	33.33% (6 of 18)	S 1											
2	66.67% (12 of 18)	S 1	S 3										
3	83.33% (15 of 18)	S 1	S 3	P 3									
4	88.89% (16 of 18)	S 1	S 3	P 3	S 7								
5	88.89% (16 of 18)	S 1	S 3	P 3	S 7	P 5							
6	88.89% (16 of 18)	S 1	S 3	P 3	S 7	P 5	S 2						
7	94.44% (17 of 18)	S 1	S 3	P 3	S 7	P 5	S 2	S 5					
8	94.44% (17 of 18)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
		Post Fill Priority:											
		P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

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Tuesday - 03:00 to 03:59

Level: % Demand Coverage:

1	50% (10 of 20)	S 1											
2	85% (17 of 20)	S 1	S 3										
3	95% (19 of 20)	S 1	S 3	P 3									
4	95% (19 of 20)	S 1	S 3	P 3	S 7								
5	95% (19 of 20)	S 1	S 3	P 3	S 7	S 2							
6	95% (19 of 20)	S 1	S 3	P 3	S 7	P 2	P 5						
7	95% (19 of 20)	S 1	S 3	P 3	S 7	S 2	P 5	P 2					
8	100% (20 of 20)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 04:00 to 04:59

Level: % Demand Coverage:

1	62.86% (22 of 35)	S 1											
2	88.57% (31 of 35)	S 1	P 3										
3	94.29% (33 of 35)	S 1	P 3	S 3									
4	94.29% (33 of 35)	S 1	P 3	S 3	S 2								
5	94.29% (33 of 35)	S 1	P 3	S 3	S 7	S 2							
6	94.29% (33 of 35)	S 1	P 3	S 3	P 2	S 7	S 2						
7	94.29% (33 of 35)	S 1	P 3	S 3	P 2	S 7	S 2	P 5					
8	100% (35 of 35)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 05:00 to 05:59

Level: % Demand Coverage:

1	57.89% (11 of 19)	S 1											
2	78.95% (15 of 19)	S 1	P 3										
3	84.21% (16 of 19)	S 1	S 3	P 2									
4	84.21% (16 of 19)	S 1	P 3	S 3	S 2								
5	84.21% (16 of 19)	S 1	P 3	S 3	S 7	S 2							
6	94.74% (18 of 19)	S 1	P 3	S 3	S 2	S 7	S 5						
7	94.74% (18 of 19)	S 1	P 3	S 3	S 2	S 7	S 5	P 5					
8	94.74% (18 of 19)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Tuesday - 06:00 to 06:59

Level: % Demand Coverage:

1	52.5% (21 of 40)	S 1											
2	87.5% (35 of 40)	S 1	P 3										
3	92.5% (37 of 40)	S 1	S 3	P 3									
4	92.5% (37 of 40)	S 1	S 3	P 3	S 7								
5	92.5% (37 of 40)	S 1	P 3	S 3	S 7	S 2							
6	92.5% (37 of 40)	S 1	P 3	S 3	S 2	S 7	P 5						
7	92.5% (37 of 40)	S 1	P 3	S 3	S 2	S 7	P 5	P 1					
8	100% (40 of 40)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	100% (40 of 40)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 07:00 to 07:59

Level: % Demand Coverage:

1	36.96% (17 of 46)	S 1											
2	65.22% (30 of 46)	S 1	S 3										
3	78.26% (36 of 46)	S 1	S 3	P 3									
4	84.78% (39 of 46)	S 1	S 3	P 3	P 5								
5	84.78% (39 of 46)	S 1	S 3	P 3	P 5	S 7							
6	84.78% (39 of 46)	S 1	P 3	S 3	P 5	S 7	S 2						
7	91.3% (42 of 46)	S 1	P 3	P 5	S 3	S 7	S 5	S 2					
8	93.48% (43 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2				
9	93.48% (43 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 08:00 to 08:59

Level: % Demand Coverage:

1	48.94% (23 of 47)	S 1											
2	63.83% (30 of 47)	S 1	S 3										
3	72.34% (34 of 47)	S 1	S 3	P 3									
4	78.72% (37 of 47)	S 1	S 3	P 5	P 3								
5	78.72% (37 of 47)	S 1	S 3	P 3	P 5	S 2							
6	89.36% (42 of 47)	S 1	S 3	S 5	P 5	P 2	S 2						
7	93.62% (44 of 47)	S 1	P 3	S 4	S 5	S 2	S 7	S 3					
8	97.87% (46 of 47)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2				
9	97.87% (46 of 47)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Tuesday - 09:00 to 09:59

Level: % Demand Coverage:

1	48.05% (37 of 77)	S 1											
2	68.83% (53 of 77)	S 1	S 3										
3	85.71% (66 of 77)	S 1	S 3	P 3									
4	87.01% (67 of 77)	S 1	S 3	P 3	S 7								
5	93.51% (72 of 77)	S 1	P 3	P 5	S 3	S 7							
6	93.51% (72 of 77)	S 1	P 3	P 5	S 3	S 7	S 2						
7	94.81% (73 of 77)	S 1	P 3	P 5	S 3	S 2	S 7	P 2					
8	98.7% (76 of 77)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	98.7% (76 of 77)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	98.7% (76 of 77)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Tuesday - 10:00 to 10:59

Level: % Demand Coverage:

1	38.89% (21 of 54)	S 1											
2	55.56% (30 of 54)	S 1	S 3										
3	75.93% (41 of 54)	S 1	P 3	P 5									
4	85.19% (46 of 54)	S 1	P 3	P 5	S 3								
5	85.19% (46 of 54)	S 1	P 3	P 5	S 3	S 7							
6	85.19% (46 of 54)	S 1	P 3	P 5	S 3	S 7	S 2						
7	85.19% (46 of 54)	S 1	P 3	P 5	S 3	S 7	P 2	S 2					
8	90.74% (49 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	90.74% (49 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	90.74% (49 of 54)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Tuesday - 11:00 to 11:59

Level: % Demand Coverage:

1	54.1% (33 of 61)	S 1											
2	75.41% (46 of 61)	S 1	S 3										
3	90.16% (55 of 61)	S 1	S 3	P 3									
4	90.16% (55 of 61)	S 1	S 3	P 3	S 7								
5	90.16% (55 of 61)	S 1	S 3	P 3	S 2	S 7							
6	90.16% (55 of 61)	S 1	S 3	P 3	S 7	S 2	P 5						
7	98.36% (60 of 61)	S 1	P 3	S 3	S 2	S 7	S 5	P 5					
8	100% (61 of 61)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	100% (61 of 61)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2			
10	100% (61 of 61)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2	P 5		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Scottsdale, AZ - Initial System Status Plan

Tuesday - 12:00 to 12:59

Level: % Demand Coverage:

1	52.17% (36 of 69)	S1												
2	79.71% (55 of 69)	S1	S3											
3	92.75% (64 of 69)	S1	S3	P3										
4	92.75% (64 of 69)	S1	S3	P3	S7									
5	92.75% (64 of 69)	S1	S3	P3	S2	S7								
6	94.2% (65 of 69)	S1	S3	P3	S7	S2	P5							
7	94.2% (65 of 69)	S1	S3	P3	S7	S2	P5	P2						
8	92.75% (64 of 69)	S7	S6	S4	S5	S3	S1	P3	S2					
9	92.75% (64 of 69)	S7	S6	S4	S5	S3	S1	P3	S2	P2				
10	92.75% (64 of 69)	S7	S6	S4	S5	S3	S1	P3	S2	P2	P5			
11	92.75% (64 of 69)	S7	S6	S4	S5	S3	S1	P3	S2	P2	P5	P1		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 13:00 to 13:59

Level: % Demand Coverage:

1	53.33% (32 of 60)	S1												
2	76.67% (46 of 60)	S1	S3											
3	86.67% (52 of 60)	S1	S3	P3										
4	86.67% (52 of 60)	S1	S3	P3	S7									
5	86.67% (52 of 60)	S1	P3	S3	S7	S2								
6	86.67% (52 of 60)	S1	P3	S3	S7	S2	P5							
7	96.67% (58 of 60)	S1	P3	S3	S7	S2	P5	S5						
8	96.67% (58 of 60)	S7	S6	S4	S5	S3	P1	P3	S2					
9	96.67% (58 of 60)	S7	S6	S4	S5	S3	P1	P3	S2	P5				
10	96.67% (58 of 60)	S7	S6	S4	S5	S3	P1	P3	S2	P5	P2			
11	98.33% (59 of 60)	S7	S6	S4	S5	S3	P1	P3	S2	P5	P2	S1		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 14:00 to 14:59

Level: % Demand Coverage:

1	40% (20 of 50)	S1												
2	74% (37 of 50)	S1	S3											
3	86% (43 of 50)	S1	S3	P3										
4	88% (44 of 50)	S1	S3	P3	S7									
5	90% (45 of 50)	S1	S3	P3	S7	P5								
6	90% (45 of 50)	S1	S3	P3	S7	P5	S2							
7	98% (49 of 50)	S1	S3	P3	S7	P5	S2	S5						
8	98% (49 of 50)	S7	S6	S4	S5	S3	P1	P3	S2					
9	98% (49 of 50)	S7	S6	S4	S5	S3	P1	P3	S2	P5				
10	98% (49 of 50)	S7	S6	S4	S5	S3	P1	P3	S2	P5	P2			
11	98% (49 of 50)	S7	S6	S4	S5	S3	P1	P3	S2	P5	P2	S1		

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Tuesday - 15:00 to 15:59

Level: % Demand Coverage:

1	53.62% (37 of 69)	S 1												
2	85.51% (59 of 69)	S 1	S 3											
3	85.51% (59 of 69)	S 1	S 3	P 2										
4	89.86% (62 of 69)	S 1	S 3	S 7	P 3									
5	91.3% (63 of 69)	S 1	S 3	P 3	S 2	S 7								
6	91.3% (63 of 69)	S 1	S 3	P 3	S 7	S 2	P 5							
7	91.3% (63 of 69)	S 1	S 3	P 3	S 7	S 2	P 5	P 2						
8	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3					
9	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2				
10	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2	P 5			
11	89.86% (62 of 69)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	P 3	S 2	P 5	P 1		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Tuesday - 16:00 to 16:59

Level: % Demand Coverage:

1	46.67% (28 of 60)	S 1												
2	75% (45 of 60)	S 1	S 3											
3	90% (54 of 60)	S 1	S 3	P 3										
4	91.67% (55 of 60)	S 1	S 3	P 3	S 7									
5	91.67% (55 of 60)	S 1	P 3	S 3	S 7	S 2								
6	95% (57 of 60)	S 1	P 3	S 3	S 7	P 5	S 2							
7	100% (60 of 60)	S 1	P 3	S 3	S 7	P 5	S 2	S 5						
8	100% (60 of 60)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					
9	100% (60 of 60)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5				
10	100% (60 of 60)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2			
11	100% (60 of 60)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Tuesday - 17:00 to 17:59

Level: % Demand Coverage:

1	41.38% (24 of 58)	S 1												
2	65.52% (38 of 58)	S 1	S 3											
3	84.48% (49 of 58)	S 1	S 3	P 3										
4	84.48% (49 of 58)	S 1	S 3	P 3	S 7									
5	87.93% (51 of 58)	S 1	P 3	S 3	P 5	S 7								
6	87.93% (51 of 58)	S 1	P 3	S 3	P 5	S 7	S 2							
7	93.1% (54 of 58)	S 1	P 3	S 3	P 5	S 7	S 2	S 5						
8	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					
9	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5				
10	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2			
11	98.28% (57 of 58)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

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Tuesday - 18:00 to 18:59

Level: % Demand Coverage:

1	51.72% (30 of 58)	S 1											
2	77.59% (45 of 58)	S 1	S 3										
3	89.66% (52 of 58)	S 1	S 3	P 3									
4	89.66% (52 of 58)	S 1	S 3	P 3	S 7								
5	89.66% (52 of 58)	S 1	S 3	P 3	S 7	S 2							
6	93.1% (54 of 58)	S 1	S 3	P 3	S 7	P 5	S 2						
7	93.1% (54 of 58)	S 1	S 3	P 3	P 5	S 2	S 7	P 1					
8	91.38% (53 of 58)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	93.1% (54 of 58)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5			
10	93.1% (54 of 58)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	P 5	S 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Tuesday - 19:00 to 19:59

Level: % Demand Coverage:

1	39.02% (16 of 41)	S 1											
2	68.29% (28 of 41)	S 1	S 3										
3	85.37% (35 of 41)	S 1	S 3	P 3									
4	85.37% (35 of 41)	S 1	S 3	P 3	S 7								
5	90.24% (37 of 41)	S 1	S 3	P 3	P 5	S 7							
6	90.24% (37 of 41)	S 1	S 3	P 3	P 5	S 7	S 2						
7	92.68% (38 of 41)	S 1	S 3	P 3	P 5	S 2	S 7	P 2					
8	95.12% (39 of 41)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.12% (39 of 41)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.12% (39 of 41)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Tuesday - 20:00 to 20:59

Level: % Demand Coverage:

1	52% (26 of 50)	S 1											
2	72% (36 of 50)	S 1	S 3										
3	78% (39 of 50)	S 1	S 3	P 2									
4	84% (42 of 50)	S 1	S 3	P 3	S 7								
5	84% (42 of 50)	S 1	S 3	P 3	S 2	S 7							
6	88% (44 of 50)	S 1	S 3	P 3	S 7	S 2	P 5						
7	90% (45 of 50)	S 1	S 3	P 3	S 2	P 5	S 7	P 1					
8	92% (46 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	92% (46 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			
10	92% (46 of 50)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Tuesday - 21:00 to 21:59

Level: % Demand Coverage:

1	45.1% (23 of 51)	S 1											
2	82.35% (42 of 51)	S 1	P 3										
3	92.16% (47 of 51)	S 1	P 3	S 3									
4	92.16% (47 of 51)	S 1	P 3	S 3	S 7								
5	92.16% (47 of 51)	S 1	P 3	S 3	S 7	S 2							
6	94.12% (48 of 51)	S 1	P 3	S 3	S 2	S 7	P 5						
7	94.12% (48 of 51)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	96.08% (49 of 51)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 22:00 to 22:59

Level: % Demand Coverage:

1	56.41% (22 of 39)	S 1											
2	89.74% (35 of 39)	S 1	S 3										
3	94.87% (37 of 39)	S 1	S 3	P 2									
4	94.87% (37 of 39)	S 1	S 3	P 2	S 7								
5	97.44% (38 of 39)	S 1	S 3	P 2	S 7	S 5							
6	97.44% (38 of 39)	S 1	S 3	P 2	S 7	P 3	S 2						
7	97.44% (38 of 39)	S 1	S 3	P 2	S 7	S 5	S 2	P 5					
8	97.44% (38 of 39)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	97.44% (38 of 39)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Tuesday - 23:00 to 23:59

Level: % Demand Coverage:

1	52.17% (12 of 23)	S 1											
2	73.91% (17 of 23)	S 1	P 3										
3	82.61% (19 of 23)	S 1	P 3	S 3									
4	82.61% (19 of 23)	S 1	P 3	S 3	S 7								
5	82.61% (19 of 23)	S 1	P 3	S 3	S 7	S 2							
6	82.61% (19 of 23)	S 1	P 3	S 3	P 2	S 7	S 2						
7	82.61% (19 of 23)	S 1	P 3	S 3	S 7	P 2	S 2	P 5					
8	91.3% (21 of 23)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	91.3% (21 of 23)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

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Wednesday - 00:00 to 00:59

Level: % Demand Coverage:

1	46.34% (19 of 41)	S 1											
2	78.05% (32 of 41)	S 1	S 3										
3	90.24% (37 of 41)	S 1	S 3	P 3									
4	95.12% (39 of 41)	S 1	S 3	P 3	P 5								
5	95.12% (39 of 41)	S 1	S 3	P 3	P 5	S 7							
6	95.12% (39 of 41)	S 1	S 3	P 3	P 5	S 2	S 7						
7	95.12% (39 of 41)	S 1	S 3	P 3	P 5	S 7	S 2	P 2					
8	100% (41 of 41)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Wednesday - 01:00 to 01:59

Level: % Demand Coverage:

1	65% (13 of 20)	S 1											
2	85% (17 of 20)	S 1	P 3										
3	95% (19 of 20)	S 1	P 3	S 3									
4	95% (19 of 20)	S 1	P 3	S 3	S 2								
5	95% (19 of 20)	S 1	P 3	S 3	S 2	S 7							
6	95% (19 of 20)	S 1	P 3	S 3	S 2	S 7	P 2						
7	95% (19 of 20)	S 1	P 3	S 3	S 2	S 7	P 5	P 2					
8	95% (19 of 20)	S 7	S 6	S 4	S 5	S 3	S 1	P 2	S 2				
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Wednesday - 02:00 to 02:59

Level: % Demand Coverage:

1	57.89% (11 of 19)	S 1											
2	68.42% (13 of 19)	S 1	S 3										
3	84.21% (16 of 19)	S 1	S 3	P 3									
4	84.21% (16 of 19)	S 1	P 3	S 3	S 2								
5	89.47% (17 of 19)	S 1	P 3	P 5	S 2	S 3							
6	89.47% (17 of 19)	S 1	P 3	S 3	S 2	P 5	S 7						
7	94.74% (18 of 19)	S 1	P 3	S 3	P 5	S 2	S 7	P 1					
8	94.74% (18 of 19)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

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Wednesday - 03:00 to 03:59

Level: % Demand Coverage:

1	66.67% (12 of 18)	S 1												
2	77.78% (14 of 18)	S 1	S 3											
3	88.89% (16 of 18)	S 1	S 3	P 2										
4	88.89% (16 of 18)	S 1	S 3	P 2	S 2									
5	88.89% (16 of 18)	S 1	S 3	P 2	S 7	S 2								
6	88.89% (16 of 18)	S 1	S 3	P 2	S 2	S 7	P 5							
7	88.89% (16 of 18)	S 1	S 3	P 2	S 7	S 2	P 5	P 1						
8	88.89% (16 of 18)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3					
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Wednesday - 04:00 to 04:59

Level: % Demand Coverage:

1	40% (8 of 20)	S 1												
2	75% (15 of 20)	S 1	S 3											
3	90% (18 of 20)	S 1	S 3	P 3										
4	90% (18 of 20)	S 1	S 3	P 3	S 7									
5	90% (18 of 20)	S 1	S 3	P 3	S 7	S 2								
6	90% (18 of 20)	S 1	S 3	P 3	S 7	S 2	P 5							
7	90% (18 of 20)	S 1	S 3	P 3	S 7	S 2	P 5	P 2						
8	85% (17 of 20)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Wednesday - 05:00 to 05:59

Level: % Demand Coverage:

1	60% (15 of 25)	S 1												
2	80% (20 of 25)	S 1	P 3											
3	88% (22 of 25)	S 1	P 3	S 3										
4	88% (22 of 25)	S 1	P 3	S 3	S 2									
5	88% (22 of 25)	S 1	P 3	S 3	S 7	S 2								
6	92% (23 of 25)	S 1	P 3	S 3	S 2	S 7	P 5							
7	92% (23 of 25)	S 1	P 3	S 3	S 7	S 2	P 5	P 1						
8	92% (23 of 25)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2					
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11												

Scottsdale, AZ - Initial System Status Plan

Wednesday - 06:00 to 06:59

Level: % Demand Coverage:

1	37.04% (10 of 27)	S 1											
2	85.19% (23 of 27)	S 1	P 3										
3	92.59% (25 of 27)	S 1	P 3	S 3									
4	96.3% (26 of 27)	S 1	P 3	S 3	S 7								
5	96.3% (26 of 27)	S 1	P 3	S 3	S 7	P 5							
6	96.3% (26 of 27)	S 1	P 3	S 3	S 7	P 5	S 2						
7	96.3% (26 of 27)	S 1	P 3	S 3	S 7	P 5	S 2	P 2					
8	92.59% (25 of 27)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	96.3% (26 of 27)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Wednesday - 07:00 to 07:59

Level: % Demand Coverage:

1	30.43% (7 of 23)	S 1											
2	56.52% (13 of 23)	S 1	S 3										
3	69.57% (16 of 23)	S 1	S 3	P 3									
4	69.57% (16 of 23)	S 1	S 3	P 3	S 7								
5	78.26% (18 of 23)	S 1	S 3	P 3	S 7	S 5							
6	78.26% (18 of 23)	S 1	S 3	P 3	S 5	S 7	S 2						
7	78.26% (18 of 23)	S 1	S 3	P 3	S 5	S 7	S 2	P 5					
8	82.61% (19 of 23)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2				
9	82.61% (19 of 23)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Wednesday - 08:00 to 08:59

Level: % Demand Coverage:

1	36.96% (17 of 46)	S 1											
2	73.91% (34 of 46)	S 1	S 3										
3	89.13% (41 of 46)	S 1	S 3	P 3									
4	89.13% (41 of 46)	S 1	S 3	P 3	S 7								
5	93.48% (43 of 46)	S 1	S 3	P 3	P 5	S 7							
6	93.48% (43 of 46)	S 1	P 3	S 3	P 5	S 7	S 2						
7	95.65% (44 of 46)	S 1	P 3	S 3	P 5	S 7	S 2	S 5					
8	95.65% (44 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	97.83% (45 of 46)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5			

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Wednesday - 09:00 to 09:59

Level: % Demand Coverage:

1	46.94% (23 of 49)	S 1											
2	81.63% (40 of 49)	S 1	S 3										
3	95.92% (47 of 49)	S 1	S 3	P 3									
4	95.92% (47 of 49)	S 1	S 3	P 3	S 7								
5	95.92% (47 of 49)	S 1	S 3	P 3	S 7	S 2							
6	95.92% (47 of 49)	S 1	S 3	P 3	S 7	S 2	P 5						
7	95.92% (47 of 49)	S 1	S 3	P 3	S 7	S 2	P 5	P 2					
8	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.92% (47 of 49)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Wednesday - 10:00 to 10:59

Level: % Demand Coverage:

1	41.38% (24 of 58)	S 1											
2	77.59% (45 of 58)	S 1	S 3										
3	82.76% (48 of 58)	S 1	S 3	P 3									
4	84.48% (49 of 58)	S 1	S 3	S 7	P 3								
5	86.21% (50 of 58)	S 1	S 3	P 3	S 7	P 5							
6	86.21% (50 of 58)	S 1	S 3	P 3	S 7	P 5	S 2						
7	93.1% (54 of 58)	S 1	S 3	P 3	S 7	P 5	S 2	S 5					
8	96.55% (56 of 58)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	96.55% (56 of 58)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5			
10	96.55% (56 of 58)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Wednesday - 11:00 to 11:59

Level: % Demand Coverage:

1	41.18% (21 of 51)	S 1											
2	74.51% (38 of 51)	S 1	S 3										
3	90.2% (46 of 51)	S 1	S 3	P 3									
4	90.2% (46 of 51)	S 1	S 3	P 3	S 7								
5	92.16% (47 of 51)	S 1	S 3	P 3	S 7	P 5							
6	92.16% (47 of 51)	S 1	S 3	P 3	S 7	P 5	S 2						
7	98.04% (50 of 51)	S 1	S 3	P 3	P 5	S 2	S 7	S 5					
8	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5			
10	98.04% (50 of 51)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	P 5	S 2		
		Post Fill Priority:	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11

Scottsdale, AZ - Initial System Status Plan

Wednesday - 12:00 to 12:59

Level: % Demand Coverage:

1	46.77% (29 of 62)	S 1											
2	79.03% (49 of 62)	S 1	S 3										
3	85.48% (53 of 62)	S 1	S 3	P 3									
4	87.1% (54 of 62)	S 1	S 3	P 3	S 7								
5	87.1% (54 of 62)	S 1	S 3	P 3	S 7	S 2							
6	88.71% (55 of 62)	S 1	S 3	P 3	S 7	S 2	P 5						
7	90.32% (56 of 62)	S 1	S 3	P 3	S 7	P 5	S 2	P 2					
8	93.55% (58 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2				
9	93.55% (58 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2			
10	93.55% (58 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5		
11	93.55% (58 of 62)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 2	S 2	P 5	P 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Wednesday - 13:00 to 13:59

Level: % Demand Coverage:

1	54.55% (30 of 55)	S 1											
2	72.73% (40 of 55)	S 1	S 3										
3	90.91% (50 of 55)	S 1	P 3	S 3									
4	90.91% (50 of 55)	S 1	P 3	S 3	S 7								
5	90.91% (50 of 55)	S 1	P 3	S 3	S 2	S 7							
6	90.91% (50 of 55)	S 1	P 3	S 3	S 7	S 2	P 5						
7	92.73% (51 of 55)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1				
9	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2			
10	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2	P 5		
11	98.18% (54 of 55)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	P 1	S 2	P 5	P 2	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Wednesday - 14:00 to 14:59

Level: % Demand Coverage:

1	44.59% (33 of 74)	S 1											
2	71.62% (53 of 74)	S 1	S 3										
3	83.78% (62 of 74)	S 1	S 3	P 3									
4	83.78% (62 of 74)	S 1	S 3	P 3	S 7								
5	90.54% (67 of 74)	S 1	P 3	S 3	P 5	S 7							
6	90.54% (67 of 74)	S 1	P 3	S 3	P 5	S 7	S 2						
7	90.54% (67 of 74)	S 1	P 3	S 3	P 5	S 7	S 2	P 2					
8	97.3% (72 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.3% (72 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.3% (72 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	97.3% (72 of 74)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Wednesday - 15:00 to 15:59

Level: % Demand Coverage:

1	49.12% (28 of 57)	S 1											
2	78.95% (45 of 57)	S 1	S 3										
3	92.98% (53 of 57)	S 1	S 3	P 3									
4	92.98% (53 of 57)	S 1	S 3	P 3	S 7								
5	92.98% (53 of 57)	S 1	S 3	P 3	S 7	S 2							
6	92.98% (53 of 57)	S 1	S 3	P 3	S 7	S 2	P 5						
7	92.98% (53 of 57)	S 1	S 3	P 3	S 7	S 2	P 5	P 2					
8	100% (57 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	100% (57 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	100% (57 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	100% (57 of 57)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Wednesday - 16:00 to 16:59

Level: % Demand Coverage:

1	53.03% (35 of 66)	S 1											
2	87.88% (58 of 66)	S 1	P 3										
3	93.94% (62 of 66)	S 1	P 3	S 3									
4	93.94% (62 of 66)	S 1	P 3	S 3	S 7								
5	93.94% (62 of 66)	S 1	P 3	S 3	S 7	S 2							
6	93.94% (62 of 66)	S 1	P 3	S 3	S 7	S 2	P 5						
7	93.94% (62 of 66)	S 1	P 3	S 3	S 7	S 2	P 5	P 2					
8	90.91% (60 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	90.91% (60 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	90.91% (60 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	90.91% (60 of 66)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Wednesday - 17:00 to 17:59

Level: % Demand Coverage:

1	41.18% (28 of 68)	S 1											
2	69.12% (47 of 68)	S 1	S 3										
3	82.35% (56 of 68)	S 1	S 3	P 3									
4	82.35% (56 of 68)	S 1	S 3	P 3	S 7								
5	86.76% (59 of 68)	S 1	P 3	S 3	P 5	S 7							
6	86.76% (59 of 68)	S 1	P 3	S 3	P 5	S 7	S 2						
7	95.59% (65 of 68)	S 1	P 3	S 3	P 5	S 7	S 2	S 5					
8	95.59% (65 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	95.59% (65 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	95.59% (65 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
11	95.59% (65 of 68)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2	S 1	

Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11

Scottsdale, AZ - Initial System Status Plan

Wednesday - 18:00 to 18:59

Level: % Demand Coverage:

1	49.06% (26 of 53)	S 1											
2	79.25% (42 of 53)	S 1	S 3										
3	88.68% (47 of 53)	S 1	S 3	P 3									
4	90.57% (48 of 53)	S 1	S 3	P 3	S 7								
5	90.57% (48 of 53)	S 1	S 3	P 3	S 7	S 2							
6	92.45% (49 of 53)	S 1	S 3	P 3	S 7	S 2	P 5						
7	98.11% (52 of 53)	S 1	S 3	P 3	S 7	S 2	P 5	S 5					
8	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	94.34% (50 of 53)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Wednesday - 19:00 to 19:59

Level: % Demand Coverage:

1	50% (20 of 40)	S 1											
2	80% (32 of 40)	S 1	S 3										
3	95% (38 of 40)	S 1	S 3	P 3									
4	95% (38 of 40)	S 1	S 3	P 3	S 7								
5	95% (38 of 40)	S 1	P 3	S 3	S 7	S 2							
6	95% (38 of 40)	S 1	P 3	S 3	S 7	S 2	P 5						
7	95% (38 of 40)	S 1	P 3	S 3	S 2	S 7	P 5	P 2					
8	97.5% (39 of 40)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	97.5% (39 of 40)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
10	97.5% (39 of 40)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5	P 2		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Wednesday - 20:00 to 20:59

Level: % Demand Coverage:

1	46.15% (18 of 39)	S 1											
2	74.36% (29 of 39)	S 1	S 3										
3	92.31% (36 of 39)	S 1	S 3	P 3									
4	92.31% (36 of 39)	S 1	S 3	P 3	S 7								
5	92.31% (36 of 39)	S 1	S 3	P 3	S 7	S 2							
6	92.31% (36 of 39)	S 1	S 3	P 3	S 7	S 2	P 5						
7	97.44% (38 of 39)	S 1	P 3	S 3	S 2	S 7	P 5	S 5					
8	100% (39 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2				
9	100% (39 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2			
10	100% (39 of 39)	S 7	S 6	S 4	S 5	S 3	S 1	P 3	S 2	P 2	P 5		
		Post Fill Priority: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11											

Scottsdale, AZ - Initial System Status Plan

Wednesday - 21:00 to 21:59

Level: % Demand Coverage:

1	55.88% (19 of 34)	S 1											
2	70.59% (24 of 34)	S 1	S 3										
3	91.18% (31 of 34)	S 1	S 3	P 3									
4	91.18% (31 of 34)	S 1	S 3	P 3	S 7								
5	91.18% (31 of 34)	S 1	S 3	P 3	S 7	S 2							
6	94.12% (32 of 34)	S 1	P 3	S 3	S 2	S 7	S 4						
7	94.12% (32 of 34)	S 1	P 3	S 3	S 2	S 7	S 4	P 1					
8	88.24% (30 of 34)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	88.24% (30 of 34)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			
Post Fill Priority:		P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

Wednesday - 22:00 to 22:59

Level: % Demand Coverage:

1	66.67% (28 of 42)	S 1											
2	78.57% (33 of 42)	S 1	S 3										
3	78.57% (33 of 42)	S 1	S 3	S 2									
4	88.1% (37 of 42)	S 1	S 3	S 7	P 2								
5	88.1% (37 of 42)	S 1	S 3	P 2	S 7	S 2							
6	92.86% (39 of 42)	S 1	S 3	P 2	S 7	S 2	S 5						
7	92.86% (39 of 42)	S 1	S 3	P 2	S 7	S 2	S 5	P 5					
8	95.24% (40 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3				
9	95.24% (40 of 42)	S 7	S 6	S 4	S 5	S 3	P 1	S 2	P 3	P 5			
Post Fill Priority:		P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

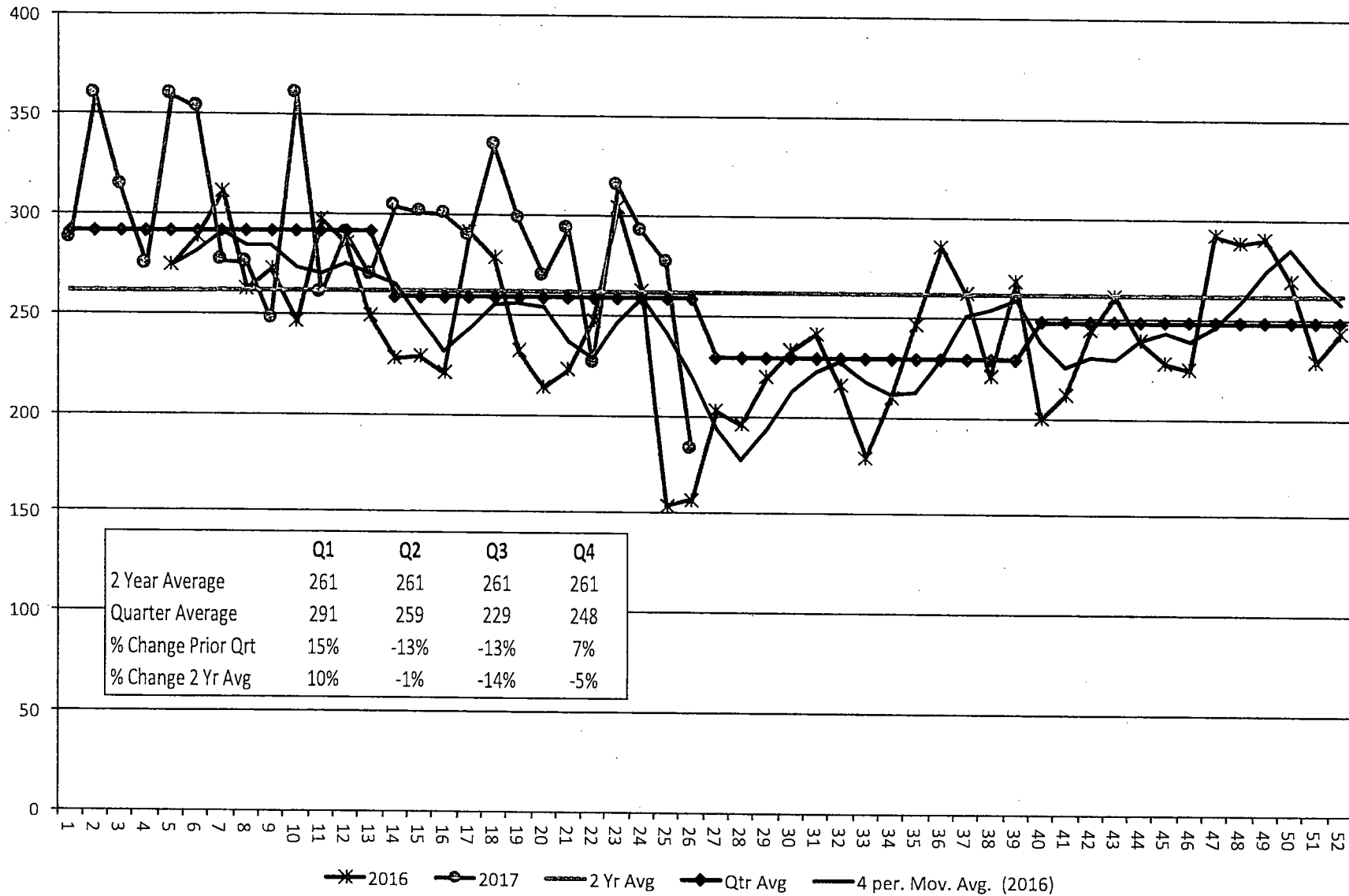
Wednesday - 23:00 to 23:59

Level: % Demand Coverage:

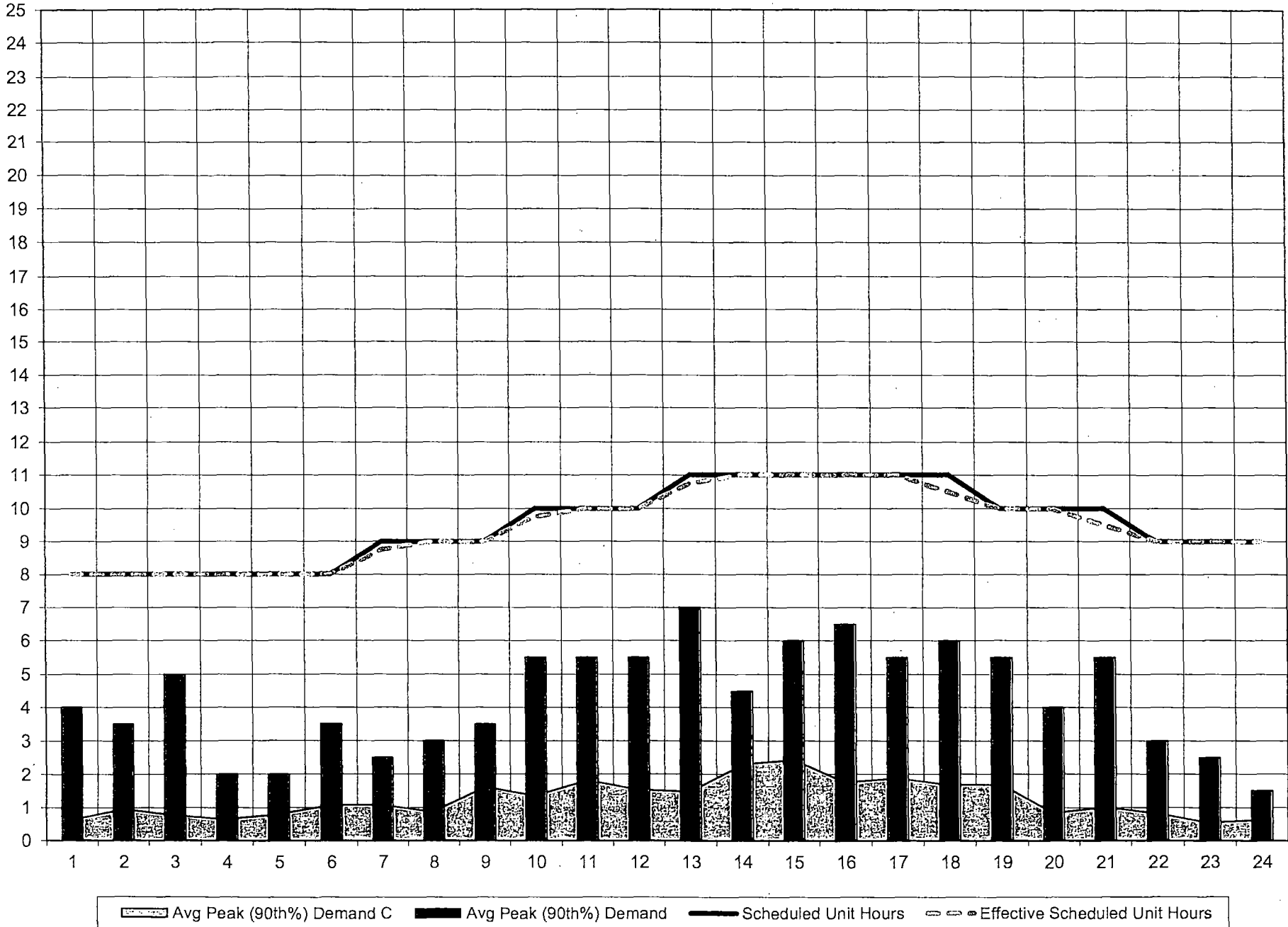
1	53.33% (16 of 30)	S 1											
2	83.33% (25 of 30)	S 1	S 3										
3	93.33% (28 of 30)	S 1	S 3	P 3									
4	93.33% (28 of 30)	S 1	S 3	P 3	S 7								
5	93.33% (28 of 30)	S 1	S 3	P 3	S 7	S 2							
6	93.33% (28 of 30)	S 1	S 3	P 3	S 2	S 7	P 5						
7	93.33% (28 of 30)	S 1	S 3	P 3	S 2	S 7	P 5	P 2					
8	93.33% (28 of 30)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2				
9	93.33% (28 of 30)	S 7	S 6	S 4	S 5	S 3	P 1	P 3	S 2	P 5			
Post Fill Priority:		P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	

<u>Actual UH</u>	<u>0:00</u>	<u>1:00</u>	<u>2:00</u>	<u>3:00</u>	<u>4:00</u>	<u>5:00</u>	<u>6:00</u>	<u>7:00</u>	<u>8:00</u>	<u>9:00</u>	<u>10:00</u>	<u>11:00</u>	<u>12:00</u>	<u>13:00</u>	<u>14:00</u>	<u>15:00</u>	<u>16:00</u>	<u>17:00</u>	<u>18:00</u>	<u>19:00</u>	<u>20:00</u>	<u>21:00</u>	<u>22:00</u>	<u>23:00</u>	<u>0:00</u>	<u>Totals</u>
Mon	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Tue	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Wed	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Thu	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Fri	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Sat	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Sun	8	8	8	8	8	8	9	9	9	10	10	10	11	11	11	11	11	11	10	10	10	9	9	9	9	228
Totals	56	56	56	56	56	56	63	63	63	70	70	70	77	77	77	77	77	77	70	70	70	63	63	63	63	1596

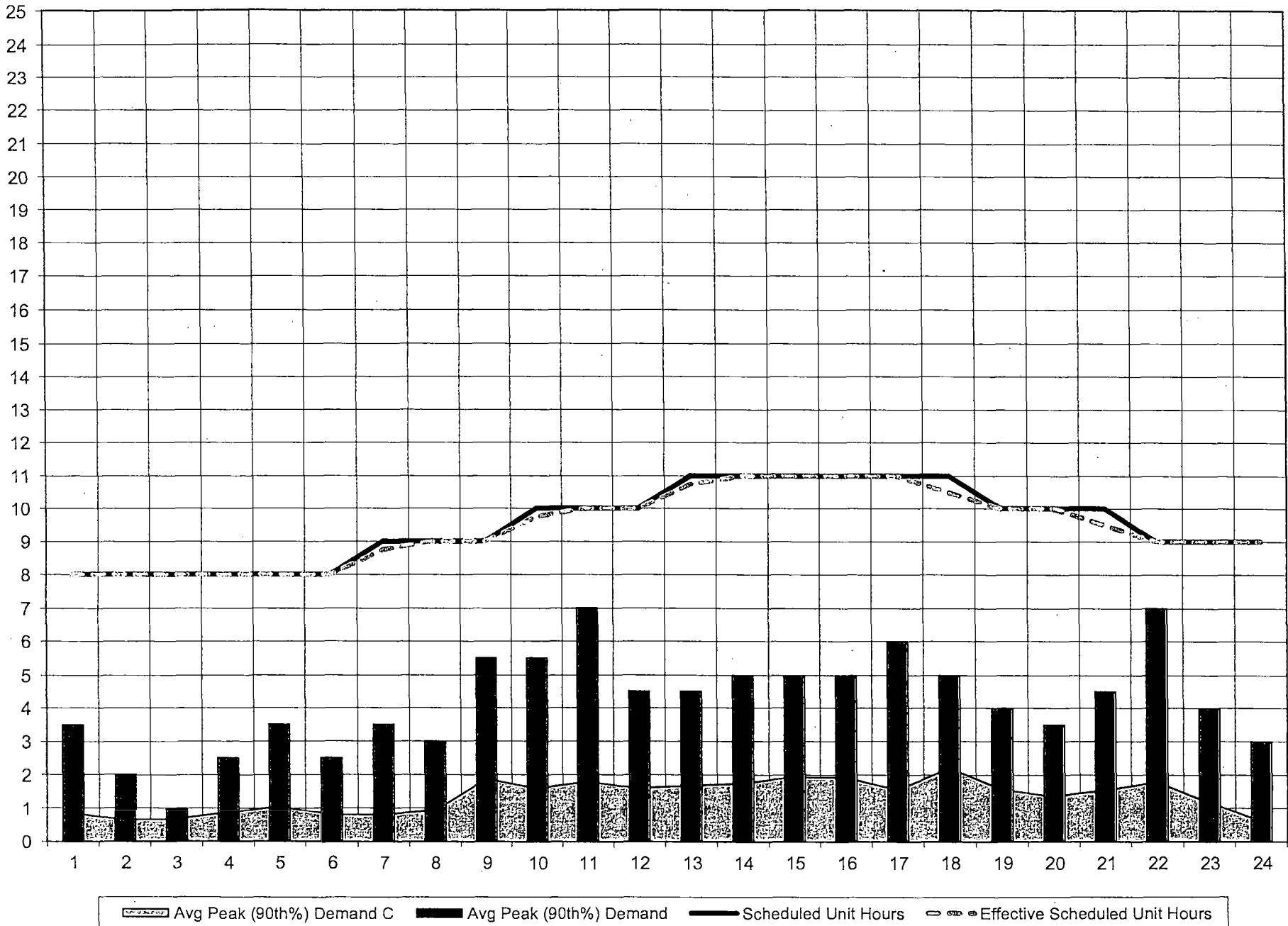
Scottsdale, AZ EMS Seasonality Analysis



Scottsdale EMS Temporal Demand Analysis 2017 - Mon Chart

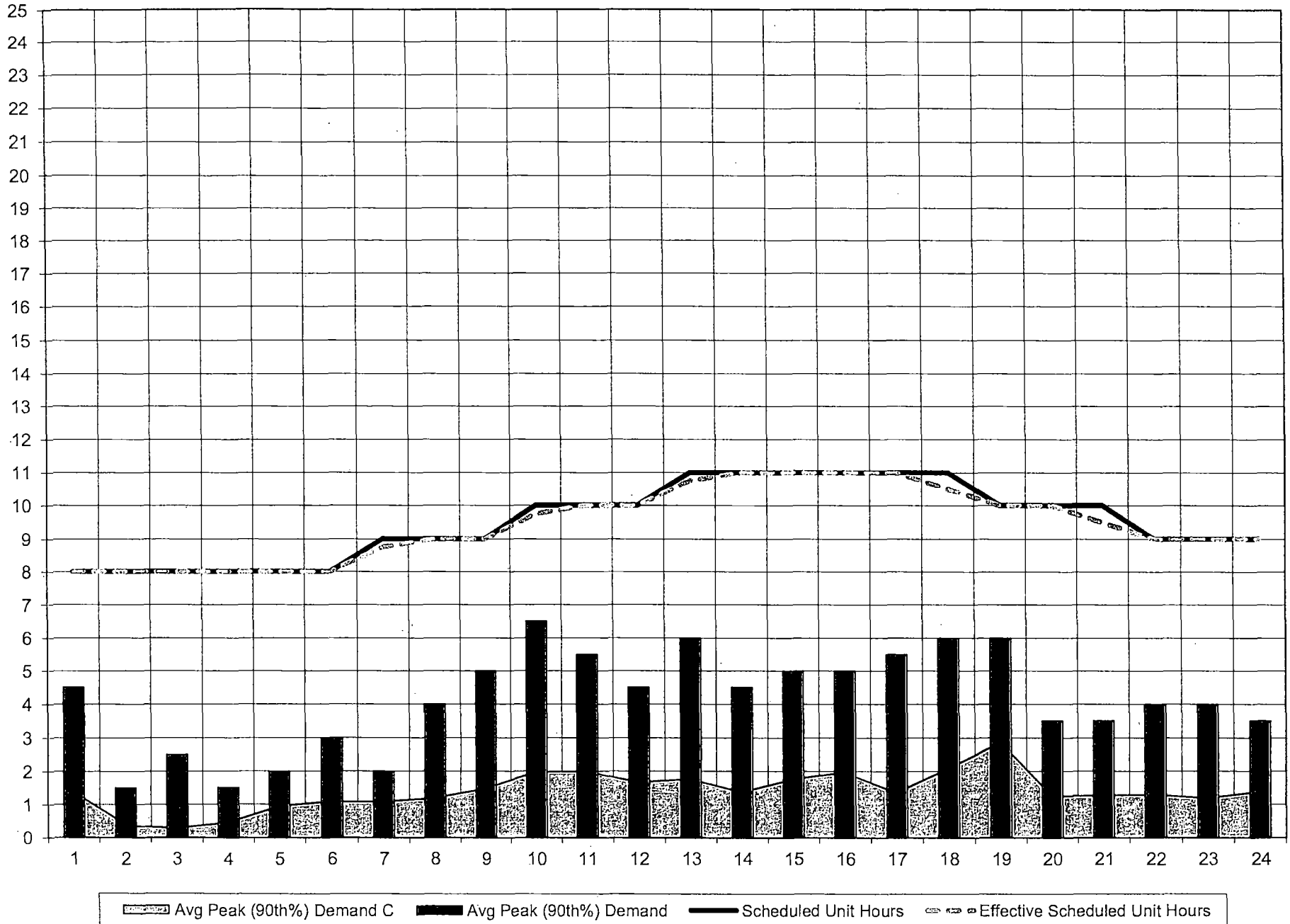


Scottsdale EMS Temporal Demand Analysis 2017 - Tue Chart

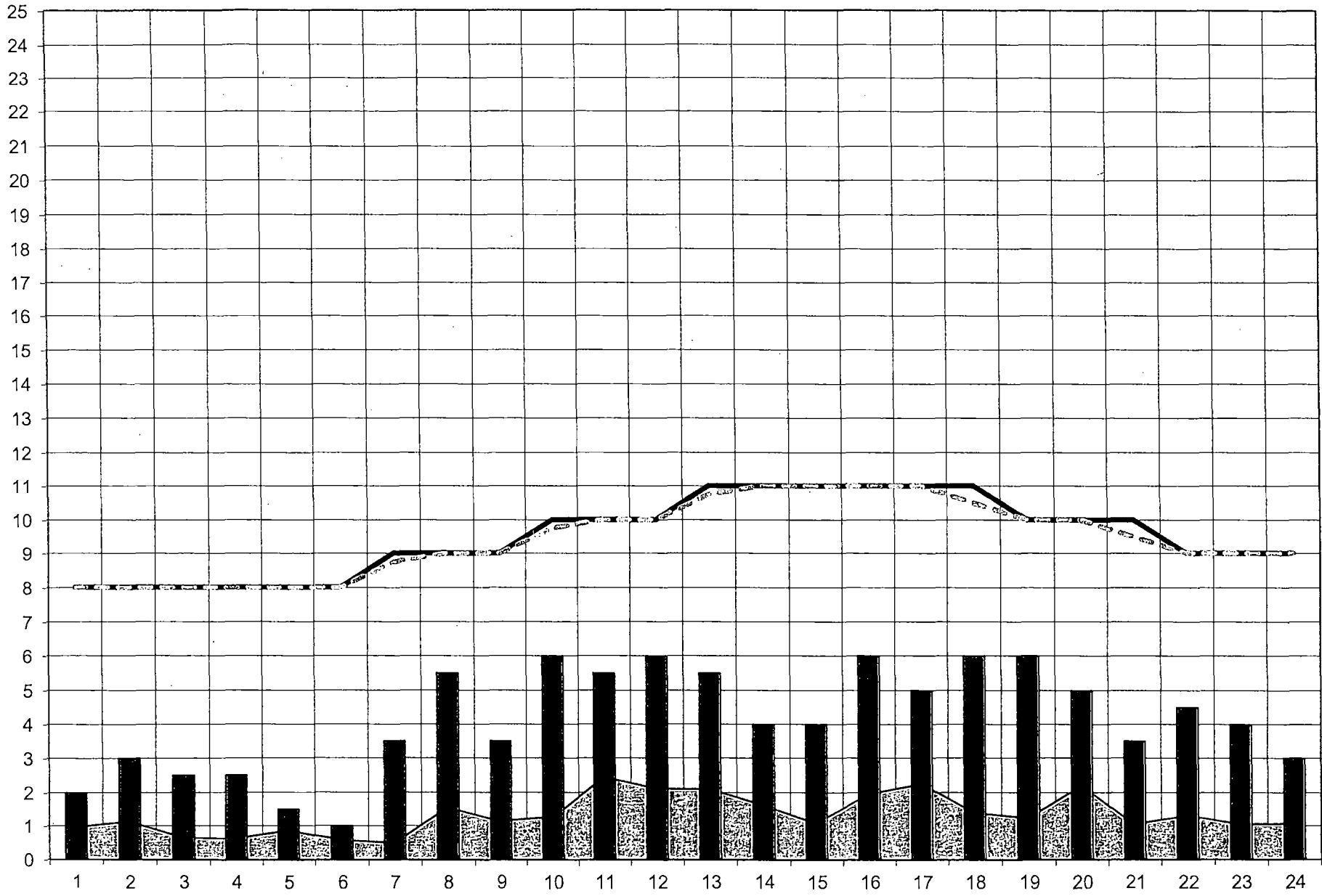


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Scottsdale EMS Temporal Demand Analysis 2017 - Wed Chart



Scottsdale EMS Temporal Demand Analysis 2017 - Thu Chart



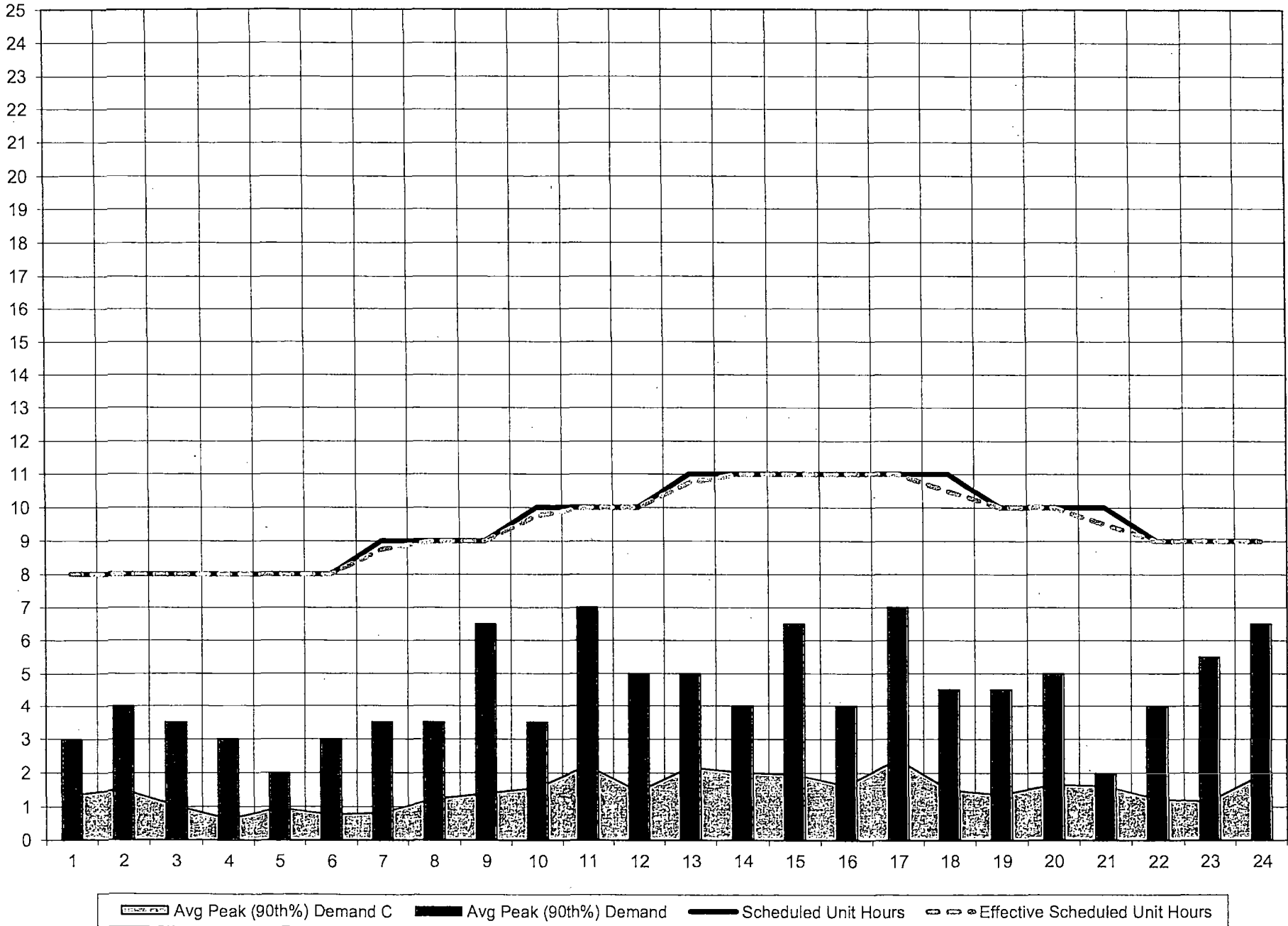
Avg Peak (90th%) Demand C

 Avg Peak (90th%) Demand

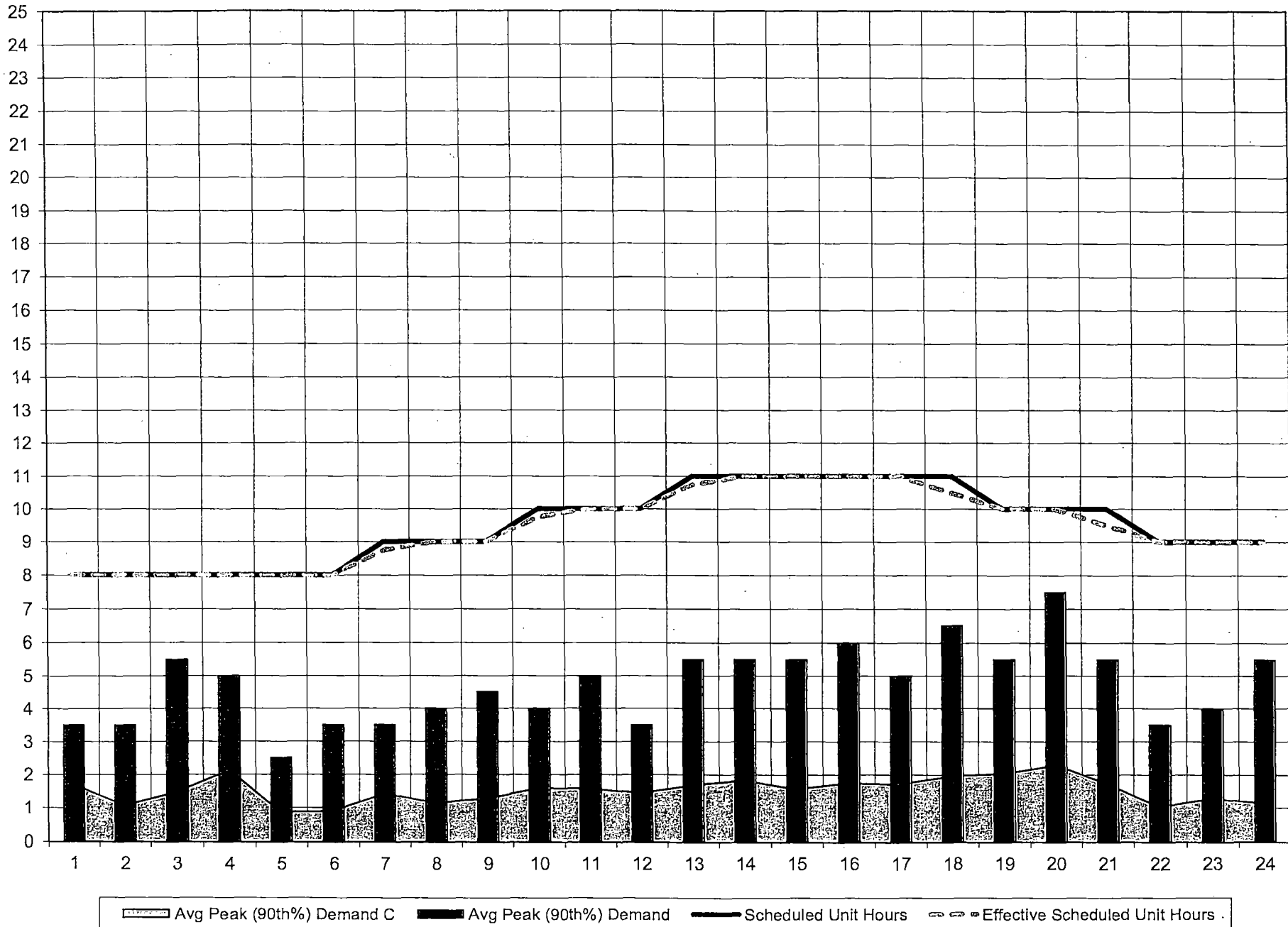
 Scheduled Unit Hours

 Effective Scheduled Unit Hours

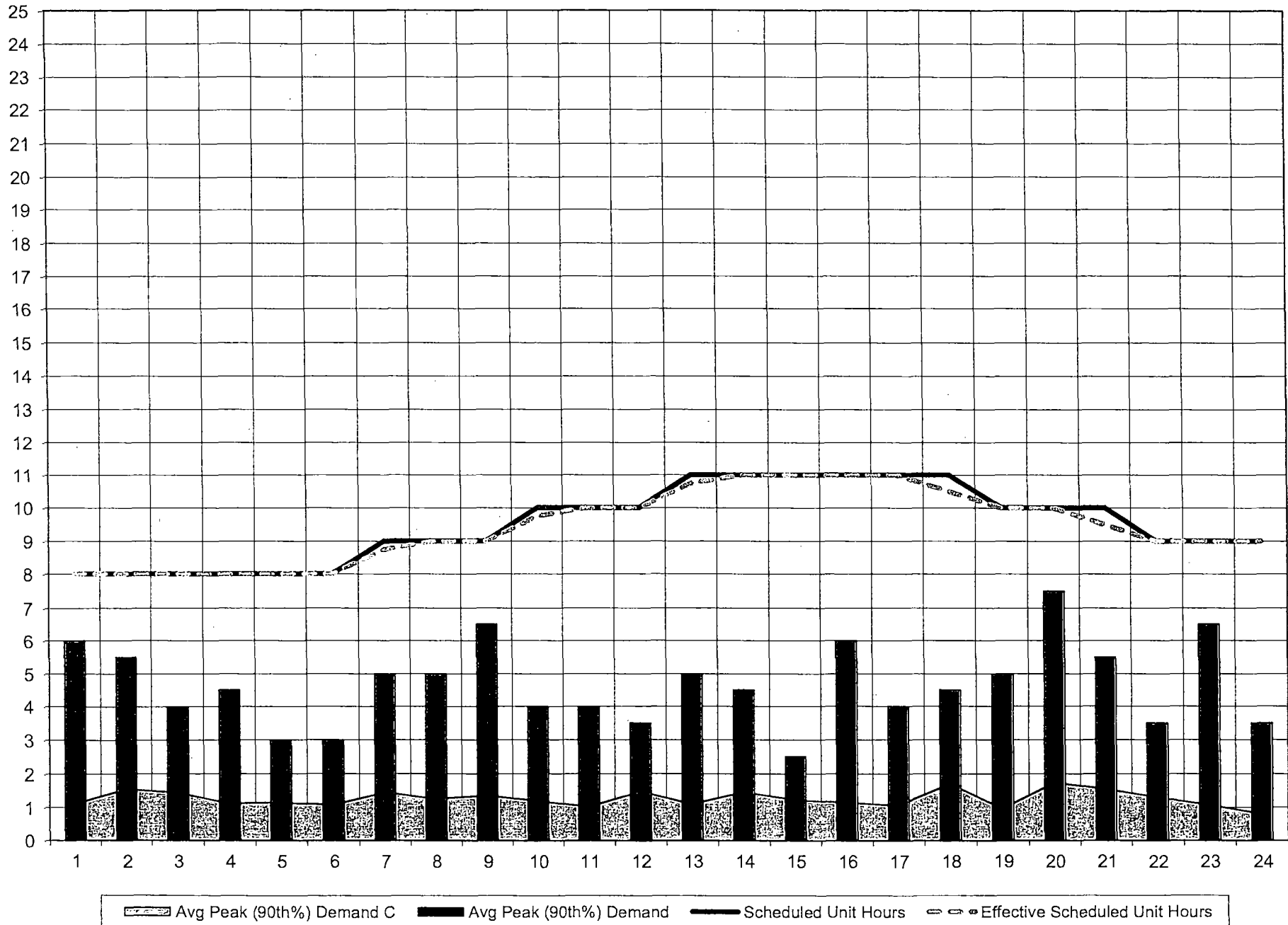
Scottsdale EMS Temporal Demand Analysis 2017 - Fri Chart



Scottsdale EMS Temporal Demand Analysis 2017 - Sat Chart



Scottsdale EMS Temporal Demand Analysis 2017 - Sun Chart



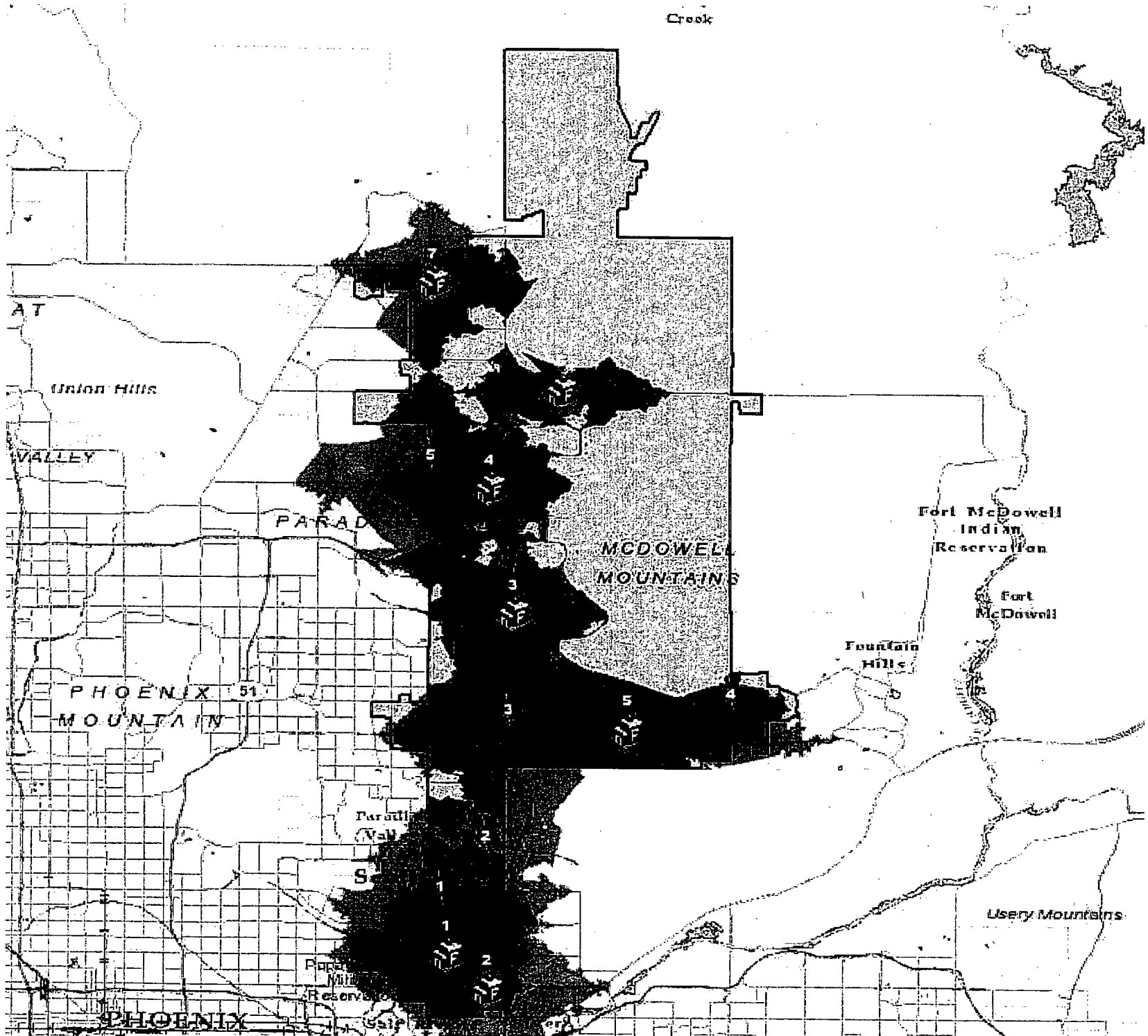
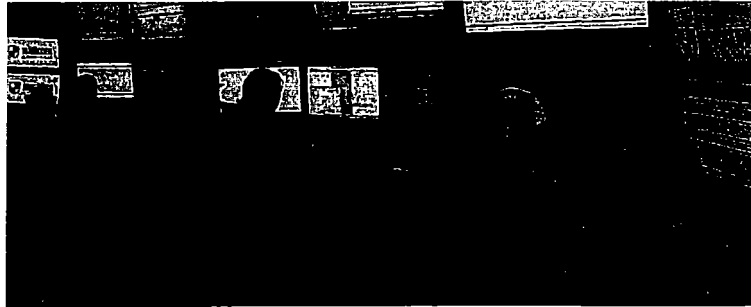


EXHIBIT D
CONTRACTORS CONTROL CENTER OPERATIONS

CONTROL CENTER OPERATIONS

DISPATCH PROCESS OVERVIEW

Maricopa Ambulance understands that the communications systems management will be managed by the Phoenix Fire Department Regional Dispatch Center (PFDRDC) and the city will provide the public safety answering point for both EMS and fire dispatch through the City of Scottsdale.



Maricopa Ambulance will coordinate purchase and place Mobile Data Terminals (MDT) that connect to the Phoenix Fire Department Regional Dispatch Center to allow dispatchers to view the location of our ambulances at all times and dispatch the closest vehicle.

Maricopa Ambulance also will place advanced vehicle locator (AVL) systems in the ambulance that will collect real-time GPS data. The GPS data is then transmitted from each ambulance to both PFDRDC and to Maricopa Ambulance Communications Center through the MDT using each ambulance's OnBoard Mobile Gateways. Sierra Wireless MG90s are the latest OMG Gateways that are wireless modems in each ambulance to connect all in-vehicle and mobile devices securely to the internet. Security and connectivity are handled by the gateway, eliminating the need for a dedicated modem and contract for every device.

The OMG isn't just a router; it is also a server, hosting security, applications and caching data for faster access. Wired and wireless connections, including Bluetooth and a patented mobile Wi-Fi hotspot, provide standard connections for multiple workers and devices at T1 speeds.

Phoenix Fire Department Regional Dispatch Center employees will be able to see the location and status of ambulance in real-time in order to dispatch the closest ambulance through the Mobile Data Terminals. Once a call is received by the dispatch, the nearest available Maricopa Ambulance unit will be deployed and communicated to the ambulance crews using the MDT in the ambulance. For any additional communication needs, such as a mass casualty incident, every Maricopa Ambulance unit also will be equipped with an 800 MHz radio, which will allow Scottsdale Fire Department crew members to communicate as needed with the responding ambulance.

Once dispatched on a call, ambulance crews will notify Maricopa Ambulance Communications Center of status and destination and Maricopa Ambulance dispatchers will follow the call through to completion using radio transmissions. As an ambulance leaves its posting location to answer a call, the dispatchers will adjust the posting plan to ensure continual coverage of the Scottsdale EMS system based on the initial deployment plan detailed in this proposal.

The Maricopa Ambulance Communications Center will act as a shadow of the PFDRDC, inputting the same call data into its internal CAD system to provide a backup data and reporting system and to collect data needed to build and refine the system status management deployment posting plan. CAD system reports will be used by Maricopa Ambulance for quality assurance, integrated billing and to identify call demand trends to continually refine the posting plan using statistical data. A

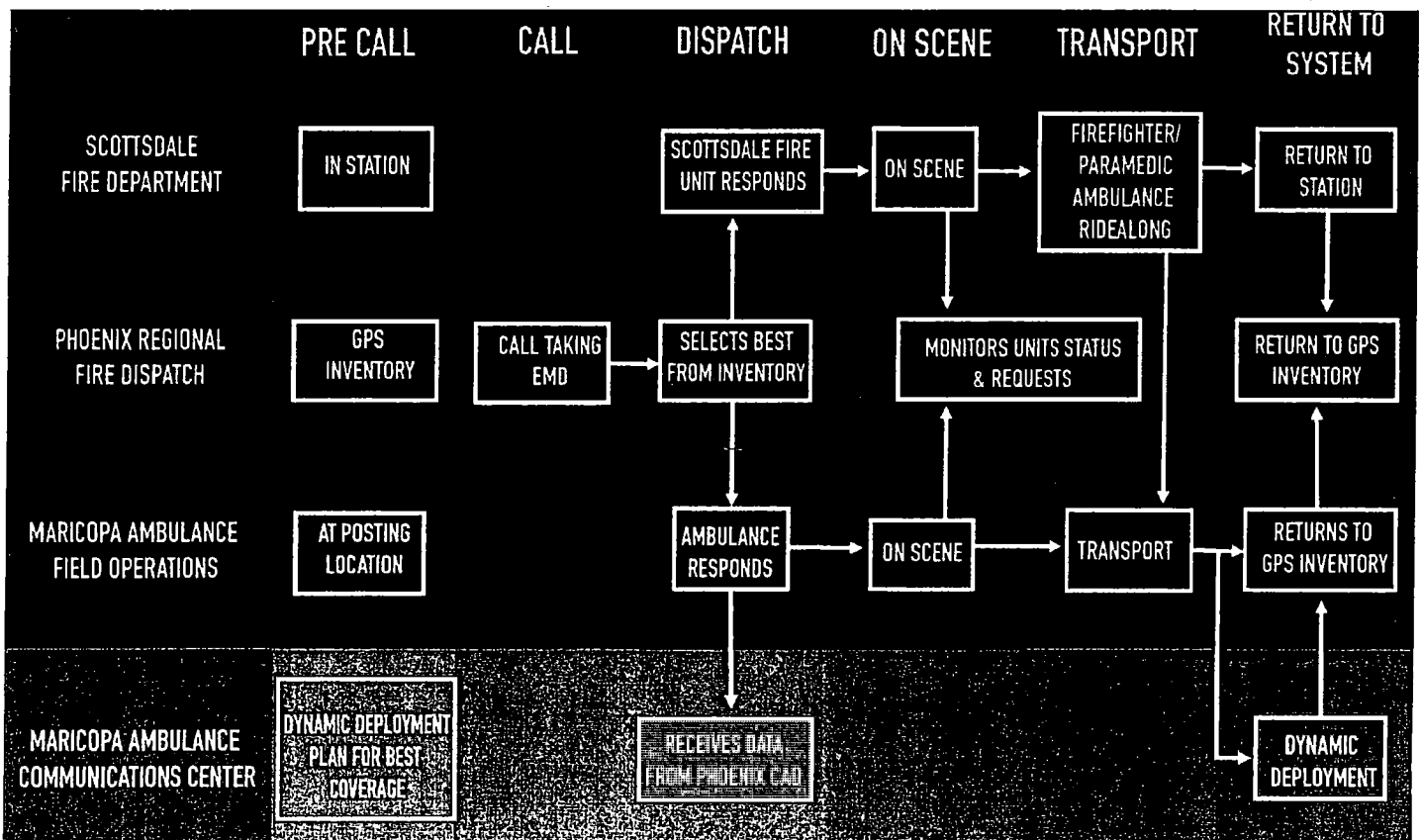


Phoenix Fire Department Regional Dispatch Center CAD terminal placed in the Maricopa Communications Center will allow Maricopa Ambulance to transfer additional call data into Maricopa Ambulance's CAD for better reporting and refinement of the deployment plan.

Please see the following for a diagram of the proposed dispatching call flow between Phoenix Fire Department Regional Dispatch Center and the Maricopa Ambulance Communications Center. Additional information on the features and benefits of the ZOLL RescueNet system are included in the communications tools section.

The ZOLL RescueNet Suite is a Tier I EMS CAD fully capable of meeting all RFP requirements. Please see the communication tools section for additional information on the ZOLL CAD and its capabilities.

SCOTTSDALE 9-1-1 CALL FLOW DIAGRAM



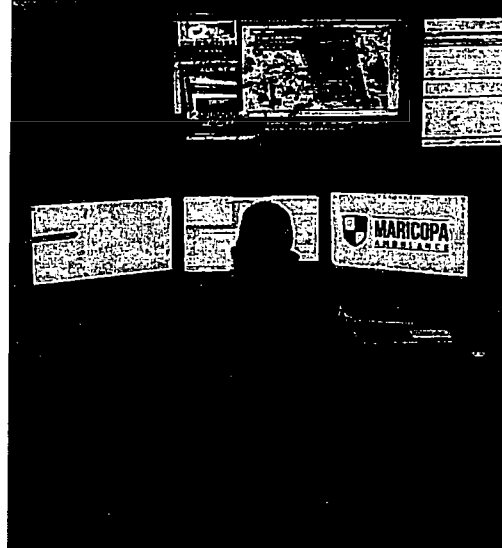
COMMUNICATIONS TOOLS

Maricopa Ambulance uses the RescueNet suite of CAD software technologies. Maricopa Ambulance's RescueNet CAD will receive the same GPS and call data that is transmitted to the Phoenix Fire Department Regional Dispatch Center through the Mobile Data Terminals on all ambulances.

The ZOLL RescueNet ePCR system ties into Maricopa Ambulance's CAD and billing systems for seamless and accurate patient care documentation.

Maricopa Ambulance employees access the ZOLL RescueNet ePCR system through a tablet installed in each ambulance. Through the ePCR system, Maricopa Ambulance EMTs and paramedics have access to all pre-hospital patient, clinical and system information on the scene.

The Scottsdale Fire Department has agreed to provide patient care data in ePCR format to Maricopa Ambulance at the time of transfer to the receiving facility for billing purposes. Maricopa Ambulance will provide full patient care data records to the various registries. Maricopa Ambulance is open to discussions with the Scottsdale Fire Department and the City of Scottsdale to transition to the ZOI ePCR system used by the fire department if a viable financial solution for the transition can be identified.



Maricopa Ambulance's advanced vehicle locator (AVL) software is provided by the Rescue Navigator. This system allows our dispatchers to view ambulance location and status in real-time and ensures the dispatching of the closest available ambulance at any given time.

ZOLL software creates detailed, easy-to-use reports that Maricopa Ambulance management uses for quality improvement programs, clinical evaluation and operational efficiency. The ZOLL system can create more than 200 standard reports and can customize for any search criteria and specified period of time.

These reports can include:

- Emergency life threatening and non-life-threatening response times by jurisdiction and by user definition
- Out-of-chute response times by crew members
- On-scene times
- Hospital drop times by crew members
- Emergency and non-emergency responses by hour and day
- Dispatch personnel response time reports
- Canceled run report
- Demand analysis report
- Problem hour assessment
- Call mode by hour and day

- Ambulance alert exception report

Maricopa Ambulance will provide an ambulance response time report in a format approved by the contract manager to the City of Scottsdale by the 15th of the following month, which will include contract compliance, supporting call data, explanations of call exceptions and any other data as directed by the contract manager. The report also will include exceptions to performance. Maricopa Ambulance understands the City of Scottsdale may audit data and operations with 48 hours of notice.

RescueNet's systems and features that will benefit the City of Scottsdale are listed below:

The RescueNet Next Generation Computer Aided Dispatch:

- Is completely configurable for each dispatcher
- Keeps the dispatcher constantly aware of the location of status and location of all units
- Recommends resources based on incident types and communicates directly to the appropriate units
- Presents pertinent incident information both to dispatch and responders
- Allows snapshots of dispatch information for QA review
- Has a dedicated emergency call screen for rapid capture
- Utilizes urgency indicators and alerts
- Is keyboard or mouse "drag and click" capable
- Displays all information on monitor for fast dispatch functions
- Has efficient non-emergency call taking with automatic standing orders, look-up tools, and scheduling of return trips
- Is speed codes capable
- Has quick text lookup capabilities and common name call building lookup for increased speed when call building
- Automatically downloads patient information and history to ePCR on repetitive patients
- Quickly adds alerts to crews
- Has in-depth reporting, including ad hoc, customized and scheduled
- Has trip scheduling spreadsheet showing call types by time of day and day of week for scheduling pre-scheduled calls
- Has user-access security
- Has Web Viewer Access for supervision to be able to monitor and manage operations or manage MCI (mass casualty incident) and incident command
- Has a robust reporting system for both pre-written and customizable reports

The RescueNet Navigator:

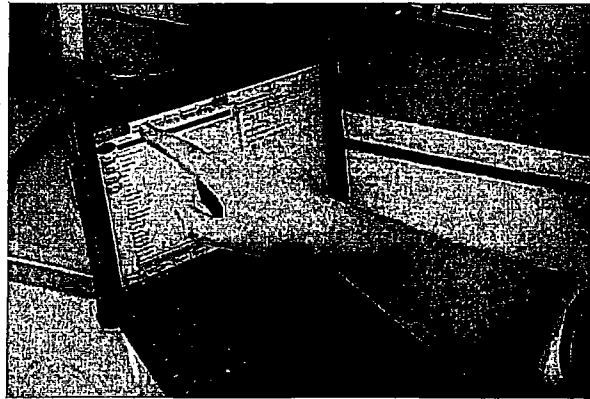
- Is GPS with accurate, real-time, two-way communications with the CAD and ePCR
- Allows dispatch to continuously track vehicles, crew status and location for unit selection in real time
- Automatically time stamps logs and unit status



- Saves time and stamps if internet connectivity is lost and automatically downloads as soon as connectivity is restored
- Provides crew with instant visual notification
- Has mapping that provides crew with real-time, turn-by-turn voice and visual routing guidance based on the road network
- Has zoom capabilities for greater detail
- Allows supervisors to view status and location of units at all times
- Allows voiceless dispatch with touch tabs for crews to make status changes
- Keeps accurate mileages per status selected, based on GPS change of location due to travel in a specific status

The RescueNet ePCR Suite:

- Automatically meets state reporting requirements
- Allows customization of process to meet medical direction
- Allows reporting for QA or specific extracts for training or case study
- Expedites patient medical documentation by requiring accuracy



The RescueNet Billing:

- Automates the billing process
- Helps billers avoid mistakes and helps stay Medicare, Medicaid and HIPAA compliant
- Shares a database with RescueNet CAD and ePCR, which eliminates time-consuming duplicated data entry

QUALIFICATIONS OF PERSONNEL

Maricopa Ambulance's dispatch center is led by Communications Director Ellen White, who has more than 20 years of experience in managing emergency 9-1-1 centers in Maricopa County, as well as experience in managing dispatch for the Scottsdale emergency EMS system.

The Maricopa Ambulance Communications Center is located at its headquarters facility and is staffed by a minimum of two EMS dispatch personnel at all times. These dispatchers will provide backup, support and any requested information to the PFDRDC dispatchers, who will have a direct private line to the Maricopa Ambulance Communications Center that will be answered immediately.

Every Maricopa Ambulance is certified as an Emergency Medical Dispatcher (EMD). Dispatchers also have completed PFDRDC emergency medical dispatcher training curriculum and are CPR-certified. This training will allow a common language and training to be used between the Maricopa Ambulance Communications Center and the PFDRDC employees for maximum communication and cooperation. This training also will allow the dispatchers to easily use the PFDRDC CAD terminal located in the Maricopa Ambulance Communications Center to pull needed information and reports for billing and system status management deployment planning.

EMPLOYEE RECRUITMENT

Maricopa Ambulance conducts an extensive advertising plan to attract and retain employees for all positions. These hiring campaigns include traditional, digital and social media advertising for qualified candidates, as well as special hiring events as needed. The proof that our recruiting strategies are effective is shown by the fact that we have three times as many applications as positions, and are fully staffed.

For dispatching positions, we have found that hiring from within our ranks of EMTs and paramedics is an excellent way to recruit candidates who already are familiar with the structure of the Scottsdale EMS system and dispatching methods. If we identify potential candidates or receive interest from an employee in transitioning to our dispatch center, Maricopa Ambulance will test the employee for aptitude in emergency dispatching, and the communications director or a dispatch supervisor will conduct an in-person interview with the candidate.



If the employee proves to be a good candidate, Maricopa Ambulance will either provide or subsidize the training necessary to receive EMD certification. Once this is completed, the employee will transition from field operations to the Communications Center.

Maricopa Ambulance is dedicated to hiring the best employees, and therefore, our best candidates for dispatching and supervisor positions often come from within our company. We take pride in our employee career development and supporting our employees is part of how we foster a family-oriented atmosphere at Maricopa Ambulance.

For outside candidates, our dispatcher screening process includes:

1. Evaluation of credentials and experience to meet job requirements
2. Written and practical performance test
3. List of eligible candidates based on final overall examination scores, which establishes ranking on the list
4. Final selection interview by the communications director
5. Conditional job offer, subject to applicant passing drug screen, hearing and vision tests, and psychological fitness examination

ON-BOARDING

Training begins with a one-week orientation with the communications director and communications supervisor in the Communications Center.

The employees are introduced to the technology and resources used to dispatch calls specifically within the Scottsdale EMS system, including the PFDRDC CAD terminal and Maricopa Ambulance's



CAD system. The employee also is trained to be familiar with the call flow process for every emergency call that comes in through Scottsdale EMS.

After successfully completing this training, the trainee will undergo on-the-job training to answer calls under the supervision of a supervisor or the communications director. If no problems or issues are presented during the final phase of training, the supervisor will release the employee into full employment and will schedule regular check-in for the first quarter of employment to review performance.

IN-SERVICE

Maricopa Ambulance will conduct quarterly in-service training sessions for dispatch employees. This will include training and continuing education requirements to maintain national EMD certification. All required training will be made available to Maricopa Ambulance employees at no costs.

The training sessions will include the following subjects:

- Updates on activities that affect the system
- EMS system review and update
- Training issues and improvement plans
- EMD case review issues
- Policy and procedures updates
- Legal updates
- Employee recognition
- Radio and/or CAD system revisions or updates
- Backup 9-1-1 Center activation
- Presentation by law enforcement, fire and EMS units as needed

Maricopa Ambulance also will conduct regular shift meetings throughout the year that will allow shift managers and staff to meet to discuss operational issues and review policies, procedures and practices.

Maricopa Ambulance operates an open-door policy from shift supervisors to management. Shift supervisors are encouraged to interface with dispatch employees regularly and to become a resource for any questions or issues the dispatchers may experience in the field. These supervisors are trained to address these issues or to bring any significant problems to management for resolution.

METHODS FOR FINE-TUNING DEPLOYMENT PLANS

Maricopa Ambulance leadership are experts in system status management, the process whereby call information and system data is used to create vehicle deployment plans that position vehicles geographically where calls are most likely to take place at any given time. Based on the call data, Maricopa Ambulance dispatchers will be able to direct ambulances to posting locations that will be statistically probable to be nearest to the highest areas of call demand.



In the Deployment Plan section, you will find an initial deployment plan based on a detailed analysis of the City of Scottsdale EMS system based on the data that has been provided by the city; however, System Status Management is an ongoing, dynamic process that is ever-changing and evolving with the system.

Our Continuous Deployment Plan Optimization Frameworks includes the collecting of operational data, including call locations, time, priority level and response information, to help set a foundation for temporal and geo-temporal predictive modeling. This approach enables us to grossly tune and fine-tune our initial Unit Hour Coverage Plan and Geographic Deployment Plan to ensure that demand for services are being met as well as response time performance. In simple terms, Maricopa Ambulance is continuously reviewing call data to predict where, when and what type of call is likely to occur at any given time. Using this analysis, we customize the vehicle deployment plan and shift vehicles to geographic locations that are statistically likely to be near the next 9-1-1 call. Successful System Status Managements allows Maricopa Ambulance to best manage its resources in the county to meet response time requirements.



Continuous optimization requires data collection such as CAD timestamp and location data, but, more importantly, includes our proprietary Root Cause Analysis (RCA) tool for determination of system failures. A failure of the system is defined as any Priority 1 or Priority 2 response in the system outside of the required contract response time. Analyzing the causes of system failures is key to fixing the problem at its roots. As root cause adjudications are discovered and categorized, patterns emerge that reveal opportunities for optimization in a variety of categories including deployment plans, operational processes, individual behaviors, unit hour supply and other cause and effect situations that can be mitigated and fixed. This improves system effectiveness, system efficiency and ultimately improves response time reliability.

In the deployment plan section, Maricopa Ambulance has used historical data to determine seasonal change and analyze its effect on call volume. The deployment strategy will shift to match the seasonal change in demand. Over time that Maricopa Ambulance serves as the city's ambulance provider, Maricopa Ambulance will receive more data that will allow it to better predict shifts in call volume based on seasonal or temporal changes, as well as major communitywide events or other factors that may require shifts in the deployment plan to accommodate increased or decreased demand in those times. The more data we collect, the more accurate we will be at predicting call behavior in the Scottsdale market and the more precise our deployment plan will become.

During regular meeting with the Scottsdale Fire Department to review call data information, Maricopa Ambulance will work with the contract representative to keep the Fire Department informed of the ever-shifting deployment plan, as well as report the response time results from the system status management implementation and review causes behind any responses outside of contract parameters and improvement plans as necessary.

EXHIBIT D – ATTACHMENT 1

CONTRACTORS QUALITY ASSURANCE TECHNOLOGY AND FORMS

FIRSTWATCH CUSTOMER TOM LUDIN, RAA, USES FIRSTPASS TO ENHANCE THEIR QA/QI PROCESS



Know what's happening in your system to make improvements now



Review quality indicators most important to you



Collaborate among stakeholders within one view



Analyze system and individual protocol compliance

LET US SHOW YOU HOW FIRSTPASS CAN HELP.

Customers using FirstPass Include:

Alachua County Sheriff's Office, FL - Allina Health EMS, MN - AMR EMSA, OK - AMR San Bernardino, CA - AMR San Diego, CA - AMR Santa Clara, CA - AMR Santa Barbara, CA - AMR Sonoma, CA - AMR Ventura, CA - Anchorage Fire, AK - Charles County, MD - Clark County Fire, NV - Community Ambulance, NV - Community Ambulance, GA - Contra Costa County EMS and Fire, CA - Cy-Fair Volunteer Fire, TX - Eastside Fire, WA - FALCK (CARE, Northwest and Rocky Mountain) - Greenfield Fire, WI - Hawaii County, HI - Humboldt General Hospital, NV - HEMSI, AL - Jersey City EMS, NJ - JFK EMS, NJ - Johnson County MedAct, KS - Lake EMS, FL - Lassen County, CA - Las Vegas Fire Rescue, NV - LifeCare Ambulance, MI - Life EMS, MI - Littleton Fire, CO - Louisville Metro EMS, KY - McCormick Ambulance, CA - MAAS, GA - Medic Ambulance, CA - MedStar, TX - Mercy Medical Transport, CA - Montgomery County, MD - Mountain Valley EMS, CA - Nature Coast EMS, FL - Niagara EMS, Ontario, Canada - North Shore Fire Rescue, WI - Northwell Health, NY - Orange County Fire /EMS, VA - Pinellas County, FL - Prince George's County, MD - REMSA, NV - Richmond Ambulance Authority, VA - Riggs Ambulance/SEMSA, CA - San Marcos Hays County, TX - San Mateo County, CA - Santa Barbara County, CA - Sedgwick County EMS, KS - SNOPAC, WA - St. Charles County Ambulance District, MO - Suffolk FRES, NY - Trinity EMS, MA - Tucson Fire, AZ - Vancouver Fire, WA - Williamson County EMS, TX - Winnipeg Fire Paramedic Service, Manitoba, Canada

A WORD FROM OUR IMPROVEMENT GUIDE

Almost every EMS system has something with the word quality in it: a quality plan, a peer review QI committee or a quality improvement manager. Yet when you ask EMS leaders what their quality program has made better, shoulders shrug and the subject changes. Somewhere along our path we seem to have forgotten the improvement part of quality improvement. So how do we put the missing 'I' back into Quality Improvement?

Improvement success comes from making the Model for Improvement a regular part of the EMS organization, and it comes from effectively measuring your efforts. In these EMS organizations, the principles and practices associated with the science of improvement have been integrated into their DNA. They monitor their performance data in all vital areas of their operations, so they are able to spot problems before they get out of control.

There is no one right process or theory for how to do this, but we must expose and train our employees to these ideas in order to make improvement thinking automatic. We cannot simply say "we will now be a performance improvement oriented organization."

At FirstWatch it is our goal to help provide you with the tools to help your organization and employees become successful, improvement oriented systems, and to also help you understand how our FirstWatch real-time, quality improvement tools can fit into your organization's overall Quality Improvement program. The next time someone asks you those "What have you improved lately" questions, you can answer with confidence, and data!

- Mike Taigman, FirstWatch Improvement Guide



**Automate
performance
measurement so
you can focus on
what matters
most - your
patients.**

The traditional approach to Quality Improvement in EMS is labor intensive, time consuming and often confusing, leaving little time to actually improve care. EMS agencies need the ability to monitor and analyze patient care data, identifying deviations rapidly, consistently and automatically.

What is FirstPass?

FirstPass® is a Performance Improvement system that makes it easy for you to see your systems overall performance for clinical care and billing. It helps you quickly identify big areas that need improvement and then helps you figure out what improvement action will produce the best result. It also makes call review, protocol compliance monitoring, and pre-billing review fast and easy. With FirstPass you can let the computer do the initial review of all of your calls, saving your staff for the things computers can't do.

FirstPass does not only tell you when a call is flagged because it did not meet protocol, but it also tells you WHY the call flagged.

HOW DOES IT WORK?

FirstPass provides continuous monitoring of ePCR and other data. It quickly reviews each call based on your specifications and flags calls for review when based on the ePCR something is amiss, clinical issues, urgent patient safety issues, or missing data elements.

We offer a standard bundle of FirstPass protocols including ACS/STEMI, Stroke, Trauma, Airway Management, Cardiac Arrest, and Universal. All of these or other protocols that you'd like to monitor will be customized to meet your needs.

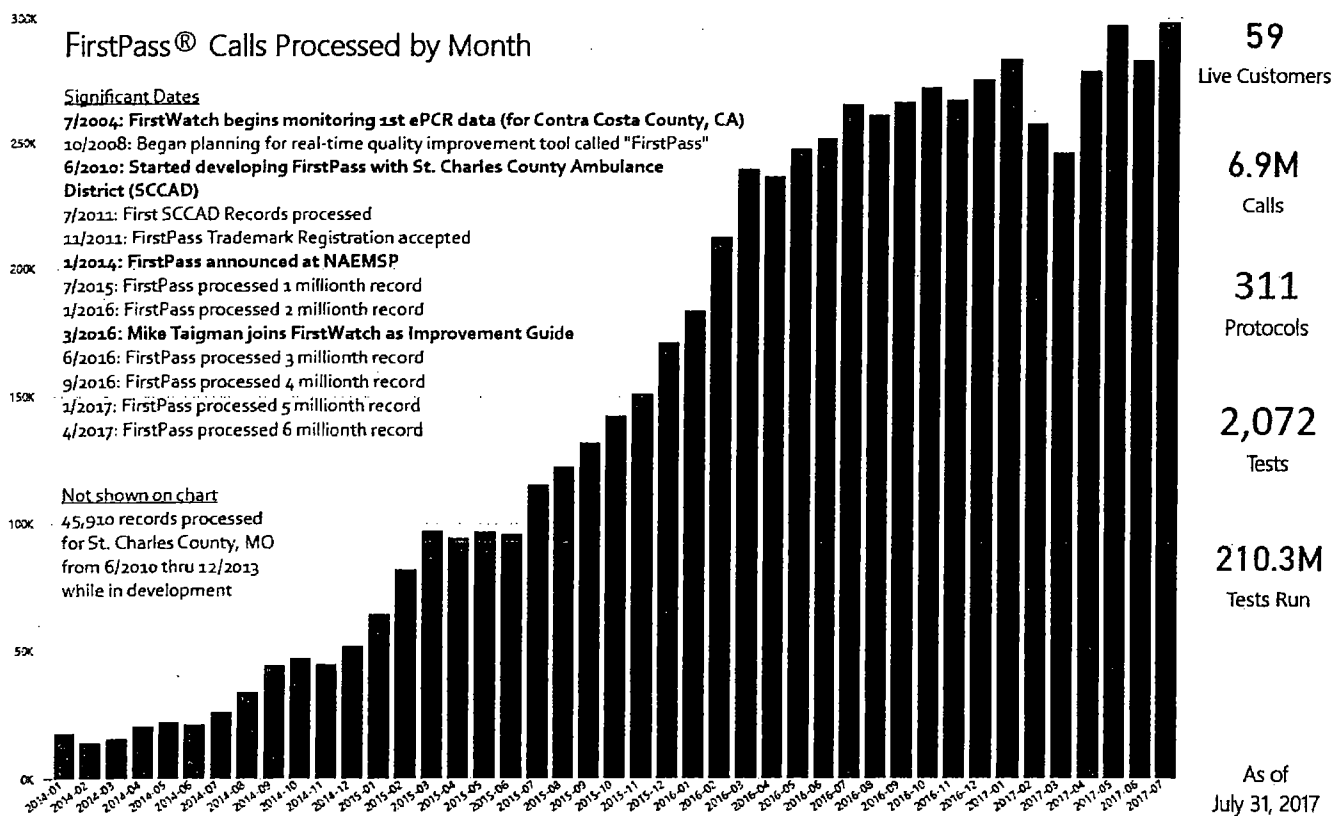
Each of your FirstPass protocols feeds data into a dashboard that displays all of your system performance on one constantly updating page. The display allows you to see how you've performed over time for the things that matter most. With one click you can drill into each protocol to see the performance of all of the sub components that make up a protocol. This allows you to fine-tune your performance improvement efforts like never before.

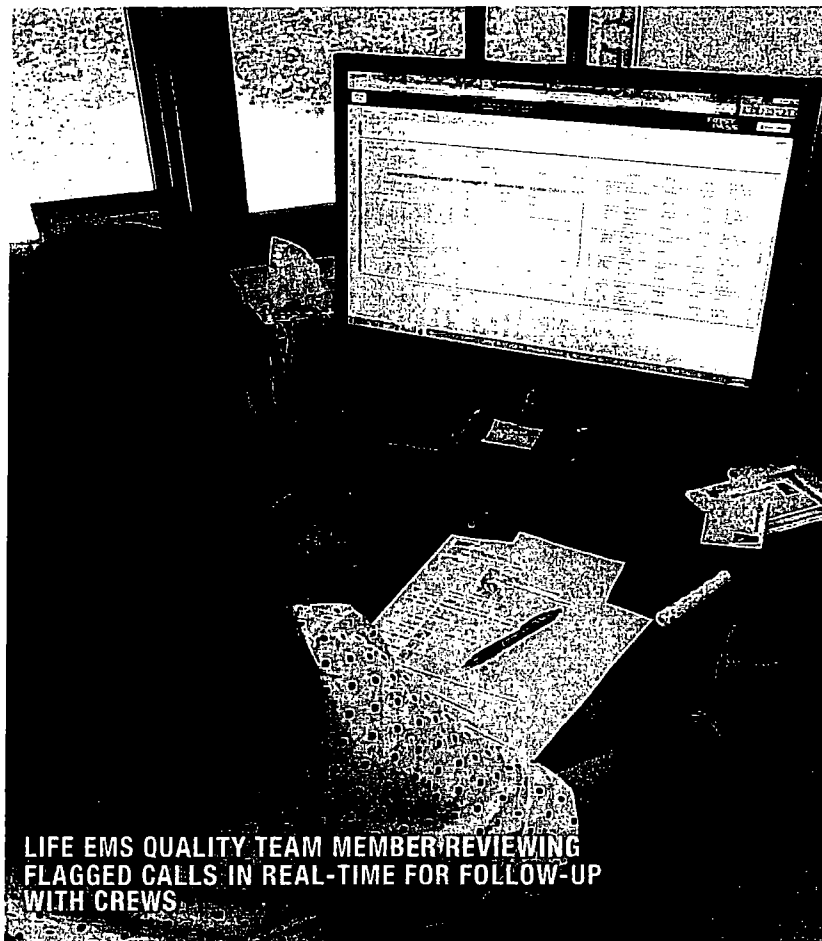
You have the data. Now what you need is a way to understand what it means quickly and confidently.

KEY BENEFITS

- *Real-time Automated Performance Improvement - use one tool to monitor protocol compliance, documentation, and improvement success*
- *Measure Protocol Compliance - prioritize and monitor the protocols that are most important to your system*
- *Enhance Documentation Quality - real-time review of completion of required ePCR fields*
- *Provide Meaningful Feedback - ask questions and provide medics with feedback before they end their shift*
- *Save Time & Resources - Let the computer do the work, and save the human for what is most important*
- *Monitor Medic Performance - Track individual performance to overall system objectives*

FirstPass has processed more than 6 million ePCR records and performed more than 210 million tests for deviations from protocols





“By using FirstPass, our team has saved a minimum of 20 hours a week by reviewing only those charts flagged as needing to be reviewed. FirstPass has created significant efficiencies for us with a long term annual savings of a half FTE.”

- FirstPass User

Tony Sorensen, Life EMS

FIRSTPASS REPORTS

Our FirstPass module comes with the following standard “Bundle” of Standard Reports:

1. *Provider Protocol Compliance*
2. *System Protocol Compliance*
3. *Summary of Tests by Protocol*
4. *Protocol Compliance Graph*
5. *Protocol Summary Report*
6. *Call Review Status Report*

*Additional reports are available on request and at an additional charge. Examples of these types of reports might be: Top 10 Not Completed, Employee Scorecard, Practice Variation by Medic etc.

FirstPass Standard Reports

Provider Protocol Compliance

Display compliance of protocols and compare them against the system for the same time frame selected. Individual tests can be selected to view the incidents used for compliance reporting.

12 of 36 Find | Next

Provider Protocol Compliance

Date Range: 7/17/2017 to 7/23/2017

Completed By	Avg Adj Percent	Test	Total Incidents	Test %	System Test %	RAW Protocol %	Adjusted Protocol %
Provider	1	Universal	1	100.00%	90.04%	100.00%	100.00%
Provider	1	Cardiac Arrhythmias	2	91.67%	97.22%	0.00%	50.00%
		Pain Management	5	98.00%	94.30%	80.00%	80.00%
		Universal	8	87.50%	90.04%	25.00%	25.00%
Provider	1	Universal	4	95.83%	90.04%	75.00%	75.00%
Provider	1	Universal	2	100.00%	90.04%	100.00%	100.00%
Provider	1	Pain Management	1	100.00%	94.30%	100.00%	100.00%
		Universal	4	91.67%	90.04%	75.00%	75.00%
Provider	1	Pain Management	1	100.00%	94.30%	100.00%	100.00%
		Universal	3	100.00%	90.04%	100.00%	100.00%
Provider	1	ACS	1	66.67%	67.93%	0.00%	0.00%
		Cardiac Arrhythmias	5	96.67%	97.22%	60.00%	100.00%

Completed By	Avg Adj Percent	Test	Total Incidents	Test %	System Test %	RAW Protocol %	Adjusted Protocol %
Provider	1	Universal	1	100.00%	90.04%	100.00%	100.00%
Provider	1	Cardiac Arrhythmias	2	91.67%	97.22%	0.00%	50.00%
		Pain Management	5	98.00%	94.30%	80.00%	80.00%
		Universal	8	87.50%	90.04%	25.00%	25.00%
Provider	1	Universal	4	95.83%	90.04%	75.00%	75.00%
		Two sets of vital signs > four minutes apart		100.00%	83.06%		
		If ALS SpO2 measured and if <95% O2 administered		100.00%	97.50%		
		AVPU or GCS documented		100.00%	94.71%		
		At least one Pain Scale if patient alert		100.00%	96.41%		
		Impression documented		100.00%	91.69%		
		Medical History, Medications, and Allergies documented		75.00%	76.88%		

Expand Provider Name to view compliance to individual test within each protocol

FirstPass Standard Reports

System Protocol Compliance

System compliance of clinical performance over a chosen time frame (one protocol in expanded view will display all tests and further drilldown with display incidents).

Displays raw percentage (original results of QA) versus adjusted compliance (after thorough review and assigning of exemptions).

1 of 1 Find | Next

System Protocol Compliance

Date Range: 7/17/2017 to 7/23/2017

Protocol	Test	Total Incidents	Yes	System Test %	RAW Pass	ADJ Pass	RAW Protocol Compliance	Adj Protocol Compliance
<input checked="" type="checkbox"/> ACS		145	98.50	67.93%	57	57	39.31%	39.31%
<input checked="" type="checkbox"/> AMS		133	124.67	93.73%	77	92	57.89%	69.17%
<input checked="" type="checkbox"/> Behavioral		114	99.00	86.84%	62	62	54.39%	54.39%
<input checked="" type="checkbox"/> Cardiac Arrest		17	11.88	69.85%	0	0	0.00%	0.00%
<input checked="" type="checkbox"/> Cardiac Arrhythmias		180	175.00	97.22%	139	170	77.22%	94.44%
<input checked="" type="checkbox"/> Pain Management		632	596.00	94.30%	419	421	66.30%	66.61%
<input checked="" type="checkbox"/> Respiratory Emergencies		125	117.40	93.92%	75	111	60.00%	88.80%
<input checked="" type="checkbox"/> STEMI		4	3.33	83.33%	1	1	25.00%	25.00%
<input checked="" type="checkbox"/> Stroke/CVA		16	14.67	91.67%	11	13	68.75%	81.25%
<input checked="" type="checkbox"/> Trauma		31	26.80	86.45%	9	19	29.03%	61.29%
<input checked="" type="checkbox"/> Universal		2,119	1,908.00	90.04%	1,371	1,371	64.70%	64.70%

Expand protocol to view system compliance to individual tests within each protocol

Protocol	Test	Total Incidents	Yes	System Test %	RAW Pass	ADJ Pass	RAW Protocol Compliance	Adj Protocol Compliance
<input checked="" type="checkbox"/> ACS		145	98.50	67.93%	57	57	39.31%	39.31%
	If ALS 12-lead EKG done within 10 minutes of Patient Contact?		115	79.31%				
	If ALS Was Oxygen administered to the patient If Indicated (<95% SpO2)?		139	95.86%				
	Aspirin administered if not allergic		83	67.24%				
	If ALS Was Nitroglycerin administered If appropriate: OR was it not appropriate or contraindicated?		109	75.17%				
	If ALS Was the 12-lead positive for STEMI?		18	12.41%				
	If ALS 12-lead EKG done within 15 minutes of Patient Contact?		127	87.59%				

Drill down into each test to view all calls that fell within this Protocol

Incident Number	Run ID	Test Result	Inc Date	Problem	Unit	Chief Complaint	Documented By	Status
0625	43893861	No	7/22/2017 3:18:23 AM	CARD - Cardiac Condition	11Y3	Chest Pain		Under PI review
074502	43818402	No	7/17/2017 6:30:44 AM	32B3 Unknown Problems	4M07	Syncope/Fainting		Under PI review
074733	43825889	No	7/17/2017 4:41:43 PM	19C7 Heart Problems/AICD	4M13	Cardiac Symptoms		Under PI review
074825	43830058	No	7/17/2017 10:38:54 PM	06C1 Breathing Problems	6M01			Under PI review
074915	43837005	No	7/18/2017 10:40:56 AM	31C1 Unconscious/Fainting	4H51	Syncope/Fainting		Under PI review
074981	43839206	No	7/18/2017 1:16:22 PM	19D4 Heart Problems/AICD	4M11	Cardiac Symptoms		Under PI review
075195	43848494	Yes	7/19/2017 2:28:00 AM	17B3 Falls	6M01	Unconscious		Complete - Passed

FirstPass Standard Reports

Summary of Tests by Protocol

This displays the system protocol compliance. When the protocol is expanded, the individual protocol test information and compliance is displayed. When expanded, this displays the protocol and the associated tests with their system-wide compliance.

1 of 1 Find | Next

Summary of Tests by Protocol

Date Range: 7/17/2017 to 7/23/2017

Protocol	Test	Total	Yes		No	
<input checked="" type="checkbox"/> ACS		145	98.50	67.93%	46.50	32.07%
<input checked="" type="checkbox"/> AMS		133	124.67	93.73%	8.33	6.27%
<input checked="" type="checkbox"/> Behavioral		114	99.00	86.84%	15.00	13.16%
<input type="checkbox"/> Cardiac Arrest		17	11.88	69.85%	5.13	30.15%
	<u>Was CPR performed if HR absent or <30?</u>		14	82.35%	3	17.65%
	<u>If ALS, was IV/IO access established within two attempts</u>		17	100.00%	0	0.00%
	<u>If ALS Was an Advanced Airway established within two attempts?</u>		9	52.94%	8	47.06%
	<u>If ALS If Advanced airway placed, was ETCO2 documented to confirm placement?</u>		17	100.00%	0	0.00%
	<u>If patient transported, did ROSC occur?</u>		7	41.18%	10	58.82%
	<u>If ALS If patient transported with Advanced Airway, was ETCO2 measured after patient was in the ambulance?</u>		15	88.24%	2	11.76%
	<u>If ALS If patient transported with an advanced airway, was ETCO2 measured upon arrival at the hospital?</u>		14	82.35%	3	17.65%
	<u>If patient transported, did they have pulses upon arrival at the ED?</u>		2	11.76%	15	88.24%
<input checked="" type="checkbox"/> Cardiac Arrhythmias		180	175.00	97.22%	5.00	2.78%
<input checked="" type="checkbox"/> Pain Management		632	596.00	94.30%	36.00	5.70%
<input checked="" type="checkbox"/> Respiratory Emergencies		125	117.40	93.92%	7.60	6.08%
<input checked="" type="checkbox"/> STEMI		4	3.33	83.33%	0.67	16.67%
<input checked="" type="checkbox"/> Stroke/CVA		16	14.67	91.67%	1.33	8.33%
<input checked="" type="checkbox"/> Trauma		31	26.80	86.45%	4.20	13.55%
<input checked="" type="checkbox"/> Universal		2119	1,908.00	90.04%	211.00	9.96%

FirstPass Standard Reports

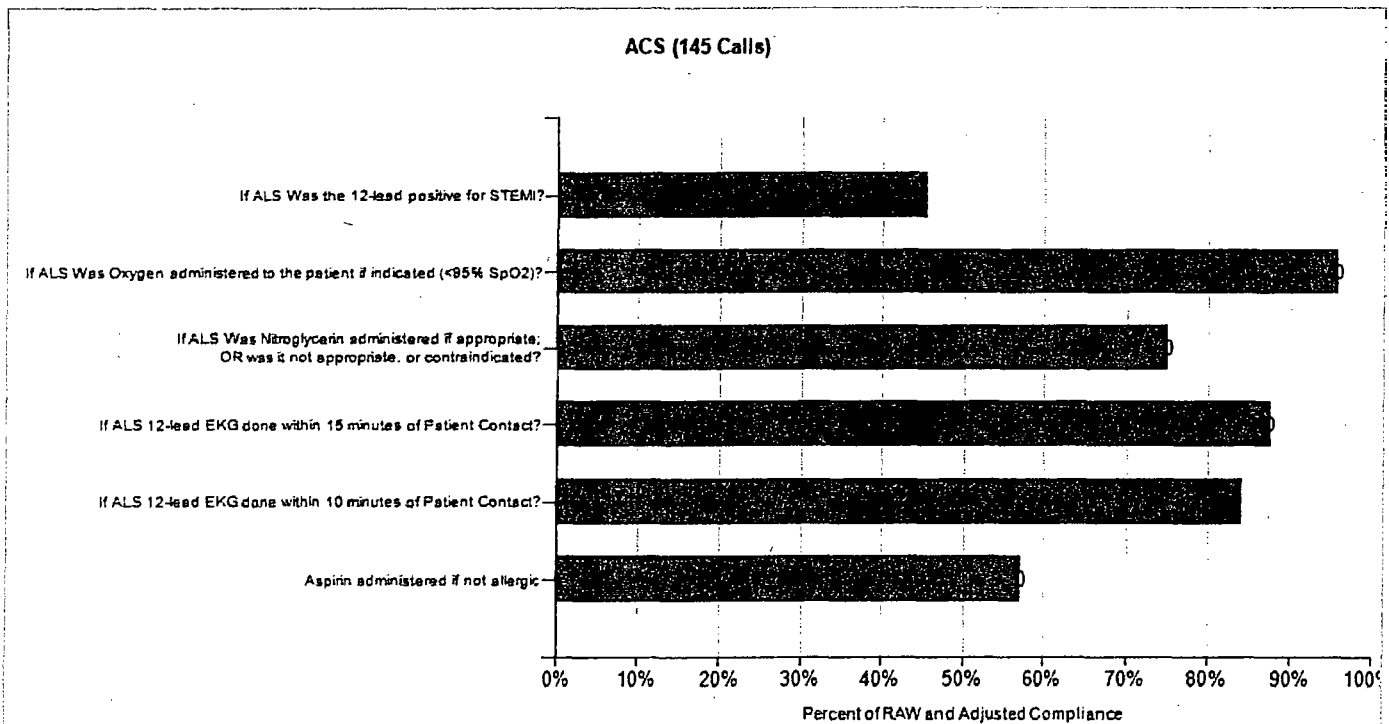
Protocol Compliance Graph

This is a graphical representation of the tests for each protocol. The bar graph can be clicked to provide a detailed summary of all incidents that failed a particular test within a protocol. Drill through the graph to display incident information for each incident that failed within a protocol.

1 of 11 Find | Next

Protocol Compliance Graph

Date Range: 7/17/2017 to 7/23/2017



Drill-down:

Number of Incidents: 127			Protocol: ACS		Test: If ALS was the 12 lead positive for STEMI?				
Incident Number	Run ID	RAW Test Result	Inc Date	Status	Problem	Unit	Chief Complaint	Crew 1	Crew 2
074491	43817518	FAIL	7/17/2017 4:18:32 AM	Under PI review	06D1 Breathing Problems	4M03	Syncope/Fainting		
074502	43818402	FAIL	7/17/2017 6:30:44 AM	Under PI review	32B3 Unknown Problems	4M07	Syncope/Fainting		
1202	43820381	FAIL	7/17/2017 9:11:00 AM	Under PI review	UNC - Unconscious Patient	11Y2			
1251	43820188	FAIL	7/17/2017 9:22:00 AM	Under PI review	CARD - Cardiac Condition	11X2	Syncope/Fainting		
1730	43821537	FAIL	7/17/2017 11:13:39 AM	Complete - Passed	DIFF BREATHING WITH CHEST PAIN	46Y2	Chest Pain		

FirstPass Standard Reports

Protocol Summary Report

Provides a count of incidents and displays the raw pass and count percentage as well as the adjusted pass count and percentage of incidents in FirstPass. Adjusted refers to incidents that were reviewed and found to have passed due to predetermined exception criteria.

1 of 1 Find | Next

Protocol Summary

Criteria:

Date Range: 7/17/2017 to 7/23/2017

Protocol(s): All

Protocol	Total Incidents	RAW Pass Count	Adj Pass Count	RAW Protocol Compliance	Adj Protocol Compliance
ACS	145	57	57	39.31%	39.31%
AMS	132	77	91	58.33%	68.94%
Behavioral	113	62	62	54.87%	54.87%
Cardiac Arrest	14	0	0	0.00%	0.00%
Cardiac Arrhythmias	178	137	168	76.97%	94.38%
Pain Management	612	402	404	65.69%	66.01%
Respiratory Emergencies	124	75	110	60.48%	88.71%
STEMI	4	1	1	25.00%	25.00%
Stroke/CVA	16	11	13	68.75%	81.25%
Trauma	31	9	19	29.03%	61.29%
Universal	2,015	1,319	1,319	65.46%	65.46%
Total	3,384	2,150	2,244		

FirstPass Standard Reports

Call Review Status Report

This report displays which incidents in FirstPass have been assigned to individual reviewers and displays how long they have been in the queues for review. It is designed to track the time an incident is assigned in FirstPass and includes each of the users which can review incidents.

FirstPass Call Review Status

Date Range: 7/17/2017 to 7/23/2017

Status: All

Report set to auto-refresh every: 00:10:00

Assigned To	Assigned At	Days Assigned	Status	Incident #	Incident Date/Time	Primary Protocol	1st Crew Member	2nd Crew Member
	2017-07-20 06:52:33	8	Pending Tng/Ed assignment	1382	2017-07-17 09:54:34	Stroke/CVA		
	2017-07-26 11:04:30	2	Pending Tng/Ed assignment	074557	2017-07-17 11:08:00	Respiratory Emergencies		
	2017-07-26 04:25:06	2	Pending Tng/Ed assignment	1144	2017-07-18 09:27:03	Trauma		
	2017-07-24 10:11:42	4	Complete	076497	2017-07-22 18:36:38	Cardiac Arrhythmias		
	2017-07-20 06:47:29	8	Under Tng/Ed review	074520	2017-07-17 09:16:37	Stroke/CVA		
	2017-07-17 12:50:40	11	Complete	074608	2017-07-17 12:55:59	Stroke/CVA		
	2017-07-27 15:01:10	1	Complete	076344	2017-07-21 23:31:18	Respiratory Emergencies		
	2017-07-27 14:44:13	1	Complete	4129	2017-07-21 20:33:12	Respiratory Emergencies		
	2017-07-27 14:15:38	1	Complete	3741	2017-07-21 18:52:06	Respiratory Emergencies		
	2017-07-27 11:56:37	1	Complete	065689	2017-07-20 11:36:26	Cardiac Arrhythmias		
	2017-07-27 10:59:53	1	Complete	075654	2017-07-20 10:25:51	Cardiac Arrhythmias		
	2017-07-27 08:46:03	1	Complete	1138	2017-07-20 08:47:03	Cardiac Arrhythmias		
	2017-07-27 08:42:34	1	Complete	075547	2017-07-19 21:49:39	Cardiac Arrhythmias		
	2017-07-27 08:39:22	1	Complete	2946	2017-07-19 16:26:39	Cardiac Arrhythmias		

FirstPass FAQ's

How is FirstPass different from FirstWatch?

FirstPass is an add-on, enhancement module that sits on top of FirstWatch. FirstWatch is the foundation for which the data is derived, where you define the things you want to look at and calls are pulled based on user-defined filters. FirstPass then takes that data through a very structured process of algorithms and logic to evaluate specific quality oriented protocols, tests and outcomes. A queue based tool, FirstPass allows members of QA/QI, risk management and the medical director's office to all access and work through one singular quality improvement tool.

Can FirstPass be customized to fit my system's protocols?

Providing that the data source (CAD, ePCR, ProQA, Hospital Data etc.) FirstWatch is interfaced with captures relevant data that can be used to evaluate against your systems protocols, FirstPass can have a high degree of customization. Once a customer defines what they want to measure, we can build custom protocols that look for quality metrics driven by customer focused initiatives as well as regional or state level mandates.

While FirstPass is highly customizable, we recommend starting with our "Bundle of Care" approach. This initial set of evidence-based protocols is designed to encompass recognized standards of care, the affordable care act and overall best practices. The Bundle of Care is made up of the following protocols: **ACS/STEMI, Stroke, Trauma, Airway Management, Cardiac Arrest, and Universal OR Billing. Additional metrics to consider might be: Pain Management, Patient Care Aspect, High Risk/Low Frequency Event or Non Transports/Refusals.**

How will my QA/QI department benefit from using FirstPass?

The overarching goal of FirstPass is to provide automated data analysis for clinical indicators and quality measures – all in real-time, at your fingertips. With FirstPass, QA/QI teams can now spend more time working to improve patient outcomes rather than filtering through every patient record to locate potential outliers that could indicate opportunities for improvement in patient care. FirstPass automates a process that is traditionally time, resources and labor intensive; you will now know right away when a call is outside the expected parameters occurs.

Real-time feedback and knowledge of what is happening within your system at all times allows for collaboration amongst crew members, managers, QI/QA analysts, the Medical Director and any other stakeholders involved. Ultimately, this will result in rewarding success to crew members for a job well done and improving patient outcomes by focusing on areas of improvement and continuing education in a timely and continuous manner. Additionally, FirstPass comes with real-time reporting tools; examples include Provider Protocol Compliance, System Protocol Compliance and Summary of Test by Protocol.

How is FirstPass connected to Healthcare Reform and the new focus on Quality Outcomes?

Healthcare is moving to quality measurement, bringing with it improved patient care – and financial implications. Simply stated, the components of the Affordable Care Act are directly related to controlling cost through a focus on quality of care. The same quality measures that are driving change in healthcare will soon be coming to EMS. Progressive EMS agencies are monitoring, measuring and managing quality to improve patient care and ensure success when financial incentives become realities. FirstPass helps agencies to define, automate and streamline their measures and monitor in a timely, consistent and reliable manner. This will allow systems to make corrections and demonstrate timely and effective care through the tracking of patient satisfaction and outcomes in real-time.

Customer Highlight: Pinellas

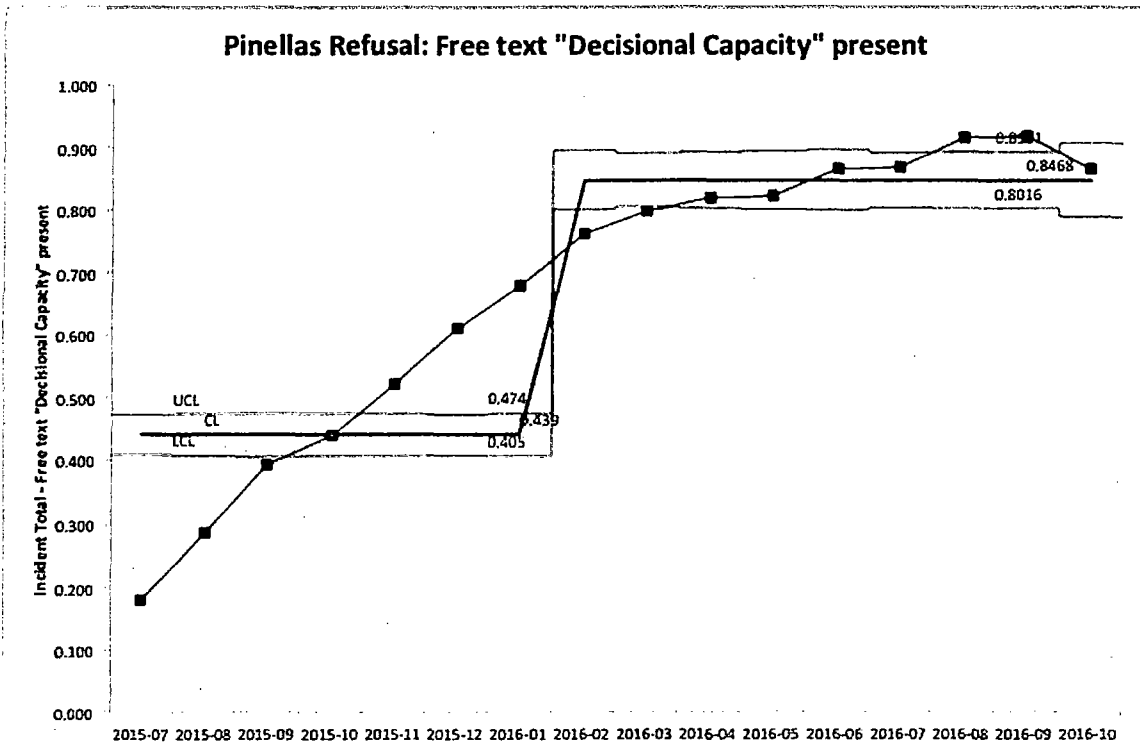
Pinellas County employee Provider Protocol Compliance report compares employee compliance to overall system compliance, including their raw and adjusted protocol compliance percentages.



Pinellas Provider Protocol Compliance

Completed By	Avg Adj Percent	Test	Total Incidents	Test %	System Test %	RAW Protocol %	Adjusted Protocol %
	60.18%	ACS	2	90.00%	81.74%	50.00%	50.00%
		12 Lead Performed		100.00%	97.69%		
		Aspirin administered or allergic		100.00%	83.02%		
		NTG administered or Allergic or BP <90		100.00%	81.11%		
		Final pain score < Initial Pain Score		50.00%	49.73%		
		STEMI, Alert called and 12 lead transmitted		100.00%	97.15%		
		Airway Management	1	80.00%	75.32%	0.00%	0.00%
		Ventilation assistance provided		100.00%	74.63%		
		Single airway type used		100.00%	91.54%		
		Confirmation of placement with ETCO2		100.00%	100.00%		
		Airway re-confirmed		0.00%	33.33%		
		Multiple ETCO2 values		100.00%	77.11%		
		Cardiac Arrest	1	85.71%	81.09%	0.00%	100.00%
		PT Transported to hospital		100.00%	79.81%		
		ETCO2 Monitored		100.00%	91.55%		
		ROSC obtained		100.00%	30.05%		
		Extraorlottic airway used		100.00%	69.01%		

Using FirstPass, Pinellas County can monitor their performance over time.



Customer Highlight: Metro Atlanta Ambulance Service (MAAS)

Metro Atlanta uses FirstWatch and the FirstPass Quality Improvement (QI) module to monitor our Zoll Dispatch and ePCR data, which automatically scans those records and compares them to goal times and clinical, operational and billing rules.

The graphic below shows the FirstPass module's main screen, with queues (on the left) showing calls that have passed or failed a series of detailed, automated **tests**, based on the specific **protocols** (shown in the large inset zoomed rectangle) defined by our management team and our medical director, and implemented by FirstWatch.

The screenshot shows the Metro Atlanta FirstPass interface. On the left, there is a navigation menu with options like 'Pending Clinical', 'Pending Billing', 'Passed', 'Level 2', 'Medical Director's Review', 'Complete (Passed)', and 'Complete (Failed)'. The main area displays a table of incident data with columns for Date/Time, Incident #, Problem/ProQA, Address/Location, Dest, Protocol, and Passed?. A large inset window shows a list of protocols: Adult Seizures, Altered Mental Status, Billing, Cardiac Arrest, Chest Pain, Pediatric Seizures, Pulmonary Edema, Refusals, Respiratory Distress, Transfers, and Universal. A text box overlaid on the screenshot states: 'QI reviewer works through a queue of calls that need human review, within minutes of the call...'

The graphic below shows the specific tests that are automatically performed by FirstPass for the **Chest Pain protocol**. Our QI staff reviews the calls that did not pass the mandatory tests, and when desired, can get more information about the call and provide feedback to crews during the same shift, or by the next shift while still fresh in their minds.

The screenshot shows the FirstPass interface for the Chest Pain protocol. It displays a table of tests with columns for Test, Pass/Fail, System-wide Pass %, and Exception. The tests listed are: Was a pulse oximetry reading obtained? (Pass), Was an IV attempted? (Pass), Was Aspirin administered or allergy documented? (Pass), Was Nitroglycerin administered if SBP >100 mmHg AND Heart rate >60? (Pass), Was 12 lead acquired? (Pass), Was 12 lead acquired within 11:30 minutes of on scene time? (Pass), Was 12 lead transmitted to hospital if crew indicates STEMI alert? (Pass), If Pain scale was >5 & SBP >90 was pain medication administered? (Pass), and Was the patient's pain decreased? (Fail). A text box overlaid on the screenshot states: 'Reviewer deals only w/exceptions'. A small inset window shows a list of exceptions: Equipment Failure, Documented Contraindication, Patient Refused, Documentation Error, Care within guidelines, and Care outside guidelines.

Customer Highlight: Metro Atlanta Ambulance Service (MAAS)

Calls where the treatment was appropriate, but not documented as expected, can be identified and marked as appropriate, and the adjusted pass/fail information is reflected in our Employee Scorecard Report, along with simpler Operations measures, including: Chute Time, Response Time, Scene Time, Hospital Offload Time, and Task Times.

Employee Scorecard

Employee Scorecard

MetroAtlanta
Ambulance Service

Date Range: __/__/2015 to __/__/2015

Last, First

Operations	Individual Scores		Goals
	Compliance %	Count of Calls	Compliance %
Chute Time (1 min)	100.00%		90%
911 Response Time (11:59)	100.00%		90%
Total Scene Time - Trauma (10 min)	100.00%		90%
Total Scene Time - Medical (15 min)	100.00%		90%
Hospital Offload (20 min)	100.00%		90%
911 Time on Task (55 min)	100.00%		90%
<hr/>			
FirstPass Protocols			
Billing	100.00%		90%
Refusals	100.00%		90%
Transfers	100.00%		99%
Universal	100.00%		92%
Altered Mental Status	100.00%		94%
Cardiac Arrest	100.00%		90%
Chest Pain	100.00%		96%
Respiratory Distress	100.00%		97%
Adult Seizures	100.00%		91%
Pediatric Seizures	100.00%		90%

The Employee Scorecard is a custom report that combines operational performance (chute times, time on task, etc.) as well as clinical performance (FirstPass protocol compliance) and displays it by medic. The summary page is the first page of the report and shows the overall system compliance for all elements. It is designed to be paged by provider for feedback purposes, and uses both CAD and ePCR data.

Customer Highlight: Metro Atlanta Ambulance Service (MAAS)

Billing in FirstPass

Protocol



01/09/2016 - 02/08/2016

Total # of calls 13424

Test	Pass/Fail	System-wide Pass %	Exception
+ Do CAD incident number and PCR incident number match?	✓	100.00%	[None]
+ Does the PCR have an Incident Address, with City (and Apt number if one in CAD) and does it match the CAD information	✓	73.78%	[None]
+ If 911 Transport, is Dispo:Treated/Transported ALS:Level of Service: ALS and ALS Assessment documented	✓	55.94%	[None]
+ Does the PCR destination match the CAD destination	✗	90.46%	[None]
+ Loaded miles match transport time	✓	95.81%	[None]
+ Does the PCR have an Patient First and Last Name; and is the last name <> "Doe"	✓	98.93%	[None]
+ Does the PCR have an Patient DOB; complete, non-sequential and non identical (Track/Trend Only)	✓	98.77%	[None]
+ Does the PCR have a Phone#; complete, non-sequential and non identical (Track/Trend Only)	✓	54.40%	[None]
+ Does the PCR have an Patient Social Security#; complete, non-sequential and non identical (Track/Trend Only)	✗	58.94%	[None]
+ Does the PCR have an Patient Address, with City (Track/Trend Only)	✓	98.84%	[None]
+ Does the PCR have an Patient Zip and that is complete, non-sequential and non identical	✓	98.72%	[None]
+ Is there a Accepting Facility Name and Signature	✓	97.41%	[None]
+ Is there a Patient or Patient Representative Signature; or has the primary caregiver checked the affirmation that the patient could not sign, AND a reason patient unable to sign (PUTS) completed	✗	96.98%	[None]
+ If PUTS, is it confirmed by clinical condition/assessment	✓	100.00%	[None]
+ All Crew Members Signed	✓	93.87%	[None]
+ If O2 in Vital Signs, is it documented as a medication	✓	92.34%	[None]
+ Is the Narrative field size > 90 characters	✓	98.95%	[None]
+ Is the Validity >95%	✓	98.29%	[None]

PROTOCOL TEST OUTCOME



QUALITY MANAGEMENT AUTHORITY

Richmond Ambulance Authority uses technology to enhance its QA/QI process

By Michael Gerber, MPH, NRP and Rob Lawrence, MCFI

Richmond, Va., Ambulance Authority (RAA) is well known for being a high-performance EMS system and for its community education efforts and implementation of a culture of safety.

But the agency has also recently taken a huge leap forward in the areas of quality assurance (QA) and quality improvement (QI). RAA, which serves as the sole provider of emergency ambulance service for the Virginia capital, has implemented the "Total Quality Management" (TQM) system. The system links quality management efforts in the clinical, operations and billing arenas in order to comprehensively improve RAA's service and efficiency.

Each month, RAA's TQM committee meets to discuss any potential areas for improvement. The director of reimbursement

might mention a specific documentation issue that's causing delays in billing or collections. The chief clinical officer may discuss intubation rates and educational programs being implemented to improve them.

The idea behind TQM is that everything is interconnected. Dispatch and operations impact clinical care, clinical documentation impacts reimbursement, reimbursement impacts operations, and so on. Like many agencies, RAA has a clinical services committee that focuses solely on clinical issues, where the medical director is joined by the clinical officer, the QA/QI coordinator, the training staff and other paramedics. But the TQM meeting adds another layer.

Attendees at the TQM meetings include the chief operating officer, the director of

operations, the chief clinical officer, the quality manager, the director of reimbursement, the compliance officer and the operations and communications supervisors.

Believing that each aspect of agency performance is connected and part of the cycle of providing high-quality services, RAA uses its TQM approach to measure and analyze outcomes and processes and make adjustments to training and policies to achieve its desired outcomes.

USING TECHNOLOGY TO FILL THE GAPS

Previously, RAA's clinical and documentation QI process focused on reviewing specific types of patient care reports (PCRs), such as all cardiac arrests; specific high-risk, low-frequency procedures (e.g., cricothyrotomy); and a certain percentage of other calls. The agency also would choose to review specific topics or themes during certain months—perhaps looking at reports written by new hires one month and field training officers the next.

The billing team would then review the report to identify documentation issues related to reimbursement.

Like most departments, RAA performed these focused PCR reviews because trying to review every PCR provides a limited return on a significant investment of manpower and resources. Either several reviewers read the reports with little consistency or guidance on what to look for, or one person attempts to review every PCR but eventually gets so far behind they scramble to catch up and can't provide effective feedback to providers or correct documentation errors in time to impact billing. Practitioners often didn't receive the feedback until several weeks after the call, when they might not even remember the patient.

In Richmond, agency leaders felt the process wasn't as effective as it could be. They began searching for other solutions, and found one right in their own headquarters.

In the dispatch center, supervisors had already seen how technology could provide real-time feedback and lead to improvements. At any time during the day, dispatchers can look at a monitor that shows whether they're meeting certain performance standards. RAA uses FirstWatch, a California-based data and technology firm, to monitor computer-aided dispatch (CAD) data and provide almost instant analysis.

In the dispatch center, that has helped drive improvements in areas like call processing times, where no dispatcher wants to be the one not meeting the goal that day.

On the clinical side, RAA recently began using FirstPass, a tool developed by FirstWatch to automatically evaluate PCRs for adherence to protocols. FirstPass works by running each PCR through a series of tests based on certain criteria as soon as the data is available. The tests are based on treatment bundles and tailored to the agency's protocols.

The software also compares each PCR to a universal protocol that checks reports for certain demographic and basic clinical data, such as baseline vital signs, signatures and other information RAA wants to collect for every patient.

Certain types of reports are screened further. For example, if the patient complaint is for chest pain or another cardiac-related problem, FirstPass will look for documentation of a 12-lead ECG. If none is documented, the incident is flagged. For chest pain patients, FirstPass will also look for appropriate documentation of specific treatments, such as aspirin or nitroglycerine administration. FirstPass's clinical care bundles are evidence-based but also tailored to RAA's protocols and training. RAA is also working with the FirstPass team to develop even more sophisticated analysis and reporting tools.

THE TQM PROCESS

When paramedic and RAA's QA/QI Director of Operations Tom Ludin arrives each morning, he checks to see which reports were flagged by the FirstPass system. He can immediately review the PCR to determine if it was a documentation error, an omission in patient care or if there was a reasonable deviation from protocol. If the answer isn't clear, he can talk to the crew who treated the patient first to help make his decision while the crew still recalls the details of the call.

"It gives a lot of opportunity to look through and see where improvements are needed," says Ludin. "We can't fix it if we don't know it's a problem."

FirstPass not only allows for every PCR to be reviewed for at least minimal criteria, it also creates a system for measuring overall performance of the agency and individual providers. In many systems, simple

TOTAL QUALITY MANAGEMENT

database searches and spreadsheet computations can determine how often 12-lead ECGs are documented as having been performed on chest pain patients. But FirstPass creates an easy way to then track why that happened. On a continuous basis, supervisors can determine whether providers require re-education in clinical areas, documentation, or both.

"Ninety-nine percent of the calls pass the criteria. I never look at most of those," says Ludin.

After Ludin reviews a PCR that failed a FirstPass test, he decides whether there was a deviation from protocol or a documentation error and emails the provider who wrote the report within one business day. That provider then has a chance to review the call and explain what happened, or correct the PCR, and Ludin and his colleagues determine whether any further action—such as remedial training—is required.

But while FirstPass allows RAA to check each PCR for certain criteria, it doesn't replace having a real person dedicated to QA/QI.

"FirstPass is a tool," Ludin says, explaining that he still uses his own database queries and other methods for other aspects of the quality management process.

For example, Ludin reads a random selection of PCRs each month so he can look for any issues the computer might not catch. As an accredited dispatch center, RAA already reviews the 9-1-1 calls for critical cases and a random selection of other calls each month—Ludin uses the same list to determine which PCRs he will review.

Having a TQM system means that when issues are discovered by one department, the

entire agency helps find a solution. This will become even more critical for EMS agencies when the next revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) is adopted by payers later this year.

With ICD-10, the number of billing codes will greatly expand, and the importance of good documentation will increase. Having a TQM program is helping RAA prepare for these changes by bringing billing and clinical services to the table together. When the billers find an issue with documentation, they can ask the clinical supervisors about it and determine if it's a documentation error or a misunderstanding by the billers over what service was actually provided. If systemic problems are discovered, the clinical supervisors can conduct training or change the minimum required information to complete a PCR.

CLOSING THE QI LOOP

RAA keeps its quality management as nonpunitive as possible, focusing instead on finding ways to motivate its staff to make corrections and solve problems. Just publicly displaying some performance measures, either at the individual level or system-wide level, has led to improvements. Clinical lapses aren't necessarily tied to performance evaluations, unless supervisors feel there are no efforts made to improve.

"You're not evaluated on your QA/QI results," Ludin says. "Instead it's your responsiveness to training."

When it was recently discovered that intubation rates were slipping after an influx of newly qualified paramedics, RAA's training

coordinators instituted a system-wide effort to improve—even though they knew not every single paramedic had unsuccessful intubations. In the Login Room, they set up intubation manikins and equipment, as well as some literature and videos on airway management. At the beginning of each shift, every ALS provider took 10 minutes to practice intubation before heading out on the ambulance to run calls.

After the recent intubation refresher stations, RAA's training staff received positive feedback from the providers, including one paramedic who credited the training with helping make his first live intubation successful.

RAA was also an early EMS adopter of self-reporting. Several years ago, operational medical director Joseph Ornato, MD, signed off on a self-reporting protocol that encourages providers to come forward when they make an error or omission.

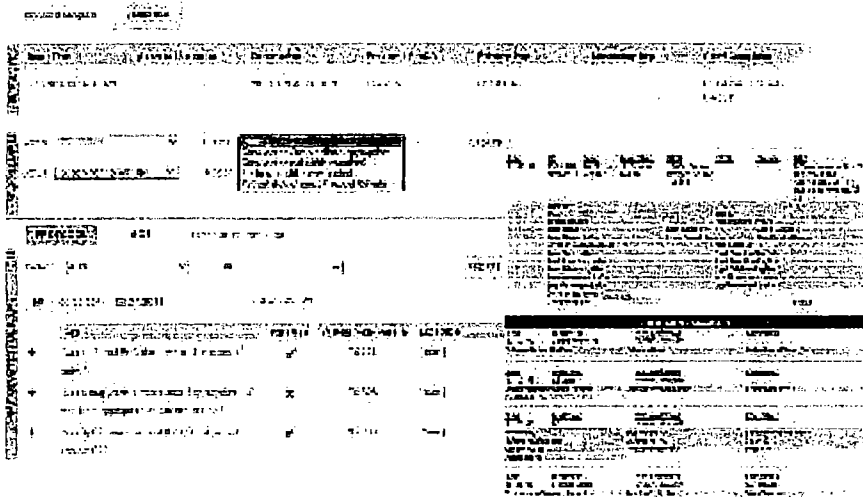
But this isn't to say that RAA doesn't let providers know they value high performance. Each year when employees submit preferences for which shifts they want to work, RAA ranks them using a combination of seniority and compliance to certain standards. With FirstPass now in effect, that might include compliance to clinical protocols and PCR documentation in the future.

THE FUTURE OF QA/QI

Technology adds one more tool to the TQM process, allowing personnel to spend more time doing what they do best—analyzing the problems and finding solutions—instead of spending hours determining whether the right boxes were checked. Software can't replace having dedicated providers and educators, but it can make the system more efficient and more robust, allowing agencies to focus on areas where improvement is necessary and ultimately provide better care for their patients. **JEMS**

Michael Gerber, MPH, NRP, is a paramedic, instructor, author and consultant in Washington, D.C. He has more than a decade of experience in EMS and the fire service. He can be reached at mgerber@redflashgroup.com.

Rob Lawrence, MCMI, is chief operating officer at RAA and was named an EMS 10 Innovator for his work on the Rider Alert program in 2011. Rob is a graduate of the U.K.'s Royal Military Academy, Sandhurst, and spent his first career as an active-duty Army officer in the British Royal Army Medical Corps, after which he held various senior leadership roles in U.K. ambulance services before moving to Richmond, Va., to join RAA.



The TQM system links quality management efforts in the clinical, operations and billing arenas in order to comprehensively improve RAA's service and efficiency. Photo courtesy The RedFlash Group/RAA



EMS Topics > Paramedic Chief > Articles



Better EMS Performance

with Mike Taigman

Improve EMS performance like a champion

Learn how one EMS agency improved EMS provider performance with an Olympic-themed competition

Jan 6, 2017

By Mike Taigman and Tony Sorensen

My most vivid Olympic memory is the 1996 women's gymnastics all-around competition. The Russians had dominated the sport and going into the final rotation it looked like it would be possible for the U.S. to win for the first time in Olympic history. The last U.S. event was the vault. U.S. team member Dominique Moceanu had fallen twice when Kerri Strug, the last U.S. competitor, lined up to vault. Strug under-rotated the landing of her first attempt and injured her ankle.

With the point difference smaller than a blood cell, she asked the coach, "Do we need this?"

He said, "Kerri, we need you to go one more time. We need you one more time for the Gold. You can do it; you better do it."

She limped to the end of the runway and then landed the vault on both feet long enough to register a 9.712 before collapsing in pain, cementing the Olympic gold medal for the U.S.

OLYMPIC INSPIRATION FOR EMS IMPROVEMENT

Inspired by champions like Strug, the team from Life EMS Ambulance, established in Grand Rapids, Mich. in 1980 and proudly serving over 3,700 square miles of west Michigan with

paramedic response, decided to have some fun and see if they could make some meaningful improvements at the same time. Their theory was that if they focused on a handful of measurable opportunities for improvement, added in a dose of friendly competition, and offered prizes for the winners, that they would make meaningful improvements.

Their quality improvement-focused version of the Olympics was held last summer in the months before, during and after the Rio Olympics. The Life EMS Ambulance organization is naturally segmented into three teams — central, north/east, and south — for friendly competition. They created four events:

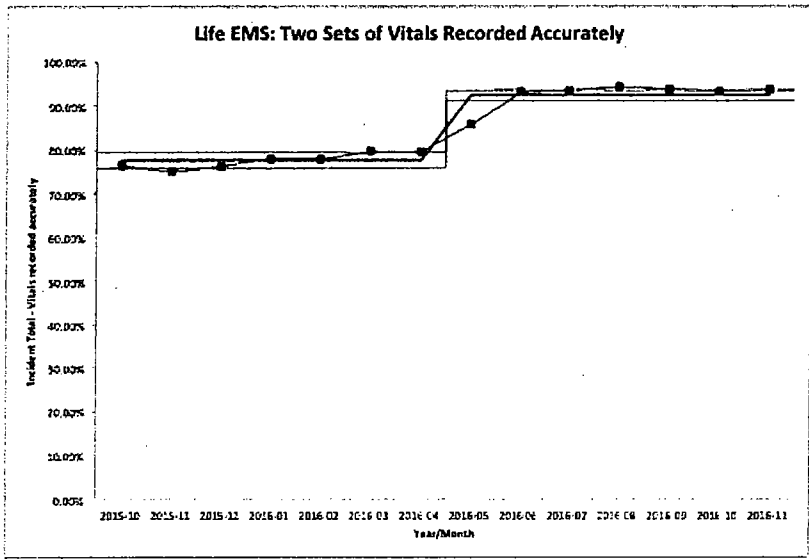
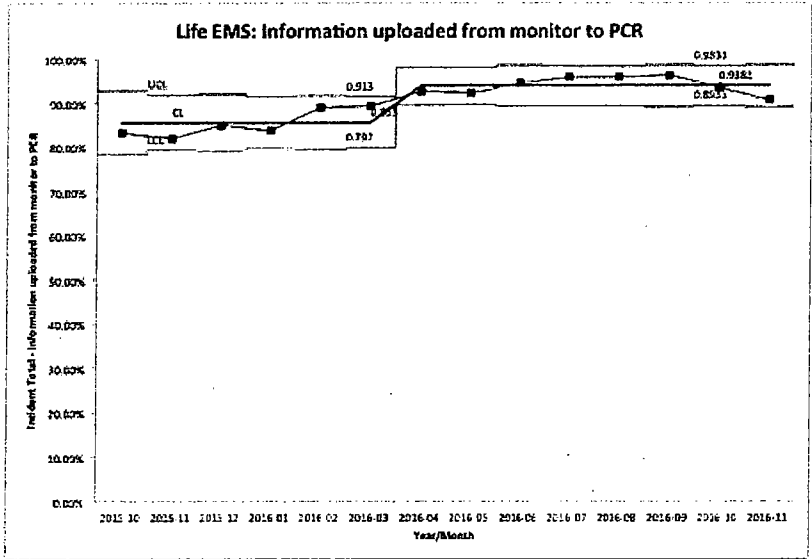
1. **Vital Sign Sprint:** Did we obtain two sets of vital signs on each patient?
2. **Breath Stroke:** Did we use capnography on patients receiving ventilatory assistance?
3. **Last Normal Backstroke:** Did we record the last seen normal time for patients with CVA?
4. **Data Sync Dive:** Was the data from the monitor uploaded into the ePCR?

Their aim was to make tangible improvements in these four areas. Baseline data provided a starting point. The company provided feedback on team performance every two weeks in company newsletters. Individual employees got regular feedback on their performance through FirstPass, a clinical quality measurement and protocol monitoring tool. Gold medal winners got \$25 gift cards, silver got a pizza party and bronze got an ice cream social.

A spirit of camaraderie, competition and fun spread throughout the organization. Crew members started coaching each other on ways to improve.

SIGNIFICANT AND SUSTAINED PERFORMANCE IMPROVEMENT

Life EMS Ambulance saw significant and sustained improvement in two of the target areas. These two charts are Shewhart charts, which are a type of statistical process control charts to display data for performance improvement.



The other two target areas saw no change. They had no decrease in performance anywhere in their system. And probably the most surprising thing is that they saw widespread sustained improvement in several areas that were not on the target list. These included improvements to:

- Time to 12-lead ECG acquisition.
- Time to nitroglycerin administration and time to aspirin administration for patients with acute coronary syndrome.
- Recording of two pain scores.

- ROSC for people with cardiac arrest.
- Temperature and ETCO2 assessed for possible sepsis patients.

7 PERFORMANCE IMPROVEMENT LESSONS

The team at Life EMS ambulance learned valuable lessons about quality improvement that are applicable to any EMS agency. Here is what they learned:

1. A friendly competition focused on quality improvement can result in improvements.
2. These improvements appear to be sustainable, at least in the few months after the competition ended.
3. Not everything that is focused on for measurement will improve with the first effort.
4. Providing regular feedback, close in time to the actual patient care, to the team and individuals on performance helps people keep on track.
5. Focused improvement in a few areas has the potential to overflow and cause improvement in other areas.
6. It's possible to have a lot of fun while engaged in serious improvement work.
7. A dedicated and talented team of front line medics are able to implement widespread improvements in a short period of time.

There are some performance improvement theorists that suggest competition might not be a good idea — that competition has the potential to erode self-esteem, especially in young people. The leadership team addressed this concern by ensuring that 80-90 percent of the focus was on improving care for their patients with a lighthearted playful sense of competition.

Other experts will tell you the use of rewards like prizes undermines the joy in work. Their theory is that when people are too focused on the prize they might actually care less about the work they are doing and any improvements will be short lived. For this competition, the prizes were not luxury Caribbean cruises or fancy sports cars. Prizes were modest, but real. And we know that the prizes were not the primary focus, because the improvements have sustained well past the awarding of gift cards, pizza and ice cream.

Who could possibly top the Olympics? Bond. James Bond. Yes, their next quality improvement competition will have a 007 theme. The target areas will be:

- Serial 12 lead EKG's ... One is not enough.
- Pain scores are forever.
- Doctor Know ... for base physician contact.
- Morphine and fentanyl weight-based dosing ... for your weight only.

- Trauma scene time ... license to live.

NOBODY

DOES

IT

BETTER

007

**JANUARY 1 – APRIL 30
2017**

Life EMS Positive
IMPACT Award

- ⊕ Improvement
- ⊕ Monitoring &
- ⊕ Performance that
- ⊕ Achieves
- ⊕ Clinical
- ⊕ Targets

**TROPHY AWARDED
DURING EMS WEEK**

Events:

- ⊕ Serial 12-Lead – One is not Enough
- ⊕ Pain Score – Pain Scores are Forever
- ⊕ Hospital Contact – Doctor Know
- ⊕ Morphine Sulfate / Fentanyl dose – For Your Weight Only
- ⊕ Trauma Scene time – License to Live

About the co-author

Tony Sorensen is the vice president of resource performance for Life EMS Ambulance and a paramedic I/C with 31 years of EMS experience in both rural and urban systems. In addition to his EMS clinical experience he has taught MFR, EMT, EMT-S and paramedic programs through Montcalm County EMS, Montcalm Community College and Life EMS Ambulance. Tony is active in

many local, regional and state level EMS activities. He is the past president of the Society of Michigan EMS Instructor Coordinators and the current president of the Michigan EMS Practitioners Association. Tony also represents MiEMSPA as a member of the State of Michigan EMS Coordination Committee. He has held leadership positions with Montcalm County, State of Michigan EMS Section as the EMS Education Coordinator.

About the author

Mike Taigman uses more than four decades of experience to help EMS leaders and field personnel improve the care/service they provide to patients and their communities. Mike is the Improvement Guide for FirstWatch, a company which provides near-real time monitoring and analysis of data along with performance improvement coaching for EMS agencies.

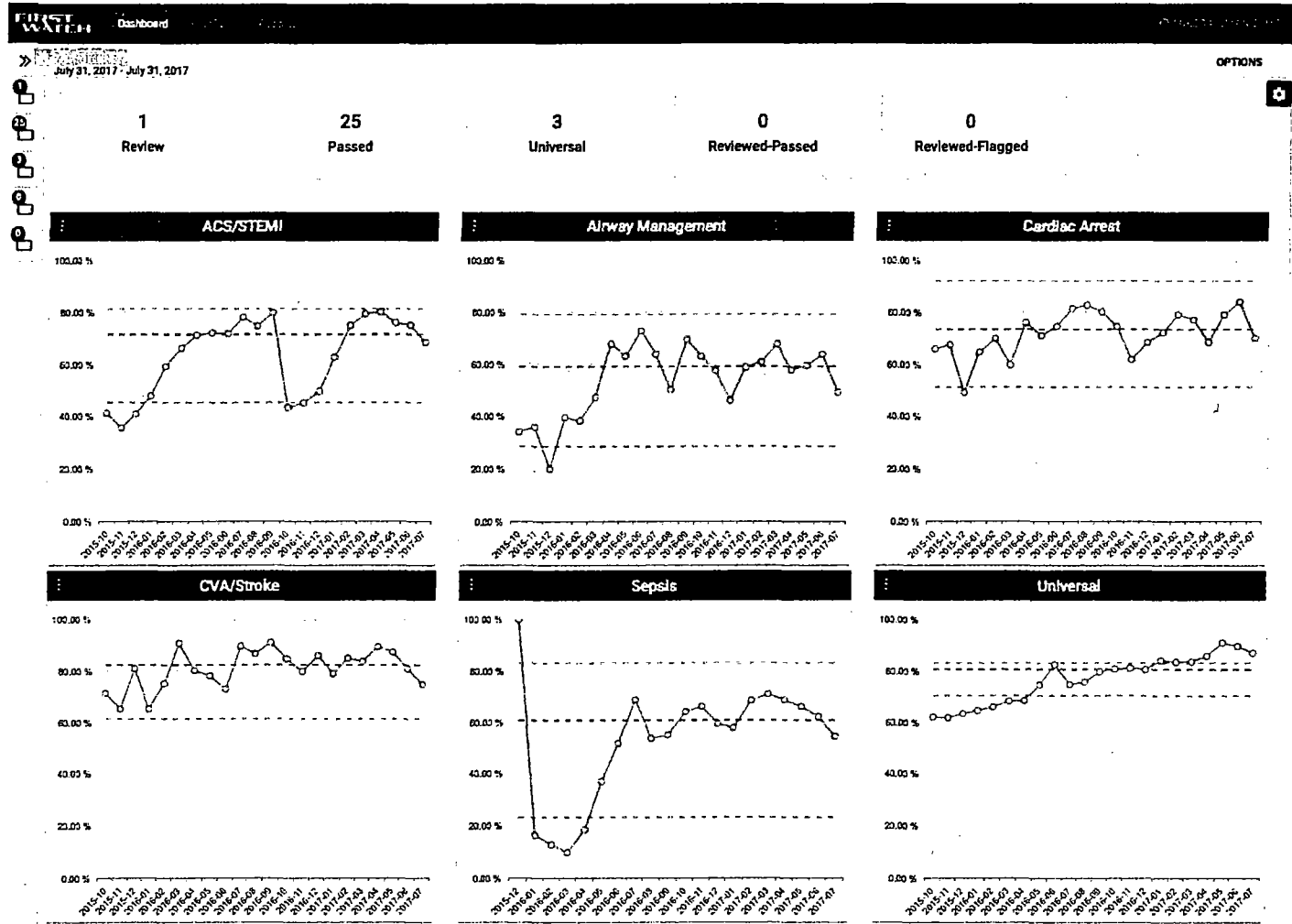
He holds a Master's Degree in Organizational Systems and is an Associate Professor in the Emergency Health Services Management graduate program at the University of Maryland Baltimore County. He's also the facilitator for the EMS Agenda 2050 project. Email Mike Taigman at mtaigman@firstwatch.net.

Tags > EMS Advocacy • EMS Management • Leadership

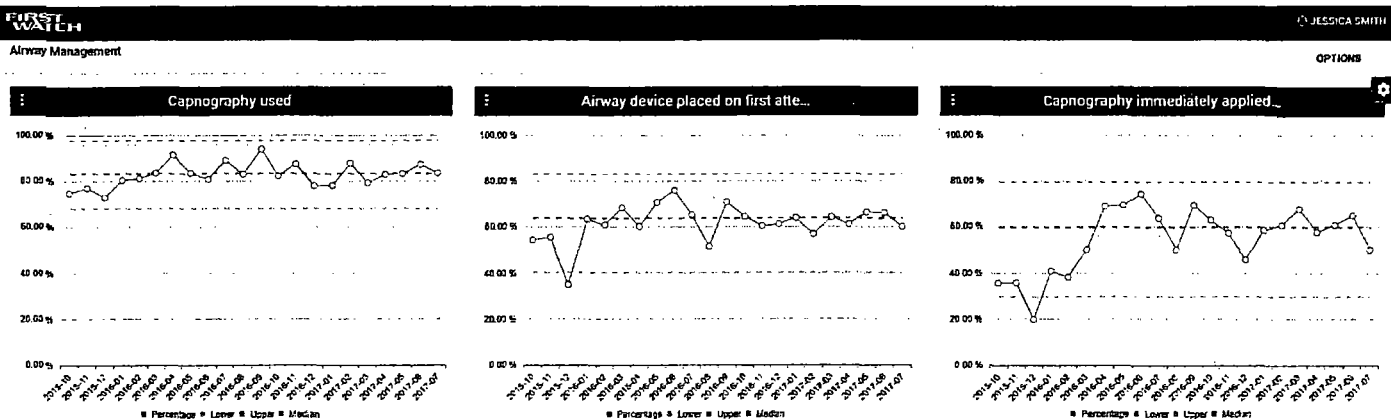
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NEW Coming Soon: FirstPass v3 Interface

The NEW FirstPass Dashboard includes a customizable display of a tiled summary of where your calls are in your FirstPass queues, and Statistical Process Control (SPC) charts for each of your system's Protocols.



Drill-down into SPC charts for each test within a Protocol



NEW Coming Soon: FirstPass v3 Interface

The NEW FirstPass interface allows for comparison of provider protocol compliance to system protocol compliance for each individual test.

Review Jul 31, 2017 - Jul 31, 200396

Owner: [None] Status: [Review] Exception Reason: [None] Resolution: [None]

Protocol: Airway Management Filter by: All Date range: 07/30/2017 - 07/31/2017

Protocol	Test	Pass/Flagged	Provider	System	Test Exception
Airway Management	Capnography used	0	66.67% (3)	81.11% (90)	[None]
Airway Management	Airway Device placed on first attempt (Track/Trend Only)	0	66.67% (3)	53.33% (90)	[None]
Airway Management	Capnography immediately applied after intervention	0	33.33% (3)	41.11% (90)	[None]
Airway Management	Information uploaded from monitor to PCR	0	100.00% (3)	91.11% (90)	[None]

FIRST WATCH Incident Drill-down

Dispatch Information

Responding with: [None]
Transported From: [None]
Transported To: [None]

Unit Information

Unit Name: DE-IDENTIFIED Call Received: 07/31/2017 05:10:29

The NEW FirstPass gives you the ability to send direct feedback to crew members regarding a specific call.

TESTING Feedback to CREW EXIT

TO*

From reviewer:
Jessica Smith

Incident #:
17-055137

Response Date:
7/31/2017 4:40:52 AM

Review Status:

Subject:

Reviewer Comment:
Review Call

200 characters remaining



David Slattery, MD
Medical Director, Las Vegas Fire & Rescue

"FirstPass shines a light on the clinical cases that matter the most, including STEMI, stroke, cardiac arrest and airway management. It enables us to enhance patient care and opportunities for improvement for our crews caring for these critical patients."



Rob Lawrence, COO,
Richmond Ambulance Authority

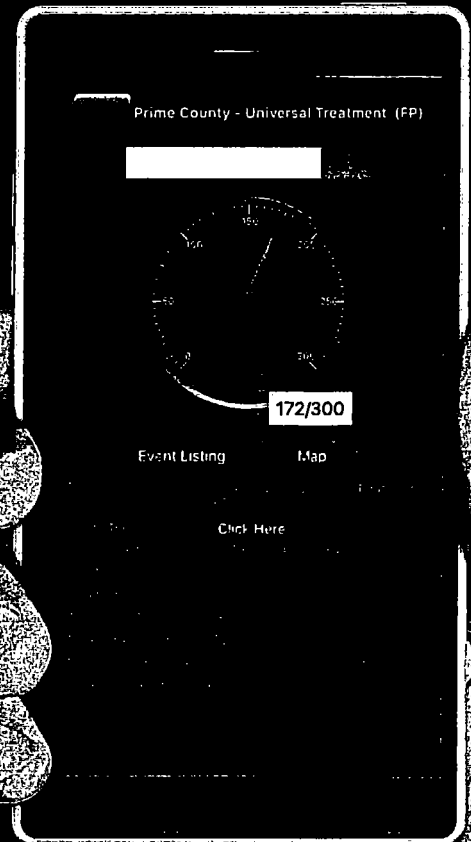
"With FirstPass, we're able to focus our attention on the most important calls as they happen. This in turn points us to where we need to further and train and educate our staff. Traditional quality improvement looks at a percentage of your call volume. FirstPass looks at everything - all the time. Everyone talks about how quickly we respond; now we can talk about how well we're performing clinically, with immediacy - and we're very excited about that."

Improve Performance
Improve Quality
Improve Results

Contact us Today for a Live Demo:
sales@firstwatch.net

FIRST

How is your system really performing, right now?





MARICOPATM
AMBULANCE

Quality Assurance Report
Cardiac Arrest

Run Number: _____ Ambulance Report Date: ____/____/____

Incident Location: _____

Patient Name: _____

Criteria	Comments
Time of Cardiac Arrest	Bystander CPR?: Obvious Death?:
Cardiac Monitor	Initial Rhythm: Rhythm Changes:
CPR	
Capnography	Not Obtained Because: .
IV/IO Access Obtained	Where and Gauge: Fluids Administered: Not Established Because:

Defibrillation	Joules: Number of Shocks Delivered Through Resuscitation: Not Performed Because:
Epinephrine	Dosage and Route: Not Given Because:
Amiodarone	Dosage and Route: Not Given Because:
Intubation/Advanced Airway	Number of Attempts: Not Performed Because:
Treat Reversible Causes	
Discontinue Resuscitation Efforts	Medical Direction Contact Made?: Time of Death:
Post Resuscitation Care	

Comments	
Recommendations	



Quality Assurance Report
Sepsis

Run Number: _____ Ambulance Report Date: ____/____/____

Incident Location: _____

Patient Name: _____

Criteria	Comments
Cardiac Monitor	Rhythm: Not Utilized Because:
Oxygen Saturation and Capnography	
IV Access Obtained	Where and Gauge: Fluids Administered: Not Established Because:
Patient Temperature	Not Obtained Because:
Pharmacological Interventions	Drug Name, Dosage, and Route: Not Given Because:

Sepsis Alert	Time Given: Facility Given To: Not Given Because:
Comments	
Recommendations	



**Quality Assurance Report
STEMI**

Run Number: _____ Ambulance Report Date: ____/____/____

Incident Location: _____

Patient Name: _____

Criteria	Comments
Cardiac Monitor/12-Lead	Rhythm: Right Sided/Posterior 12 Lead?:
Oxygen Saturation and Capnography	
IV Access Obtained	Where and Gauge: Fluids Administered: Not Established Because:
Aspirin	Dosage and Route: Not Given Because:
Morphine/Fentanyl	Dosage and Route: Not Given Because:
Oxygen	Dosage and Route:

Oxygen cont.	Not Given Because:
Nitroglycerin	Dosage and Route: Not Given Because:
Transport to Appropriate Facility	
Comments	
Recommendations	



**Quality Assurance Report
Stroke**

Run Number: _____ Ambulance Report Date: ____/____/____

Incident Location: _____

Patient Name: _____

Criteria	Comments
Onset of Symptoms	Time from Onset: FAST Assessment Results:
Oxygen Saturation and Capnography	
IV Access Obtained	Where and Gauge: Fluids Administered: Not Established Because:
Cardiac Monitor	Rhythm: 12-Lead:
Blood Glucose Level	Not Obtained Because:
Transport to Appropriate Facility	

Comments	
Recommendations	



Quality Assurance Report

TBI

Run Number: _____ Ambulance Report Date: ____/____/____

Incident Location: _____

Patient Name: _____

Criteria	Comments
Cardiac Monitor	Rhythm: 12 Lead:
Oxygen Saturation and Capnography	
IV Access Obtained	Where and Gauge: Fluids Administered: Not Established Because:
Blood Glucose Level	Not Obtained Because:
Oxygen	Dosage and Route: Not Given Because:
Ventilation	Rate:

Ventilation cont.	Not Performed Because:
Intubation	Number of Attempts: Not Performed Because:
Transport to Appropriate Facility	
Comments	
Recommendations	



**Quality Assurance Report
Trauma**

Run Number: _____ Ambulance Report Date: ____/____/____

Incident Location: _____

Patient Name: _____

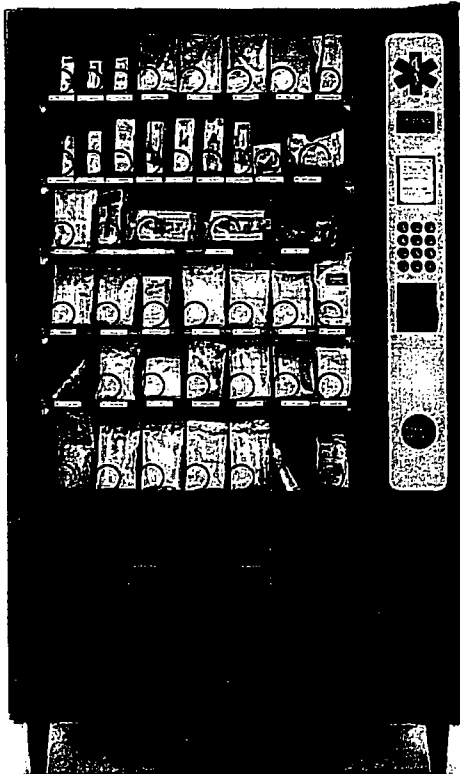
Criteria	Comments
On Scene Time	Extended Because:
Extrication	Not Needed?:
Spinal Motion Restriction	Altered LOC?: Spinal pain/tenderness: Distracting injury?: Neurologic deficits?: Not Performed Because:
Oxygen Saturation and Capnography	

Cardiac Monitor	Rhythm: Not Utilized Because:
IV Access Obtained	Where and Gauge: Fluids Administered: Not Established Because:
Pharmacological Interventions	Drug Name, Dosage, and Route: Not Given Because:
Air Transport	Reason Needed: Flight Company: Not Needed?:
Transport to Appropriate Trauma Facility	
Comments	

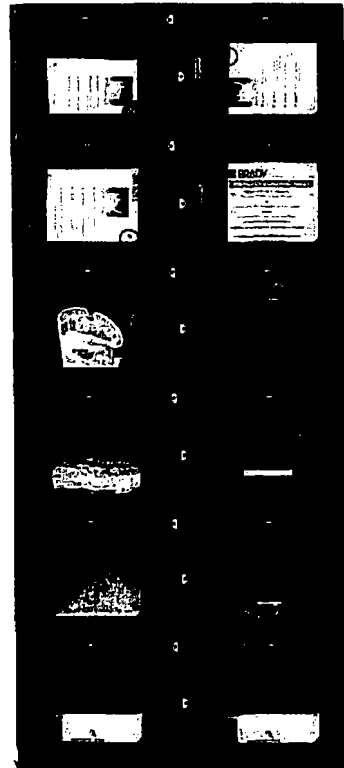
Comments cont.	
Recommendations	

EXHIBIT E
CONTRACTORS VENDORING MACHINE SPECIFICATIONS

UCaplt Controlled Access Pharmaceutical Dispensers



CAP 5



CAP 12 DOOR LOCKER

By acting as a 24 hour supply officer and providing visibility to actual product usage through the easy-to-use reporting, UCaplt will help you get control of your inventory and significantly reduce your spend.

BoundTree
medical



Cap

Controlled Access Pharmaceuticals

The Solution



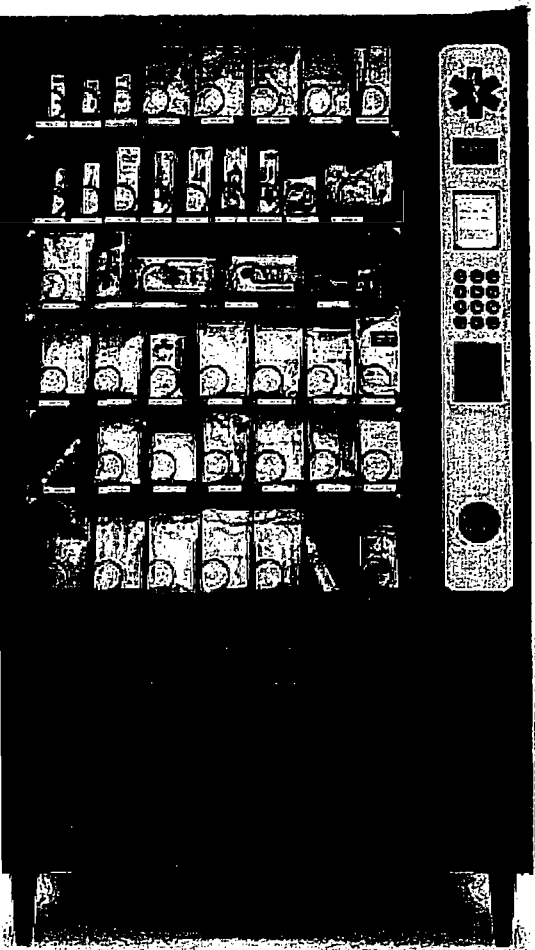
Cap

**Controlled Access Pharmaceutical
Dispensing Equipment & Software**

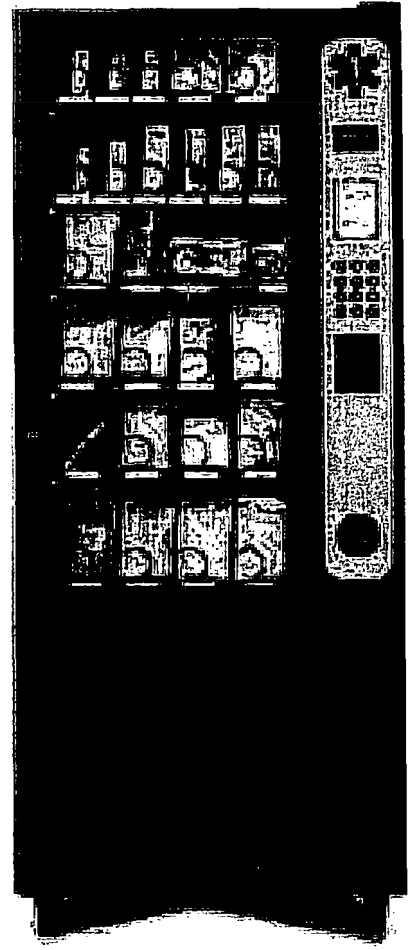
Key Benefits

- Increased Accountability and Control
- Cost Savings from Reduced Inventory Levels
- Immediate Access to Current Inventory Levels
- Elimination of High Error Incidence in Book-Based Inventory Levels
- Reduce Unexpected Inventory Shortages
- Reduced Time to Receive and Issue Out Inventory
- Reduce Time for Physical Inventory
- Rapid Payback of System Cost
- Save with the elimination of expensive hardware investments, upfront software license costs and annual maintenance fees

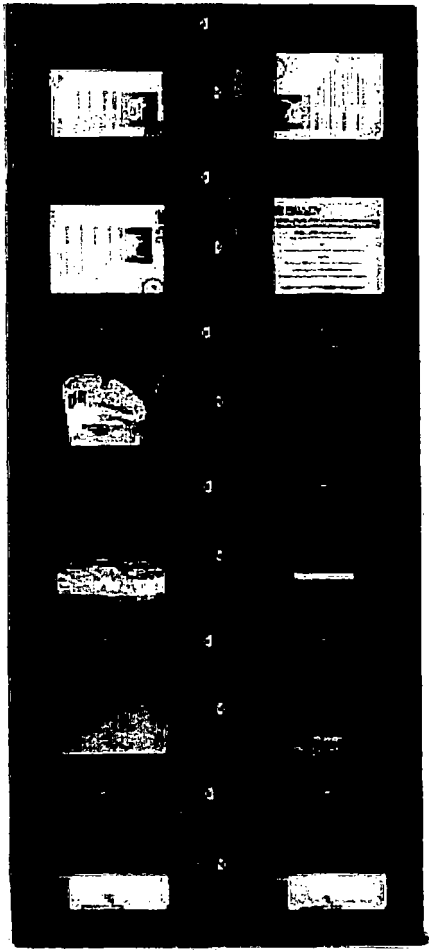
Versatile Equipment Solutions



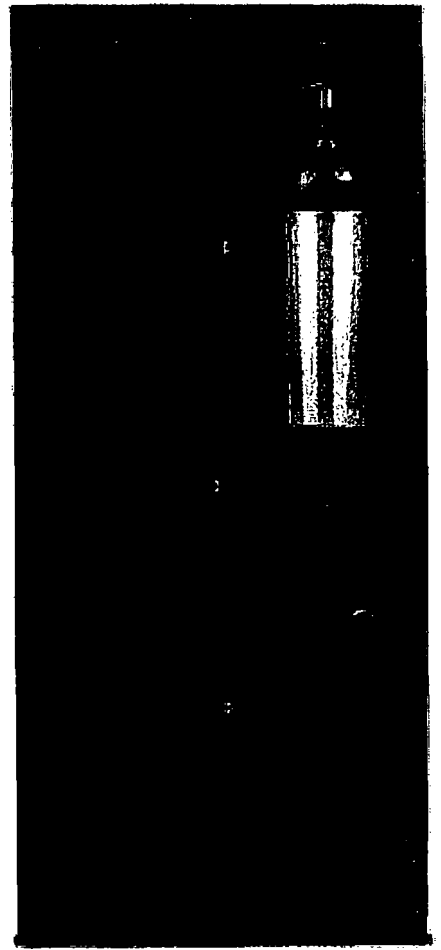
EMS-5



EMS-3



12 Locker
Satellite



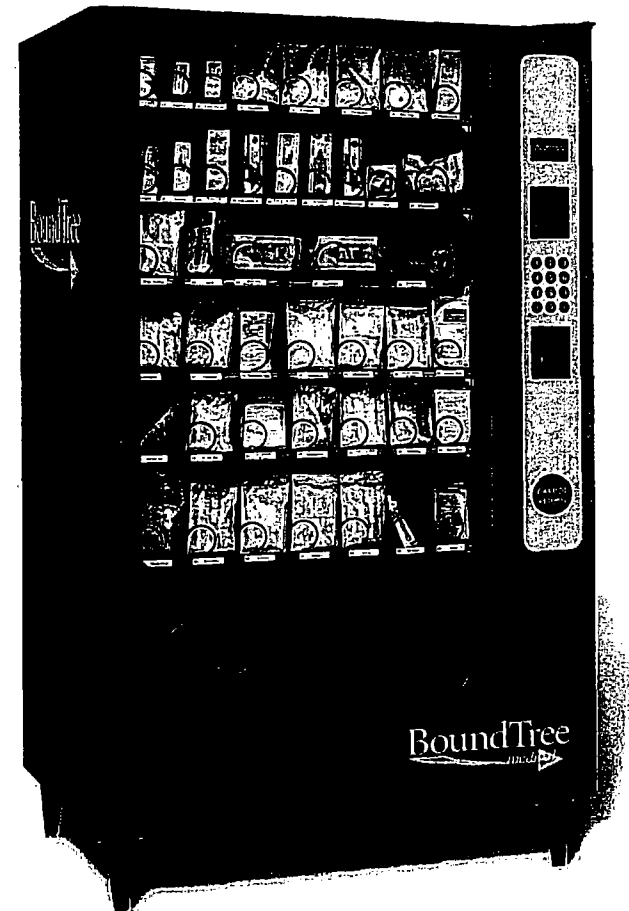
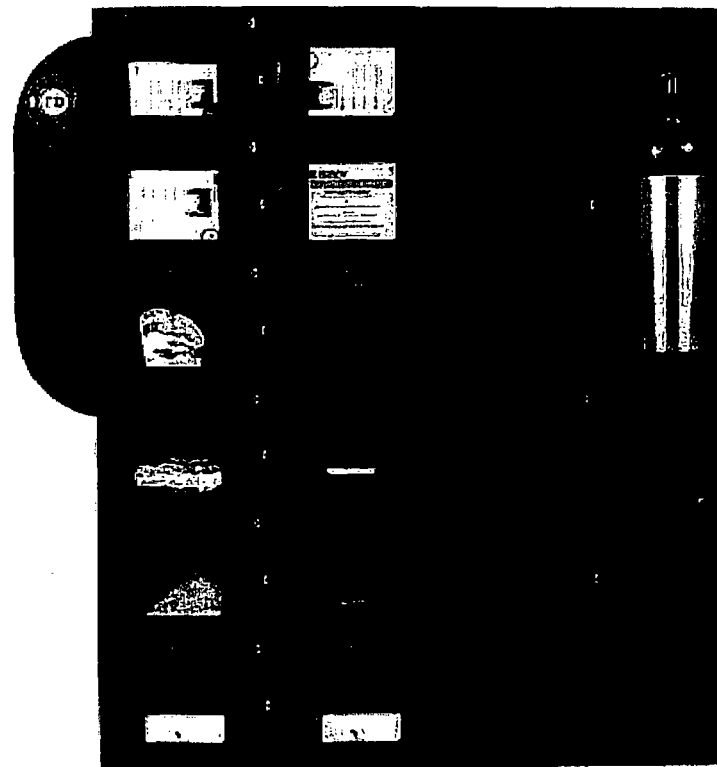
3-4 Door
Storage
Closet Satellite

System Configurations

PoundTree
medical

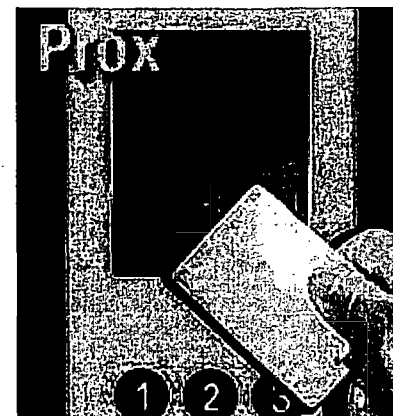
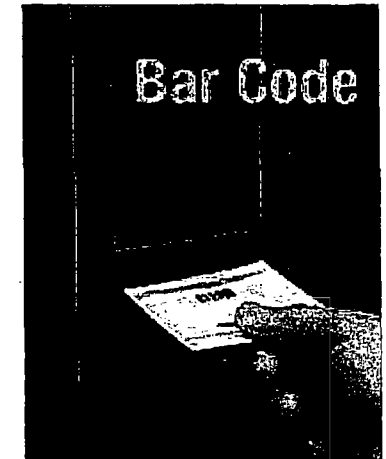
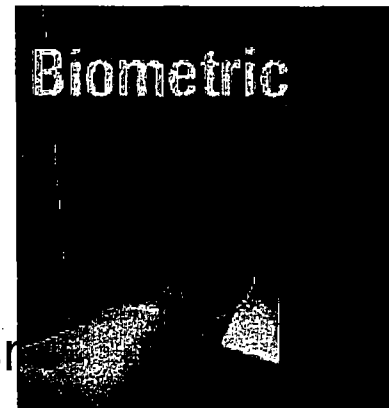
Includes:

- Freight Delivery
- Setup
- Configuration
- Software Upgrades
- Monthly Monitoring
- Repair (normal wear)
- 3 Year Warranty



CAP Dispenser Options

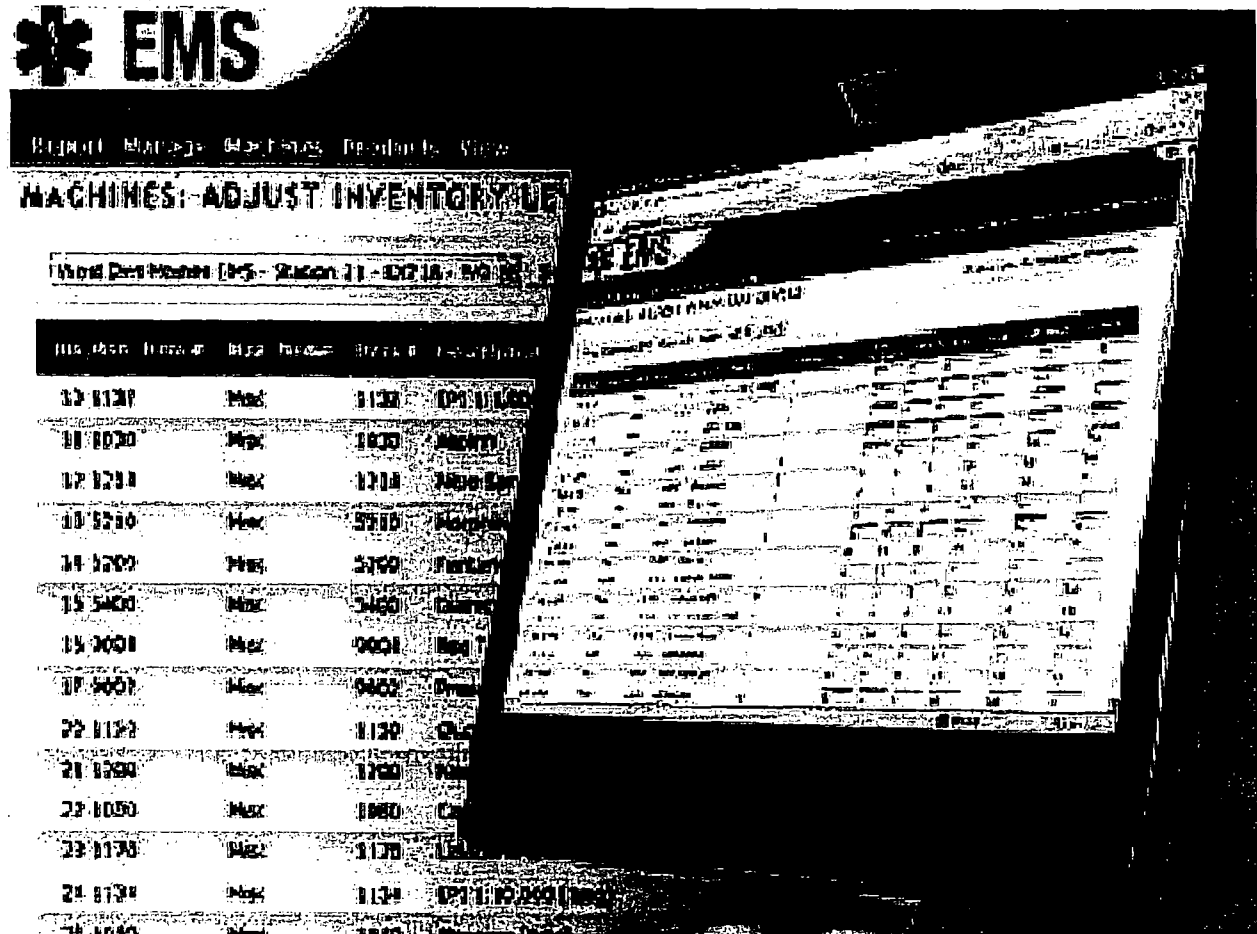
- Multiple User Interfaces Available
Proximity (Prox), RFID, Magstripe Card Reader, Barcode, Biometric
- Refrigerated Temperature Control
- High Security Package resists vandalism
- Satellite Locker Units Working With Main Dispenser
- Or Lockers working with a Control tower
- Custom application to meet your needs



VendNovation Web Based Inventory and Monitoring Solution



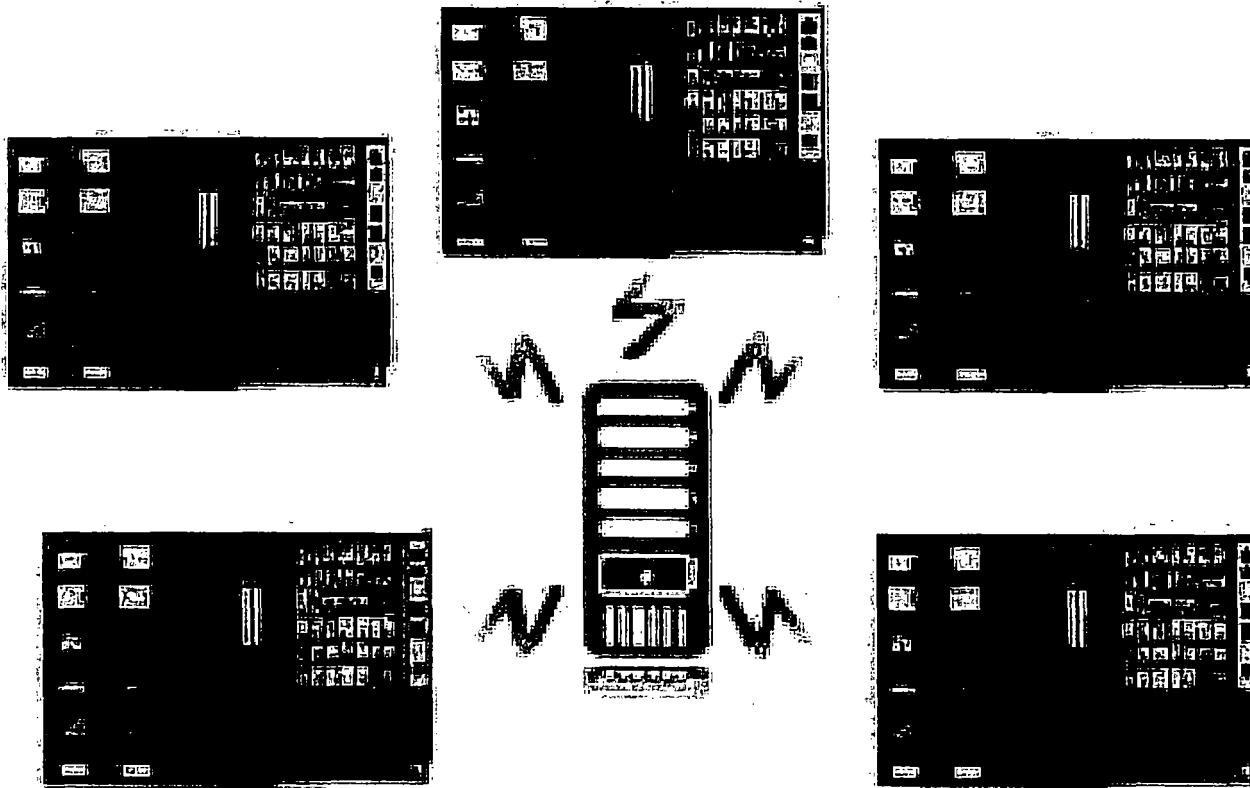
- Web Based
- 24/7 Access
- 100% Encrypted
- Real Time Web Reporting
 - Usage Reports
 - Re-Stock Lists
 - Inventory Position
 - Inventory Expiration
 - Par Optimization
 - Item Turnover Rates
- Equipment Monitoring
- Storeroom Management
- Automated Alerts
 - Via email, pager or mobile devices



Conforms to DEA and FDA Double Lock Guidelines

Web Based

✓ A



Key Features and Benefits



- ✓ Gives instant access to all your inventory info. On-Line status is updated every 30 minutes, 24/7!
- ✓ Assign different levels of access to Paramedics, EMTs, and Volunteers.
- ✓ Gives a variety of inventory reports in forms like Excel, CSV or PDF.
- ✓ Zone specific refrigeration control is available, allowing you to monitor temperature-sensitive products remotely and without worry.
- ✓ Enforces a First-In First-Out paradigm that reduces product loss due to expiration.
- ✓ Controlled Substances and valuable items can be marked to require validation by **2** separate employees before they will dispense.
- ✓ Shows you by **Who, What, Where** and **When** each item was removed from the system.
- ✓ You can view any item that fails to dispense.
- ✓ You can also view checked-back-in items for when they are returned, how often they are used and by whom

Usage Reports



Home Preferences Help Contact Vendor Station Select Organization Log Out

Report Manage Machines Products View

REPORT: TRANSACTIONS

Account: West Des Moines EMS

Report By: Everything Type: Successful Consignment: All Sub-Total

Start Date: 1/1/2007 — End Date: 1/10/2007 Get Report Export Direct to XML

PAGE 1 OF 2

Date	Bin	Account	Site	Machine	Emp #	Item #	Description	Man. Item #	Man. Name	Call Number	Department	Package Qty	Price per Item	Total Price
1/10/2007 10:21:26 AM	63	West Des Moines EMS	Station 21	RX21A - WD	12		Zofran	1240	Misc	0700711	1234	1	\$1.00	\$1.00
1/9/2007 6:02:03 PM	16	West Des Moines EMS	Station 21	RX21A - WD	12		Reg Tags	9004	Misc	0700711	1234	1	\$0.00	\$0.00
1/9/2007 6:01:55 PM	13	West Des Moines EMS	Station 21	RX21A - WD	12		Morphine	5210	Misc	0700711	1234	1	\$1.00	\$1.00
1/9/2007 3:31:51 PM	15	West Des Moines EMS	Station 21	RX21A - WD	126158	5400	Diazepam	5400	Misc	0700581	1234	1	\$1.00	\$1.00
1/9/2007 3:31:44 PM	14	West Des Moines EMS	Station 21	RX21A - WD	126158	5200	Fentanyl	5200	Misc	0700581	1234	1	\$1.00	\$1.00
1/9/2007 3:31:37 PM	14	West Des Moines EMS	Station 21	RX21A - WD	126158	5200	Fentanyl	5200	Misc	0700581	1234	1	\$1.00	\$1.00
1/9/2007 3:31:30 PM	16	West Des Moines EMS	Station 21	RX21A - WD	126158	9004	Reg Tags	9004	Misc	0700581	1234	1	\$0.00	\$0.00

✓
✓
✓
✓

Inventory Position



Report: MAINE MACHINES 2017-10-01
 Report: MAINE MACHINES 2017-10-01

MACHINES: ADJUST INVENTORY LEVELS

Show only Machines with Paraprogram

Med: Des Moines EMS - Station 21 - R321A - WD - Select

Item #	Item Name	Item #	Description	Package Qty	Min (On-hand)	Critical	Min	Max	Set Depth	Current
10-1032	Misc	1032	EPI 1:1,000 (30mg)	1	0	0	0	10	10	0
11-1030	Misc	1030	Aspirin	1	0	0	0	10	10	5
12-1214	Misc	1214	Naso Spray	1	0	0	0	10	10	1
13-5210	Misc	5210	Norpine	1	0	0	0	14	14	17
14-5200	Misc	5200	Fentanyl	1	0	0	0	14	14	13
15-5400	Misc	5400	Diazepam	1	0	0	0	14	14	12
16-9004	Misc	9004	Epi Tape	1	0	0	0	14	14	3
17-9002	Misc	9002	Epinephrine	1	0	0	0	14	14	5
20-1150	Misc	1150	Glucagon	1	0	0	0	15	15	0
21-1200	Misc	1200	Marevan	1	0	0	0	15	15	1
22-1080	Misc	1080	Calcium Chloride	1	0	0	0	15	15	5
23-1170	Misc	1170	Lidocaine 2%	1	0	0	0	15	15	15
24-1134	Misc	1134	EPI 1:50,000 (1mg)	1	0	0	0	15	15	14
25-1040	Misc	1040	Albucorp (1mg)	1	0	0	0	15	15	12
26-1020	Misc	1020	Amiodarone	1	0	0	0	15	15	8
27-9999	Misc	9999	RES PRODUCT	1	0	0	5	10	15	15
28-5010	Misc	5010	Etoridate	1	0	0	0	10	10	7

Real Time Reporting



Report Header: Machines Products View

MACHINES: MACHINE HEALTH Show only Machines with Placograms

EMS Demo - Station 124 - RX - 080819 Show

ALERTS

Date	Type	Description (of condition)
10/10/2009 0:23:47 PM	No Heartbeat in 3 Hours	No heartbeat in 3 hours
10/10/2009 12:39:37 PM	Temperature violation (for machines only)	Temperature violation (for machines only)
10/10/2009 2:06:27 PM	Bin Low	Machine RX - Office is below 10 items (low level) for product 4 - Tybotchky - 4 - Fancam) x1.
10/10/2009 3:01:28 PM	Bin Low	Machine RX - Office is below 10 items (low level) for product 1030 - Misc - 1030 - Aspirin x1.
10/10/2009 3:39:24 PM	Bin Critical	Product 4 - Fancam) x1 was adjusted to be below 5 (the critical point).
10/10/2009 3:58:42 PM	Bin Critical	Product 1060 - Benzoyl) x1 was adjusted to be below 5 (the critical point).
10/10/2009 3:59:16 PM	Bin Critical	Product 1030 - Aspirin) x1 was adjusted to be below 5 (the critical point).

Bin	Product Name	Bin Status	Items	Description	Restock Level	Level (Critical)	Min	Max	Low	Percent Full
10	1030	Low	1000	Aspirin	1	5	20	15	20	6.25%
11	1060	Low	1060	Benzoyl	5	5	20	15	20	25%
12	4	Tybotchky	4	Fancam)	1	5	20	15	20	2.27%

QUICK STATUS

- 8 machine(s) have not dispensed products for at least 3 days. +
- You have 7 active alerts. [Check it.](#)
- 14 machines have failed to heartbeat for 60 minutes. +
- 2 machines / lockers meet your low inventory requirements. [Generate Restock Report](#) +

15636306v4

Report Customization

EMS

Report Manager Machines Products View

PREFERENCES

ALERT PREFERENCES

- Alert on machines which have not reported usage for 100 days.
- Alert on machines that have not heartbeat in 1 hour.
- Local Em Law Alerts to 1 per machine between restocks.

GLOBAL PREFERENCES

Normally report data as a

- Excel File
- PDF
- Excel File
- CSV File

PICKLIST PREFERENCE

Product Group	Round	Nearest	by	Pack	Restock	Restock Date
Default Group	<input type="checkbox"/> Round	Nearest	by 12	Pack	900	
Fluids	<input type="checkbox"/> Round	Nearest	by 12	Pack	900	
Meds	<input type="checkbox"/> Round	Nearest	by 12	Pack	900	
Unassigned	<input type="checkbox"/> Round	Nearest	by 12	Pack	900	

Save Changes Cancel



Service & Support



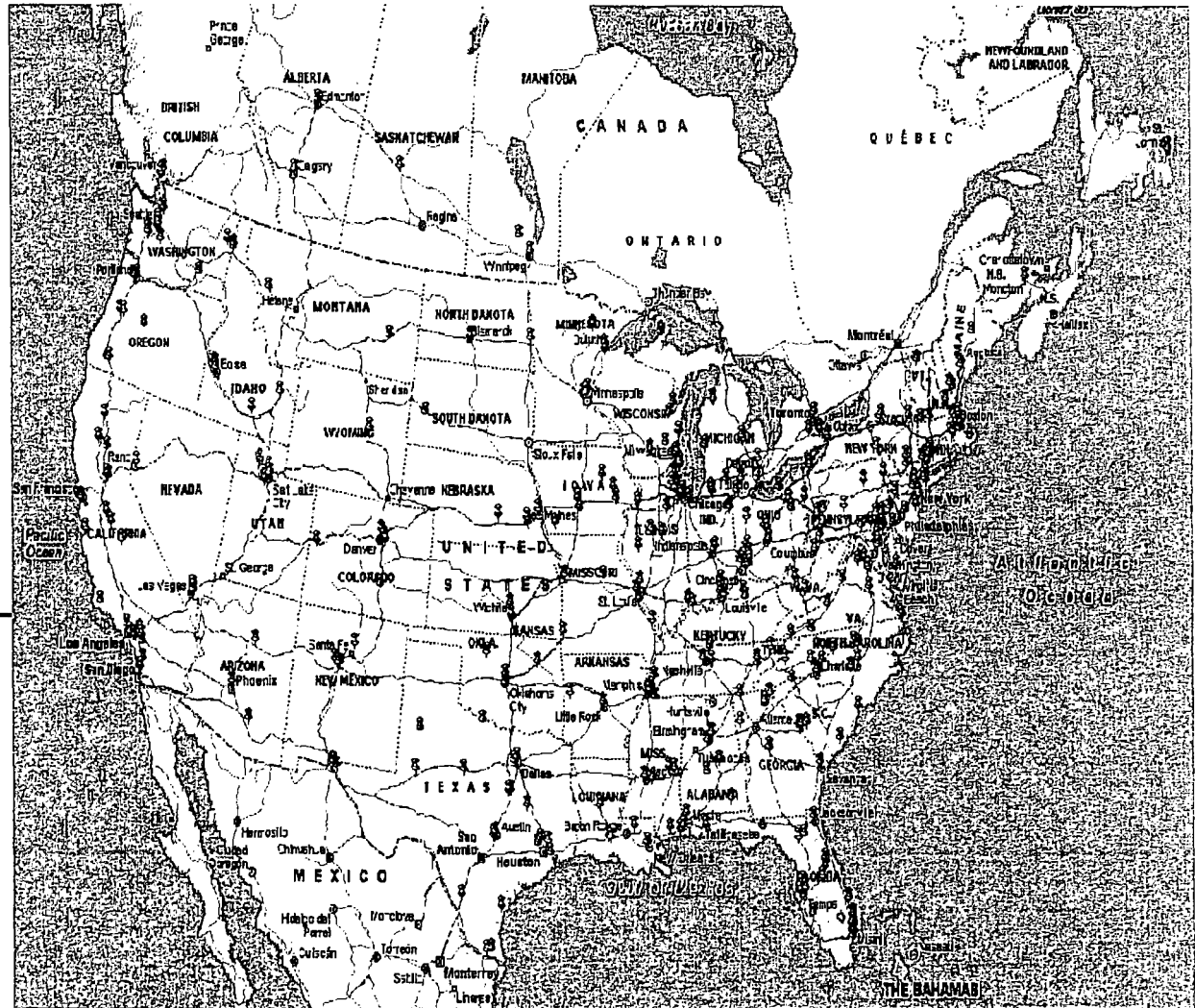
Toll Free Technical Assistance
435 North American Service
Centers

24/7 Web Enabled
Parts Service

National & International Factory /
Field Engineering Support Team

Lead Generator

http://www.vendweb.com/medical_ending_machine.htm



Bill of Materials



- EMS 5
- EMS 3
- EMS 12DL
- EMS 3 or 4DL
- 36 Month License/Service Contract
 - *must be purchased with EMS 5, EMS 3, EMS 12DL, EMS 3DL or 4DL**
- Pin Pad, Bar-Code Reader **or** Mag-Stripe Reader ****included****
- Proximity (Prox, RFID) Card Reader ****additional charge****
- Biometrics Reader **additional charge**
- Temperature Control Machine ****additional charge****
- *Ballistic and high-security lock-down packages* ****additional charge****

REMINDERS:

- From date of purchase, delivery can take 6-8 weeks
- Begin working on product configuration spreadsheet ASAP to ensure proper configuration and timely delivery

Parrot Purchasing



Description: 4 x 5-1/2" Available 100 per package.
Poly Bubble Bags provide durable, lightweight protection.
Self-seal flap eliminates the need for tape or staples.
Outside Dimensions: 4" x 5-1/2" (102mm x 140mm)
Item # 1880-61810



Description: 4 x 7-3/4" Available 50 per case
Red print reads: "REUSABLE-DO NOT DISCARD"
Double Track Zipper closes securely
Bubble Liner protects contents from rough handling
Outside Dimensions: 4"W x 7-3/4"H (102mm x 197mm)
Item # 1880-63050

Web Demo Contact Information:

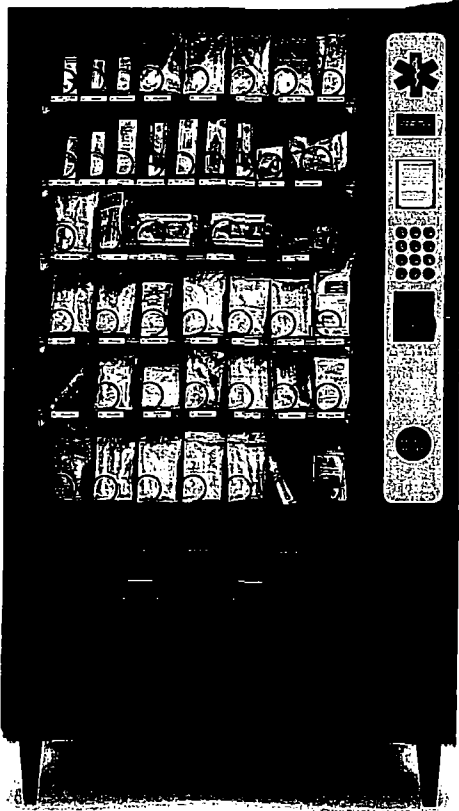
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BoundTree
UNIVERSITY OF EMERGENCY SERVICES

Product Testimonial



UCaplt Controlled Access Pharmaceutical Dispensers

Intelligent Dispensing Solutions

What was the problem you were experiencing before purchasing the UCaplt machine from Bound Tree?

Prior to getting the UCaplt machines from Bound Tree, we used to have a filing cabinet filled with supplies, and everything was hand-counted and taken at-will by various EMTs. We had no way to know how much outlying stations took and inventory control was virtually non-existent as it was based on the honor system.

With the UCaplt machines, we went from throwing away over \$5,000 per month in expired or wasted supplies at all stations, to less than \$1,000 per month. The machine's transaction logs come in handy to see who got what, how many and when. The oldest stock leaves first, gets used up first, and we can better control items like pharmaceuticals, which require fingerprints from two different people to be dispensed.

What is the best thing about the UCaplt Machine?

Our ability to control usage of stock is the best thing about the UCaplt machine. We know when it will expire, when it goes out, and it makes our job of knowing what we have, what we used and what to buy in the future easier.

What items are they using in the machines that they did not intend to stock in there?

As everyone knows, capnography lines are not cheap, and they are good to keep in the machine, so that people don't just fill up a sack and go out with a bunch. They take what they need and we can see how many we have left without having to have excess inventory.

Anything You Would like to Add?

During various visits by the Ohio Board of Pharmacy, they have noted that they are impressed with how Jackson Township Fire uses the machine to control access to supplies.

The UCaplt machine is the future of where EMS inventory control is headed, as everyone needs to watch expenses and inventory closely, to better adhere to budgets and departmental expectations.



William Dolby
EMS Captain
Jackson Township
Fire Department (OH)



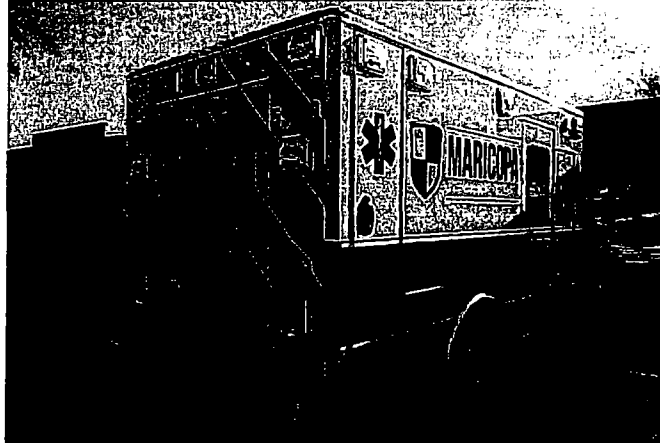
EXHIBIT F
CONTRACTORS FLEET AND EQUIPMENT SPECIFICATIONS

FLEET SUMMARY

PROPOSED VEHICLES AND EQUIPMENT

Maricopa Ambulance will purchase 14 new Type III Ford E-450 Super Duty ambulances to serve the City of Scottsdale contract. These units will be purchased new and customized for the City of Scottsdale contract with only mileage related to production and shipping.

The American-made ambulances are advanced medical vehicles with solar panels to reduce the carbon footprint of the vehicles, as well as to provide emergency backup power for the lifesaving medical equipment.



Maricopa Ambulance also will place an ALS supervisor SUV vehicle that will be available for quick response. The SUV will have all medical equipment necessary to provide effective medical first response, and all Maricopa Ambulance supervisors will be licensed paramedics able to enter the system and respond during times of peak call demand, mass casualty or unusual incidents or any time additional support is needed.

The 14-unit initial fleet will exceed 125 percent of peak deployment at the initial deployment plan and as the plan is adjusted, Maricopa Ambulance commits to maintaining 125 percent of peak in its resources.

All units have the following features:

- All ambulances used as dedicated units will be Type III ambulances.
- All ambulances will meet federal specifications KKK-1822F and will be certified by the manufacturer to meet those specifications except for the items and features that must differ to meet Arizona state requirements.
- All ambulances shall be specified and constructed to transport six individuals fully fueled and fully equipped. The cab of the ambulance has ample room for a patient and three caregivers, whether contractor paramedics and EMTs or fire department first responders, and two patients and two caregivers in case of major medical incident with multiple casualties.
- All ambulance markings are subject to approval from the City of Scottsdale and the Arizona Department of Health Services. If desired, Maricopa Ambulance will place City of Scottsdale branding or markings on the exterior of the ambulance. If the City of Scottsdale selects this option, Maricopa Ambulance will work with the city and the Scottsdale Fire Department to create and finalize the designs. A few options of possible branding are included in the photos below.

Example Branded Ambulance Designs



- All ambulances and support vehicles will have GPS automatic vehicle locators, and the geographic data will be provided in real-time to the Phoenix Fire Department Regional Dispatch Center (PFDRDC) and the Scottsdale Fire Department through Mobile Data Terminals (MDT) that are compatible with PFDRDC's CAD. These MDTs will be purchased by Maricopa Ambulance and installed in every vehicle.

Maricopa Ambulance also uses the RescueNet Navigator, which allows dispatcher to continuously track vehicles, crew status and location in the Maricopa Ambulance Communications Center CAD for each unit in real time. The system automatically time stamps the vehicle in service, responding to a call and on-scene. The system also provides crews with instant real-time, turn-by-turn voice and visual routing guidance. The GPS system also monitors speed of the ambulance and will notify the supervisor on-duty automatically and immediately if the set speed limit is exceeded by any vehicle.

- All vehicles will be purchased new for the City of Scottsdale RFP. Ambulances will be replaced prior to the vehicles exceeding 150,000 miles, so no vehicles serving the City of Scottsdale will ever exceed 150,000 miles or be more than three years old.

All Maricopa Ambulance ambulances will be equipped to meet the standards of the Arizona Department of Health Services standards, and Maricopa Ambulance will make its ambulances available at any time to the City of Scottsdale for checks and audits without notice.

Maricopa Ambulance will provide all items required by the current Scottsdale Basic and Advanced Life Support equipment and supply lists.

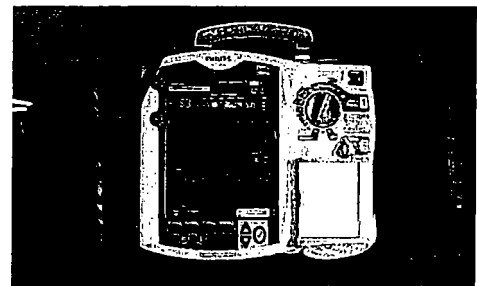
Please see Appendix F for additional photos of Maricopa Ambulance's vehicles.

Equipment and Technology

Every Maricopa Ambulance vehicle will be equipped with the follow equipment and technology:

Philips HeartStart MRx ECG Monitor/ Defibrillator

Though this model has been discontinued by the manufacturer, Maricopa Ambulance currently has enough stock through its national fleet to stock every ambulance with a Philips HeartStart ECG monitor.



The ECG monitors will include all diagnostic accessories and the software, including wireless transmission of data via tablets to the electronic patient care reporting (ePCR) software.

Maricopa Ambulance will work with local medical facilities to streamline the submission of ECG heart monitor data in advance of an incoming ambulance, so that hospital staff can prepare the catheterization lab for intervention. In severe STEMI cardiac patients, these transmissions are critical to lives being saved. Maricopa Ambulance will operate to the standards of the American Heart Association and will maintain the standards to apply to the American Heart Association's

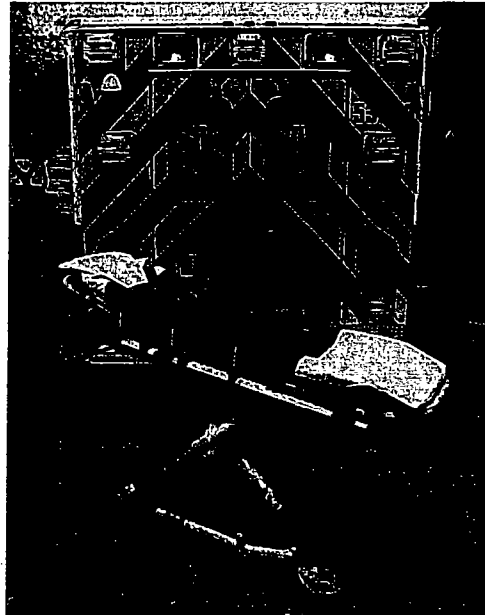
Mission: Lifeline Awards, an annual award program with data submission requirements that rewards excellent patient care and quick intervention in the most severe cardiac patients.

When the Scottsdale Fire Department selects a replacement monitor, Maricopa Ambulance will transition to use of the new models in conjunction with the change. Maricopa Ambulance and the Scottsdale Fire Department will be able to share in funding options and group pricing for the replacement.

Battery Powered Stryker Power Pro Cots

Stryker Pro XT power ambulance cots utilize a battery-powered hydraulic system for effectively and efficiently raising and lowering a cot at the touch of a button. The hydraulic lifts dramatically reduce back injuries, which affect 25 percent of EMS workers in their first four years in the field.

The stretcher also will be equipped with a bariatric extender.



Performance Load 10 G Cot Loading System

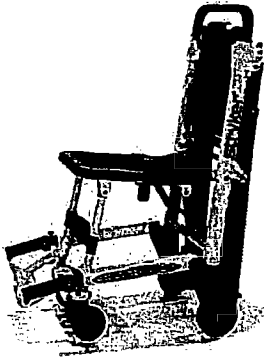
The Performance Load Cot Loading System lifts and lowers the cot into and out of the ambulance, reducing spinal loads and the risk of cumulative trauma injuries.

The Power-LOAD Cot Fastener System improves operator and patient safety by supporting the cot throughout the loading and unloading process. The reduction in spinal load helps prevent cumulative trauma injuries. Power-LOAD wirelessly communicates with Power-PRO cots for ease of operation and maximum operator convenience.

The Performance Load Cot Mounts protect the lives of both the patient and the caregiver during the loading and unloading process and secures the cot during transportation. The equipment also improves operator efficiency by reducing cot drift. The mounts are easily removable for maximum decontamination and lowered potential for biohazards.

Key features include:

- Eliminates the need to steer the cot into and out of the ambulance.
- Minimizes patient drops by supporting the cot until the wheels are on the ground.
- Meets SAE J3027 dynamic crash test safety standards to provide maximum occupant safety in the event of an ambulance accident.
- Features an easy-to-use manual back-up system, allowing complete operation in the event of power loss.
- Lifts or lowers the cot into and out of the ambulance, eliminating spinal loads that can result in cumulative trauma injuries.



Stryker Stair-Pro

The Stair-Pro is designed to allow paramedics and EMTs to easily raise and lower a patient safely up and down stairs, while preventing lifting injuries of employees.

Bariatric Stretcher and TranSafe Bariatric Ramp

Maricopa Ambulance currently uses the Stryker bariatric stretcher, which uses motorized technology to raise and lower the stretcher, minimizing the effort required by EMTs and paramedics. The TranSafe ramp will use a motorized track to load the bariatric stretcher into the ambulance, allowing for an overall easier, more dignified transport process.

The ramp can be used in any ambulance and easily attaches to the exterior of the ambulance for EMTs and paramedics to place a standard or bariatric stretcher that will be automatically loaded into the ambulance using a motorized track.

The comfort and dignity of each patient is our utmost concern. The automated TranSafe ramp system allows our EMTs and paramedics to safely and smoothly load every patient, regardless of weight, into the ambulance.

Specialized EMS technology for bariatric patients is becoming increasingly necessary. Arizona's statewide obesity rate is 28.4 percent – an increase from 14.9 percent in 2000.

According to the Centers for Disease Control, 21,300 EMTs and paramedics are injured or become ill on the job each year, and 7,400 of those injuries are attributed to overexertion, which include back, neck and shoulder injuries. In fact, an ambulance worker is five times more likely to experience an overexertion injury than the average citizen.

Maricopa Ambulance will equip two of the ambulances dedicated to the City of Scottsdale with the Trans Safe system and will have two specialized Stryker bariatric cots available.



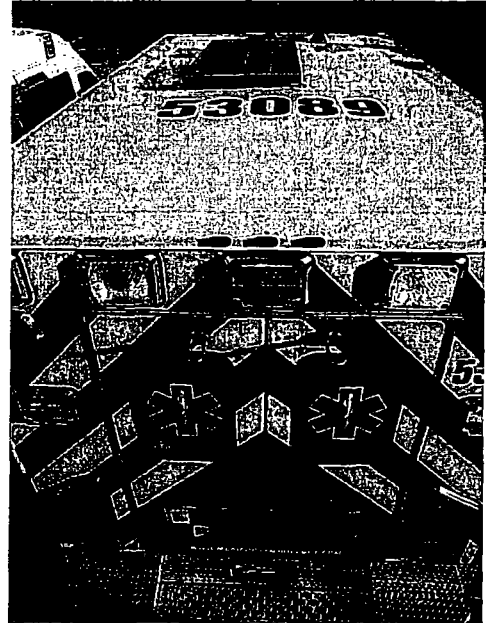
Cab Camera

Scottsdale ambulance will be equipped with rear cab cameras that allow the paramedic and EMT drivers to see what is happening on the inside of the back of the vehicle on a closed-circuit monitoring system. This allows for greater communication and monitoring between the paramedic in the back treating the patient and the driver of the vehicle.

Solar Panels

Each of Maricopa Ambulance's ambulances will have solar panels on the top of the vehicle to supplement the energy to reduce the carbon footprint and to provide a backup system for ambulance technology. Along with the environmental benefits, using solar panels to help maintain battery charge have the following benefits as they reduce:

- Operating hours on the vehicle motor
- Maintenance costs
- Fuel consumption
- Diesel engine emissions
- Energy use at the station as the vehicle can be outside during daylight hours in lieu of being plugged into a shoreline



Pediatric Restraints

The Pedi Mate Pediatric Restraint System quickly adapts any ambulance cot for the safe transport of children ranging in size from 10-100 pounds.

Please see Appendix F for vehicle and equipment specifications sheets.

FLEET SAFETY FEATURES

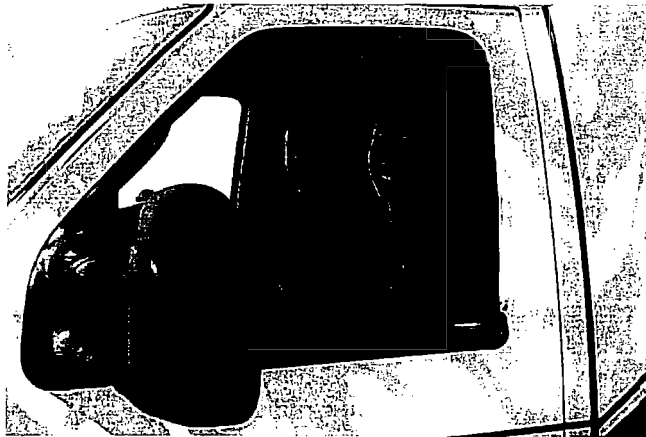
Safety is our top priority for Maricopa Ambulance and Priority Ambulance. Our corporate philosophy throughout our national service area is S.A.F.E. (Safe. Accountable. Friendly. Efficient), which signifies the high priority that we place on the safety of our vehicles and the training that we give our employees to provide the best care.

We know the City of Scottsdale shares this commitment to safety and are pleased to have the opportunity to partner with the city to help protect the citizens of Scottsdale. That safety starts with ensuring that our vehicles have the latest safety features and that our EMTs and paramedics receive the appropriate training on driving safety.

Ambulance Safe Driver Training

Maricopa Ambulance requires that every employee receive Company Equipment and Vehicle Operation (CEVO) training upon hire and recertification annually. The course includes classroom work and practical driving training and is specifically designed for emergency medical services vehicles.

The Coaching System CEVO 3 Ambulance Certification Classroom portion covers the following topics:



- Comprehensive coverage of collision-prevention techniques, including:
 - Cushion of safety
 - Scanning
 - Vehicle positioning
 - Handling blind spots
 - Parking procedures and more

- Comprehensive coverage of collision-prevention techniques, including:
 - Vehicle Inspection
 - Vehicle handling and design characteristics
 - Emergency and non-emergency driving differences
 - Safety at the scene

Additionally, the CEVO 3 Ambulance Certification course includes a practical driving portion with a certified instructor.



StreetEagle Low Force Driving System

The StreetEagle mobile resource management platform provides a complete set of driver behavior measuring tools to help monitor current performance and create company-wide benchmarks. Real-time performance alerts and historical driving reports deliver the information needed to ensure compliance with established safety standards and save money on fuel and vehicle maintenance costs.

- **Keep informed on potentially costly driver behavior violations**
StreetEagle automatically alerts management when unsafe driving practices happen, such as speeding, hard braking, sudden acceleration and fast cornering as it's happening. Management can take action immediately or retroactively with detailed Driver Behavior reports.
- **Monitor driving against actual posted speeds**
In addition to setting speed thresholds to be notified whenever a driver moves too fast, StreetEagle will also monitor driving speeds against the posted speed limits to help avoid citations and unnecessary accidents in residential areas or on secondary roads.
- **Coach drivers to recognize safety violations with in-vehicle buzzers**
In-vehicle alarm buzzers are programmed to sound an alarm when driving violations occur. Drivers learn to recognize unsafe tendencies and consistently improved driving performance is the result.

StreetEagle's Driver Safety features include:

myScore® Driver Safety Solution

Maricopa Ambulance operates the mobile driver score platform from StreetEagle to support a safety-first culture.

myScore transforms driver safety into a friendly competition among employees to foster a sense of ownership and pride in positive safety records. myScore is a set of interactive tools that delivers precise driver scoring data directly to employees and supervisors – allowing them to compare individual performance to other team members or to an entire group.

Access to accurate driving metrics from anywhere means that managers always know whether your organization's performance standards are being met, and if not, have the data to analyze further.

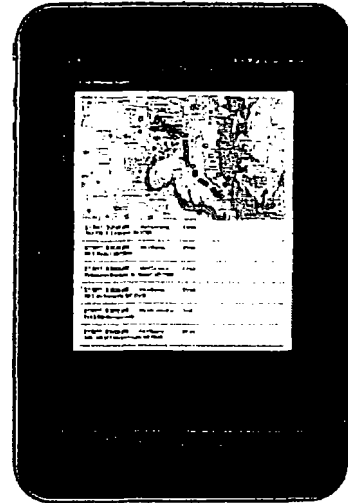
myScore Mobile

myScore Mobile is an online, mobile-optimized portal for drivers and managers to log in and view scores across a variety of critical performance categories, including:



- **Driver behavior** – including precise measurements on acceleration, braking and cornering
- **Speeding** – comparing against posted speeds, and how much over limits
- **Idling** – accumulated “engine on” to pinpoint wasteful habits

myScore Mobile gives each driver a score according to his/her adherence to company-wide standards, reveals trends in both individual and team driving behaviors and ranks team members against each other to foster healthy competition and encourage driver safety excellence.

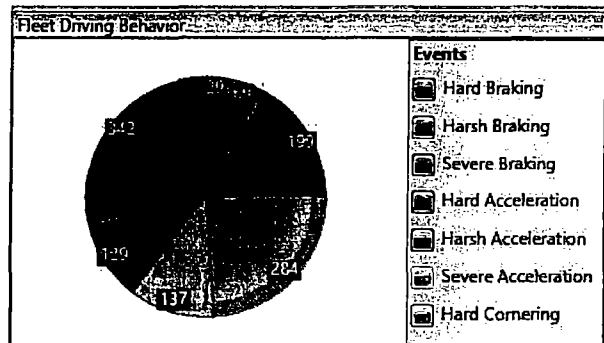


Driver Behavior Reports and Alerts

StreetEagle’s Driver Behavior Monitoring report provides information needed to define and maintain company-wide safety standards. These valuable reports provide information to ensure compliance with company driving safety standards and save money on fuel and vehicle maintenance costs.

The driver behavior reports and alerts allows Maricopa Ambulance to:

- Benefit from more detail and clarity than other “driver scorecards”
- Know instantly when, and where, speeding and idle time violations occur
- Receive alerts on mobile devices or office PCs for unsafe driving practices such as speeding, hard braking, sudden acceleration and fast cornering
- Compare vehicle speeds to posted speed limits, to make sure drivers aren’t risking accidents on residential and secondary roads
- Set specific thresholds for data collection, depending on your unique vehicle types and business requirements
- Use accurate, real-time data to define and maintain organizational driving safety standards
- Compare performance of individual drivers to overall fleet averages

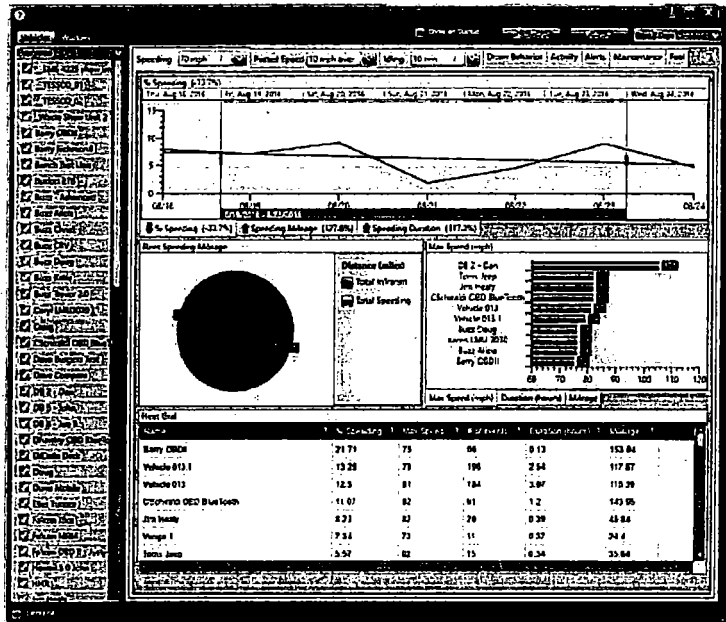


KPI Dashboard

StreetEagle's KPI Dashboard compiles valuable, real-time mobile work data and configures the display according to business needs and priorities. From basic vehicle metrics such as driving time, mileage, speeding and idling to more advanced analytics like driver behavior events and fuel usage, the Dashboard reveals driving performance on an individual or company-wide level and automatically tracks the data for trending and benchmarking.

The KPI Dashboard provides business insight into:

- Overall utilization of fleet vehicles including mileage, runtime, travel time and more
- Driver behavior events to evaluate fleet's overall road safety, and identify the riskiest drivers
- Speeding activity across entire fleet
- Idling activity to identify wasted fuel and unnecessary runtime
- Monitor trends to see improvements (or lack thereof) in acceleration, hard braking, idling, speeding, and cornering
- Measure trending performance by an entire fleet, group of vehicles, or individual
- Restraint and Injury Prevention Systems



Fleet Diagnostics and Maintenance

StreetEagle Vehicle Diagnostics

StreetEagle Vehicle Diagnostics delivers accurate, time-stamped vehicle and driver data, maintenance records, fuel efficiency and consumption data and driver behavior analytics, via analytic reports, real-time alerts to your smartphone or populated directly into the SE Maintenance module. With the right data, Maricopa Ambulance can analyze both backwards and forwards – reviewing past performance for improvement opportunities, or proactively addressing maintenance needs before they become costly problems.

Leverage SE Vehicle Diagnostics, when integrated with SE Maintenance, to gain insight into:

- True odometer and engine run time to diagnose vehicle health
- Total fuel consumed and fuel economy data
- Engine speed (RPMs)



- DTC diagnostic codes
- Fluid temperature readings (for oil and coolant)
- Real-time notifications for seat belt usage violations
- What aggressive driving is actually costing (comparing fuel economy and maintenance costs to driver behavior data)

StreetEagle Maintenance

StreetEagle's automated vehicle maintenance provides fleet managers with a hands-free reminder of scheduled vehicle maintenance events. Automatic email alerts warn managers of upcoming items needing service and service reports provide a detailed maintenance checklist for the entire fleet.

- Unlimited scheduled maintenance profile definitions for oil changes, tires, inspections, etc.
- Schedule based on any combination of elapsed mileage, engine operating time, and/or calendar time.
- Track and record vehicle maintenance expenses for budgeting and planning purposes.
- Total Engine operating time and vehicle odometer synced within StreetEagle allows managers to determine the longevity of the vehicles in your fleet.
- Avoid Unforeseen repairs.
- Maintain a healthy fleet.
- Access the mechanical fitness of your mobile equipment.
- Take the guesswork out of fleet maintenance operations.

The StreetEagle maintenance and vehicle diagnostic systems complement Maricopa Ambulance's preventative fleet maintenance software through Operative IQ. The Street Eagle software suite provides vital data, including fuel usage and economy data and driver behavior records, to the full Operative IQ fleet management software, which allows managers and employees to digital report and track maintenance issues and houses all preventative maintenance schedules.

Operative IQ Fleet Tracking

Operative IQ software allows the fleet manager to track complete maintenance histories, out-of-service time, scheduled preventive maintenance and vehicle health. Crew members may submit maintenance requests directly to the fleet manager via the system. The system also allows for warning messages to be automatically sent to appropriate personnel if a critical vehicle fault is detected.

The software was specifically designed by leadership for the fleet maintenance of ambulance vehicles at Maricopa Ambulance's sister company, Puckett EMS. Maricopa Ambulance has access to the founders of the country's leading fleet maintenance and supply maintenance software to assist in the implementation of the system.

The database will assist Fleet Services in ensuring registrations and preventive maintenance (PVM) schedules are current and that repair and other routine checks are done in a timely fashion. Operative IQ will automatically flag a unit file when the maintenance checkup is due. It will note any

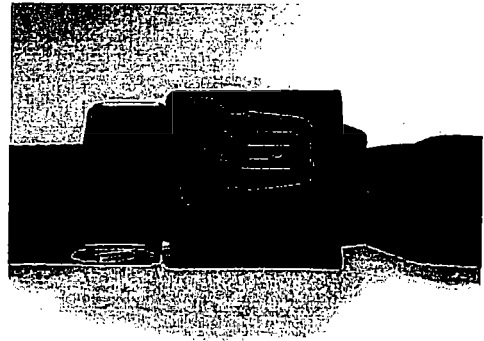
unusual circumstances in the vehicle history file, which allows mechanics to continually evaluate, monitor and update the historical performance of each unit.

Operative IQ will pinpoint recurring problems, generate service notices for maintenance personnel to ensure accuracy, organize vehicle and equipment downtime based on necessary maintenance, schedule equipment or vehicle maintenance based on miles, hours and/or days, establish documentation for legal purposes, and generate reports for contract audit and cost control. All computer files are backed up daily.

Restraint and Injury Prevention Systems

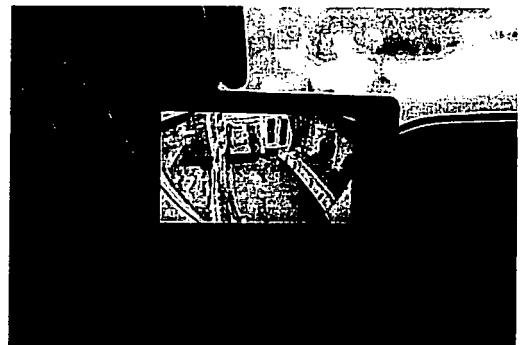
BuckleGarde

For patient and crew safety, Maricopa Ambulance implements BuckleGarde technology on all stretchers. A BuckleGarde ensures that only the EMT or paramedic with the key will be able to unlock the strap buckles and remove the stretchers in an ambulance. With behavioral health patients or patients experiencing confusion or intoxication, this will ensure the patient is restrained in a safe and dignified way and that the patient remains inside the vehicle until arriving at the destination. The BuckleGarde protects the safety of the patient and the medical employees.



Patient Compartment Camera System

All Maricopa Ambulances are equipped with patient compartment cameras (non-recording) that transmit to a screen easily viewed by the driver in the event of an ongoing occurrence in the patient compartment.

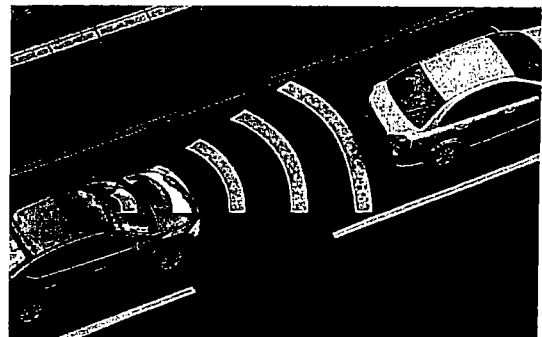


Max Speed Governor

Maricopa Ambulance uses a max speed governor for its ambulances that cap the speed allowed at 75 miles per hour.

Safe Drive Systems Collision Avoidance System/Lane Departure System

SDS RD-140 is an advanced driver assist system (ADAS) based on the latest radar and camera technology. The system quickly analyzes road conditions to give advanced warning of adverse conditions and keep attention on the road. Using a single black-and-white camera module, the system detects lane departure and provides object recognition capabilities by using a state-of-the-art radar module, which alerts for Headway Monitoring & Warning (HMW).



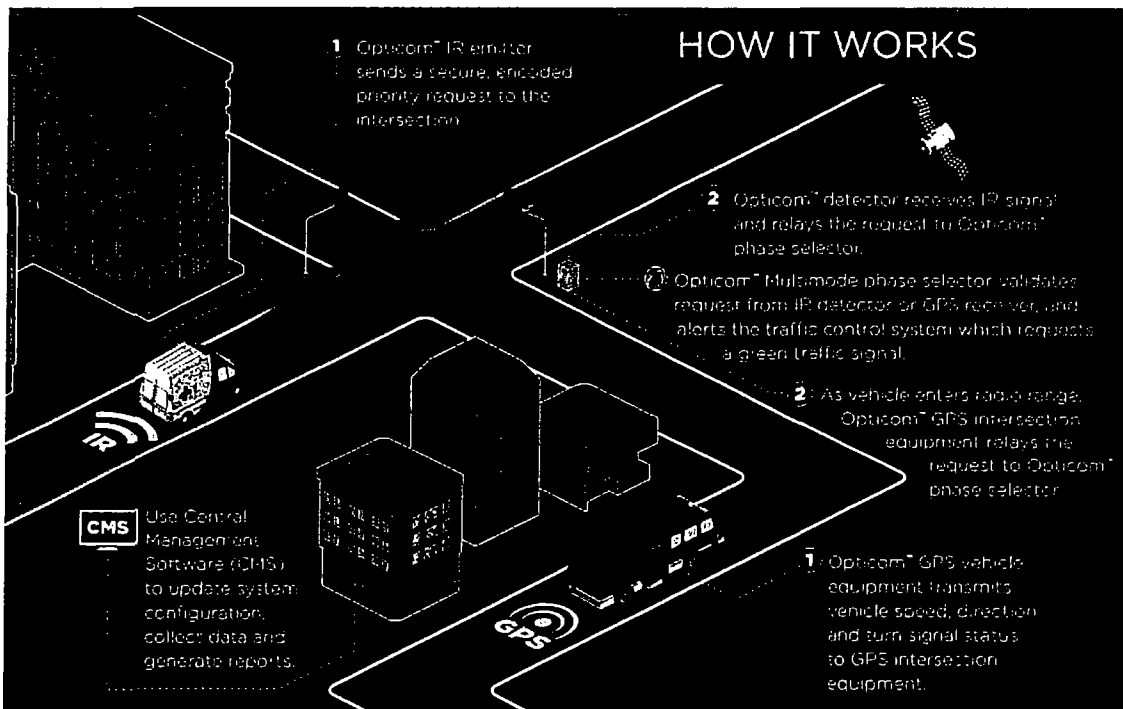
The SDS system provides advanced Forward Collision Warning (FCW) and Lane Departure Warning (LDW). The system provides up to five seconds of early warning, allowing the driver to take corrective action in time to avoid an accident.

Backing Safety System/Backing Camera System

Every Scottsdale ambulance is equipped with backing cameras and audible warning devices.

Opticom System

Maricopa Ambulance will purchase and install all equipment necessary to activate the Opticom Traffic Signal Preemption System, which is required on all Scottsdale dedicated ambulances to the specifications approved by the City of Scottsdale. This will be provided on all ambulances, including backup ambulances within the system.



Vehicle Storage Facility

Maricopa Ambulance fleet maintenance and storage lot is located at its newly renovated company headquarters at 10243 North 19th Ave.

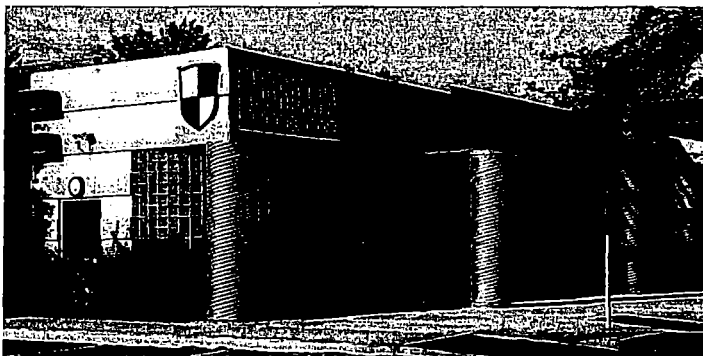
Maricopa Ambulance's headquarters is 7,251 total square feet, which includes a 2,010-square-foot ambulance bay, which can house up to six ambulances, as well as a 5,241-square-foot office area that houses offices for Maricopa Ambulance leadership

and break areas for EMTs and paramedics. The ambulance bay also includes the fleet maintenance department that will conduct repairs and preventive maintenance on the fleet. There are four ambulance lifts in the maintenance department.

Maricopa Ambulance's vehicle storage area also includes a gated exterior ambulance lot, which can hold up to 20 ambulances.

Maricopa Ambulance's vehicle storage facility is a secure facility. The exterior ambulance lot is secured with a gate, and employees of Maricopa Ambulance must enter a code into a keypad for access into the exterior storage lot for the ambulance. Additional keycode access is required for the ambulance bay and the office space that is granted only to employees of Maricopa Ambulance. The doors to the ambulance lot and ambulance bay are secured 24-hours-per-day, seven days a week. The exterior and interior of the facility are also monitored with security cameras at all times.

Please see Appendix G for blueprints of Maricopa Ambulance's vehicle storage facility and office space.



Maricopa Specification

A1.0 SCOPE, PURPOSE AND CLASSIFICATION

A1.0.1 SCOPE

This specification covers a new commercially produced surface emergency medical care vehicle(s), herein referred to as an “ambulance” or “vehicle”. This vehicle shall be in accordance with the Ambulance Design Criteria of the National Highway Traffic Safety Administration, United States Department of Transportation, and Washington DC. This specification is based on current KKK - A1822 - E revision. It is the intent of this agency to purchase vehicle(s) that are professionally engineered and designed. It is paramount to this agency that vehicle(s) presented be built by a reputable manufacturer with considerable experience in the ambulance manufacturing field. To this end, this agency requires that each manufacturer provide the following upon request:

- 1] A statement of fact, signed by an officer of the manufacturing company, disclosing that the manufacturer has delivered five hundred (500) ambulances within the last twelve (12) months of the date of this bid.
- 2] The size and location of manufacturing facilities and number of production staff.
- 3] Interior pictures to verify plant facilities.
- 4] A list of on-site engineering staff with educational accreditation.
- 5] ISO 9001:2008 Certification.

A1.0.2 PURPOSE

The purpose of this document is to provide the manufacturer with a set of specifications and test parameters that will meet the criteria to manufacture a vehicle as set forth by this agency. This agency seeks a vehicle that will deliver “fair value”. Fair value is defined by this agency as the manufacturer's ability to provide a safe, functional, and practical ambulance conversion that will work in junction with the chassis specified at a reasonable cost. The specifications within this document are a basis to deliver such a vehicle to this agency. This agency at its discretion shall assess the intangible assets of the manufacturer such as, but not limited to, after quality, delivery support, customer service, parts availability and warranty turnaround time.

A1.1 GENERAL

This is an engineer, design, construct and deliver type specification meeting the needs of this agency. Attention has been given to the engineering and design aspect of this specification that will attain our goal of fair value. It is the manufacturer's responsibility to deliver a product meeting the criteria as set forth. This agency reserves the right to increase the equipment

Maricopa Specification

quantities that are specified. In addition, other agencies will be permitted to purchase equipment under this contract as a result of this specification, unless prohibited under law.

A1.1.1 SITES OF WORK

Other than the chassis, specified accessories, and raw materials such as aluminum, wood, etc.; all shops and sub-shops shall be within the complex(s) that are directly owned and controlled by the primary manufacturer. Any assemblies including, but not limited to, upholstery, fiberglass, cabinetry, electrical, structural and paint application, that are performed or supplied outside of the primary manufacturer's location(s) must be noted. The name, address, and contact person supplying the primary manufacturer with the assemblies must be provided in writing to this agency. Non-disclosure will be sufficient grounds for rejection of bid or termination of contract. Ambulances or chassis' imported for consideration of this specification into the United States under the North America Free Trade Act must provide documentation of compliance with all United States laws applicable. Further, any import ambulance must be independently certified and tested within the United States to meet KKK-A1822-F certification.

A1.1.3 DEFINITIONS: The following definitions shall apply with regards to these specifications.

A1.1.4 PURCHASER: The end user of the equipment specified or the applicable purchasing agency acting on behalf of the end user.

A1.1.5 CONTRACTOR: The individual, firm, partnership manufacturer, or corporation to whom the contract is awarded by the Purchaser and is subject to the terms thereof. For bidding purposes the contractor, vendor, bidder, manufacturer are synonymous.

A1.1.6 EQUAL: This agency supports the design, engineering, quality and materials as specified in this document. This shall not prohibit the bidding of unlike product. However, any deviation from the specification must be marked and submitted per section A1.1.2. Failure to do so shall be deemed non-responsive.

A1.1.7 MANUFACTURER: The manufacturer within this specification shall be considered the "primary manufacturer" of the ambulance conversion. The chassis requirement as set forth in this specification is the responsibility of the primary manufacturer to procure. This agency considers the chassis platform as a conveyance for the ambulance conversion. It is imperative that the primary manufacturers procure the **exact** chassis from the chassis manufacturer. After market modifications by the primary manufacturer to achieve chassis specification will not be tolerated. This agency will require documentation from the chassis manufacturer pertaining to the chassis requirements for this agency. Failure to provide documentation after award and prior to construction may result in the termination of the contract. Expenses to re-bid will be the responsibility of the manufacturer in default.

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A2.0 SPECIAL CONDITIONS

A2.1 BIDDERS RESPONSIBILITY AND QUALIFICATION

A2.1.1

It is not the intent of these specifications to call for an unusual or experimental vehicle(s). The primary manufacturer shall have a minimum of 10 years of uninterrupted manufacturing of similar or identical vehicles to the specifications set forth in this bid.

A2.1.2

If requested by the purchaser, the primary manufacturer shall supply upon request a list of fifteen (15) agencies that have purchased similar or identical vehicles within the past year from date of bid. The list will have contact names and phone numbers.

A.2.1.4

The primary manufacturer shall be ISO 9001:2008 certified.

A.2.1.5

The primary manufacturer shall employ full time a Quality Control Manager whose primary function is to monitor quality.

A2.2 PAYMENT, DELIVERY AND ACCEPTANCE

A2.2.1

A deposit may be remitted with the order not to exceed ten percent (10%) of the total contract amount. This agency reserves the right to issue a binding municipal Purchase Order in lieu of a deposit. The choice to submit either the deposit and/or the binding purchase order will be that of this agency.

Prepayments or progress payments for any part or material after contract award may result in a termination of the award. The contract will be given to the next responsible primary manufacturer. It is the intent of this agency to do business with a company of sufficient financial means to meet the financial burdens necessary complete and delivery the vehicle as specified.

Unless otherwise requested, the primary manufacturer shall arrange over the road delivery of the completed vehicle to this agency's designated local address under the vehicles own power. Costs of transportation and preparation are to be included with the price as bid. The primary

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manufacturer, may as an option, offer a line item credit for pick up by this agency at their place of manufacture.

Payment in full will be made upon delivery once an inspection of the vehicle by this agencies authorized representative(s) confirms compliance with the specification. The delivery, acceptance inspection, and payment shall take place on the same day. In the event it is deemed necessary for this agency to inspect the vehicle(s) at the primary manufacture location, a temperature controlled inspection area separate from the production facility shall be available.

A2.2.2

All bid prices and conditions must be specified on the Bid Proposal Form.

A2.2.3

Bid prices shall be valid for sixty (60) days. In the unforeseen circumstance that this agency requires the primary manufacturer to extend pricing requirement; then it will be at the discretion of this agency to request in writing from the primary manufacturer any deviation in prices quoted. The primary manufacturer may revise pricing and state in writing reasons for any change and certify the amended pricing for sixty (60) additional days.

A2.3 BID EVALUATION

Bids received shall be evaluated by the Purchaser. This evaluation will be based on the following:

- Completeness of the proposal
- Manufacturing and Delivery schedule
- Primary manufacturer's demonstrated capabilities and qualifications
- Primary manufacturer's past performance on similar Bid Proposals
- Primary manufacturer's maintainability and recommendations
- Primary manufacturer's logistical and service support

A2.3.3

This agency seeks the highest level of value for the cost. To assure this agency is receiving such value the primary manufacturer must submit evidence of compliance with KKK-A1822-F testing parameters. The testing is to be performed by an independent testing facility and verified by person(s) with the standing of Professional Engineer. If further testing is required by any lawful agency of the Federal or State Government then it shall be incumbent upon the primary manufacturer to provide this agency with certification required.

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A2.3.4

This agency also recognizes Ford Motor Company's Qualified Vehicle Modifiers (QVM) accreditation. Therefore, regardless of chassis specifications the primary manufacturer must include with this proposal their current QVM certification.

A2.3.5

Internal testing performed and certified for a primary manufacturer will not be considered by this agency.

A2.3.6

The primary manufacturer may submit certification of all "member in good standing" of any public or private association that may have bearing on this specification i.e. AMD, NTEA.

A2.3.7

To insure that this contract is awarded to a primary manufacturer who has the resources to meet the performance and warranty criteria specified herein, the primary manufacturer shall state in the bid proposal if it is a public or private company. If the primary manufacturer is privately held then it shall include the most current financial statement by a Certified Public Accountant not more than twelve (12) months old, or current financial statement of the parent company. If the primary manufacturer is a publicly held company or wholly owned by a publicly held company then it shall state what stock exchange and under what symbol it is traded under.

Note: In performing the evaluation, only information contained within the primary manufacturer's written proposal will be considered.

A2.4 CONTRACT AWARD

The Purchaser reserves the right to increase the number of vehicles or equipment specified under this contract. If awarded, the primary manufacturer agrees that additional agencies may purchase under the same terms and prices afforded by any contract arising from the bid award, unless prohibited by law.

A2.4.1

The purchaser has the right to waive any informalities, irregularities, and technicalities in procedure.

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A2.5 WARRANTY

This agency is concerned with the ability of the primary manufacturer to warrant the conversion after delivery. This agency expects a minimum of a fifteen (15) year modular construction warranty and twelve (12) months and twelve thousand (12,000) mile full warranty on the conversion. In addition, each manufacturer shall submit their various warranties and warranty options, if applicable, with the proposal for evaluation. Also, each primary manufacturer will supply the name and phone number of a contact person in the event this agency requires clarification of the submitted warranty documents.

The primary manufacturer will provide the location of the closest approved warranty center. Indicate to this agency, in writing, to be included with this proposal; the process to initiate and file a warranty claim.

A2.6 DELIVERY

The primary manufacturer will provide in writing to accompany this document a proposed delivery time. The delivery time proposal will include the transit time of the finished vehicle.

A2.9 INDEMNIFICATION AND INSURANCE

This agency seeks to mitigate future liability exposure; therefore, all primary manufacturers will submit their Certificate of Insurance for evaluation. This agency will only consider a primary manufacturer with a minimum of Ten Million United States Dollars (\$10,000,000.00 USD) that is based on a **PER INCIDENT** basis. This insurance shall be issued by a company rated "A" or better as reported in the current edition of Bests Key Rating Guide, published by Alfred M. Best Company, Inc. Aggregate liability coverage will not be considered regardless of amount. Failure to comply will be deemed non-responsive.

A2.10 FAMILIARITY WITH LAWS

The primary manufacturer will be familiar with all Federal, State and Local laws, ordinance, code rules and regulations that may in any way effect the work. Ignorance on the part of the primary manufacturer is not acceptable.

A2.12 DRAWINGS

The primary manufacturer shall provide a set of drawings that accurately depict the vehicle as specified. The drawings will show all exterior and interior planes with dimensions. Failure to comply will be deemed non-responsive.

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A2.13 EMPLOYEE STATEMENT

It is mandated by the United States Government that all employees currently and to be employed during the duration of this contract are not discriminated against because of their race, creed, color, sex, nationality origin and disability. Further, this agency must be satisfied that the primary manufacturer's labor pool is treated in a fair and equitable manner. Therefore, it will be the responsibility of the primary manufacturer to include a human resource statement outlining employment status, working conditions, and benefits.

A2.14 ANTI-COLLUSION STATEMENT

By signing this bid, the primary manufacturer agrees that this bid is made without any understanding, agreement or connection with any other person, firm or corporation making a bid for the same purpose and this bid is in all respects fair and without collusion or fraud.

3.0 TECHNICAL REQUIREMENTS CAB - CHASSIS

3.1 GENERAL VEHICULAR DESIGN, TYPES, AND FLOOR PLAN

The ambulance and the allied equipment furnished under this specification shall be the primary manufacturer's current commercial vehicle of the type and class specified. The ambulance shall be complete with the operating accessories as specified herein. It shall be furnished with such modifications and attachments as necessary and specified to enable the vehicle to function reliably and efficiently in sustained operation. The design of the vehicle and the specified equipment shall permit accessibility for servicing, replacement and adjustment of component parts and accessories with minimum disturbance to other components and systems.

3.1.2

The ambulance shall be a Type III, Class I, and shall be a chassis furnished with a two (2) door conventional cutaway cab. The chassis shall be suitable for subsequent mounting of a modular (containerized), transferable equipped ambulance body conforming to the requirements herein.

3.1.3

The design of the vehicle shall utilize floor plan "A" loading arrangement of patients into the patient compartment. All litters shall be loaded into position with the heads of the patients forward in the vehicle.

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3.2 VEHICLE COMPONENTS, EQUIPMENT, AND ACCESSORIES.

The emergency medical care vehicle, chassis ambulance body, equipment, devices medical accessories and electronic equipment to be delivered under this contract shall be standard commercial products, tested and certified, to meet this specification. The vehicle shall comply with all Federal Motor Vehicle Safety Standards (FMVSS) and

3.3 MATERIALS

Materials used in the construction shall be new and meet the quality conforming to this specification. Materials shall be free of defects.

3.4 VEHICLE OPERATION, PERFORMANCE, AND PHYSICAL CHARACTERISTICS

The following is a description of the cab and chassis that will meet the requirements of this specification. In addition, the chassis will comply with paragraphs 3.4.1 through 3.6.14 of Federal Specification KKK-A-1822F.

3.5 CHASSIS MANUFACTURER AND MODEL YEAR

The chassis shall meet the requirements of this specification. It shall be a 2017 Ford.

3.6 MODEL PHYSICAL CHARACTERISTICS

Vehicle:	Econoline	
Body Style:	Cutaway Dual Rear Wheel	
Drive Train:	Rear Wheel Drive	
Model Number body code:	E450/158" wheel base- E4F	
Gross Axle Weight:	Front 5,000 lb.	Rear 9,500 lb.
Gross Vehicle Weight	Rating 14,500 lb.	
Engine Type:	99S 6.8L EFI V10 gasoline	
Displacement	6.8 liters	

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Fuel System	Electronic Fuel Injected
SAE net HP	305hp @ 4250rpm
SAE net Torque	420lb-ft @ 3250rpm
Wheelbase:	158 inches
Transmission:	6 - speed Automatic, Electronic
Rear Axle Ratio:	4:56
Tire Size:	LT225/7516E, 2 front, 4 rear
Spare Tire Size:	LT225/7516E
Wheels	All including spare, steel 16.0 x 6.0
Brakes:	ABS System, Power Disc Brakes front and rear.
Engine Block Heater:	Code 41H
Alternators:	225 amp Alternator
Batteries:	Dual, 72-AH, 650 CCA
Fuel Tank:	Single 55 Gallon, aft of rear axle
Exterior Upgrade Package:	Code 18A
Interior Upgrade Package:	Code 18C
Dual Captain's Chairs:	Code M - Cloth Captain's Chairs
Cruise Control:	Code 525
Ambulance Prep. Package:	Code 47A
Steering:	Power
Radio:	Electric AM/FM/CD Radio w/4 speakers
Locks:	Code 948 Keyless/Alarm

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4.5 ELECTRICAL GENERATING SYSTEM

The vehicle shall be equipped with the OEM supplied 225 ampere alternator. The Primary manufacturer shall install a second 105 ampere alternator to supplement the OEM.

4.6 ENGINE AUTOMATIC HIGH IDLE SPEED CONTROL

The Engine high idle shall be regulated by the OEM supplied high idle speed control. The control shall be mounted in the cab console.

4.7 DRIVERS COMPARTMENT

The driver's compartment shall be as required by paragraphs 3.9.1, 3.9.2, and 3.9.4 of Federal specification KKK-A-1822-F as well as section 3.0 of this document. The cab shall be equipped with the chassis manufacturer's high back "captain's chair" with arm rests. The safety restraint system for the driver and passenger shall be installed by the chassis manufacturer. Modifications or substitutions of the chassis manufacturers cab seats or restraint system will not be acceptable.

4.8 OUTSIDE REAR VIEW MIRRORS

The vehicle mirrors should be firmly secured, vibration less rear view mirrors totaling at least one hundred and twenty five square inches. The mirror shall be OEM with the following description: Telescopic Trailer Tow with LH/RH Power Adjust Flat Glass & Manual Adjust Convex.

One (1)
5U-12-5000

Hoses, Heater, No Max, to Rear

Nomax heater hoses shall be installed.

One (1)
5U-70-0207

Heat/AC, F3, Combo, With Coolbar

The ambulance shall be equipped with heating, ventilating, and air conditioning systems that operate using re-circulated air and ambient air and shall be capable of maintaining interior temperature within the established comfort zone of 68 degrees Fahrenheit to 78 degrees Fahrenheit while operating between 0 degrees and 95 degrees Fahrenheit ambient. Environmental system components shall be readily accessible for servicing at the installed location. The airflow selector switch shall provide a high, medium and low setting. The switch shall be a common switch for both the heater and air conditioner. These environmental control switches shall be immediately accessible to the attendant while seated in the primary attendant seat located at the head of the primary patient.

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The module control thermostat shall be located on a removable panel above the action wall. The system shall automatically maintain the set module temperature every time the vehicle is operated. The combo air conditioning /heating shall be located in the top of the right front cabinet. The system shall have a custom "Cool Bar" to increase the efficiency of the system. The "Cool Bar" is a custom housing designed to hold a Hoseline condenser on the front of the module and allow for additional lighting mounted on the housing. The "Cool Bar" measures 65.38 inches along the rear (box side) and 40.5 inches on the forward facing side. The housing is 12.38 inches deep by 9 inches high. There are two Angled portions to allow for additional lighting for intersection clearing 17.55 inches by 9 inches at an approximate angle of 45 degrees. The condensers shall be Hoseline 2050D. They shall provide 2948 CFM of air flow across the condenser cooling coils with four 12VDC fans and provide 50,000 BTU's of cooling for the 12V side.

Primary manufacturers shall submit testing documentation from an independent laboratory for compliance with Federal Specification KKK-1822F with this proposal.

One (1)
X5-10-3201

Wheel Covers, Phoenix #NF12, Installed, E-Series

There shall be Phoenix Wheel Covers installed prior to delivery. They shall be model #NF12 and shall include the extender kit for the rear wheels, model #AP5.

One (1)
35-05-0159

Type 3 - 170" Module

VEHICLE BODY AND PATIENT AREA

BODY ACCOMMODATIONS

The ambulance body and patient compartment shall be sufficient in size to meet the requirements of paragraph 3.10.1 of Federal Specification KKK-A-1822-F. The interior layout shall be such that a technician can administer life support treatments to at least one person during transport. The modular body shall be (170") one hundred seventy inches in length and (95") ninety five inches wide.

PATIENT COMPARTMENT INTERIOR DIMENSIONS

Length: As measured from the bulkhead to the inside edge of the rear doors at the floor shall be at least (143") one hundred and forty three inches. There shall be at least (25") twenty five inches but not more than (30") thirty inches of clear space at the head of the primary patient, measured from the face of the backrest of the attendant's to the forward edge of the style one cot.

Width: Shall be measured after the installation of the street side cabinets will be (44 3/4") forty four and three quarter inches between the cabinet wall and the face of the squad bench.

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Height: The patient compartment shall provide at least (66") sixty six inches of height over the primary patient area from the floor to the ceiling.

One (1)
35-05-0170

Type 3 - 170" Module Body Construction

It is the intention of this agency to specify a modular body that is constructed solely of aluminum including side skins, roof skin, all structural box tubing, corner and roof extrusions, tapping plates, gusset plates, retention plates, doors, door extrusions, sub structure moisture barrier and drip rails. The modular shall be engineered, built and warranted by the primary manufacturer. This agency will not accept a proposal from a primary manufacturer, as defined within this document, that supplies a modular from an agency, builder, supplier, other than the primary manufacturer. This section shall be the construction parameters this agency has deemed as fair value. Primary manufacturers that deviate from these specifications may take exception as set forth in section A1.1.2.

The exterior of the body shall be constructed utilizing a full six sided box framework with a combination of high strength 6061-T1 and 6063-T6 alloy aluminum and having an outer surface of aluminum sheet with a temper and alloy of 5052-H32 for strength, weld integrity and corrosion resistance. The front, sides, and rear of the modular shall be configured from a single sheet of .090 aluminum. The one piece sheets shall be used to maximize integrity against dust, toxic fumes, cracking, and moisture penetration. The openings for doors, warning lights and exterior compartments shall be cut on the horizontal plane with a computer controlled plasma cutter for accuracy and integrity of temper. The roof and side skins shall be installed utilizing a very high bond adhesive to allow absorption of vibration and to eliminate "panning". The skins shall be welded to the interlocking extrusion framework at the outer perimeter of the sheets by a programmable robotic welder using a MIG welding tip and Argon gas.

The roof shall be a single .090 sheet of 5052-H32 alloy aluminum. The roof sheet shall be completely welded to the extruded roof assembly. The use of multi-section roofs shall not be acceptable due to the possibility of cracks causing environmental intrusion.

The roof substructure assembly shall consist of four perimeter roof rail extrusions, lateral roof bows and interconnecting corner caps. The roof rail extrusions shall be engineered and designed by the primary manufacturer and shall be double hollow of 6063-T6 .125 aluminum an integrated roof recess shall be incorporated to create a smooth transition from the one piece roof sheet to the perimeter drip rail. The perimeter drip rail shall be extruded as a design feature of the roof rail extrusion. The roof rail extrusion shall overlay the side skin by one half inch. The roof sheet shall be seam welded to the perimeter roof extrusion. The lateral roof bows shall be two inch by two inch by .125 square extrusions of 6061-T6 alloy aluminum. The structural members shall be located to support the roof skin on fourteen inches between roof bows. The roof bows shall interconnect with the roof rails and be continuously welded at all contact points. The finished roof shall incorporate a machine rolled crown of not less than one and half inches in

Maricopa Specification

height to provide additional strength and allow water run-off. A one inch by two inch by .125 6063-T6 extrusion shall be secured to the top of the vertical extrusions. The perimeter extrusion shall be welded to the vertical structures with a minimum of six inches of weld. An industrial adhesive shall be applied around the perimeter before the roof assembly is mated to the sill. The roof structure shall be attached to the sill and welded. To insure a complete contact with the industrial adhesive mechanical fasteners shall be employed to cinch the roof structure to the sill.

The corner caps shall be designed to interlock with the roof perimeter, vertical corner extrusions and roof sheet. The corner caps shall be cast aluminum made from matched metal dies to insure a smooth and pleasing appearance. The caps shall act as a stress relief device to absorb energy and disperse the force along the roof extrusions in the event of a collision. The outer edge DOT lights shall be installed as described in section 5.1.

The corners of the modular body shall be designed and engineered by the primary manufacturer and constructed of 6063-T6 alloy aluminum. The corner extrusion shall be double hollow with a minimum thickness of .125 and .250 at the outer corner. The extrusion is designed with a unique forty five degree angled appearance while maintaining very high strength and impact energy absorption. A polyurethane sealer shall be applied to seal the crevice between the corner extrusions and the side assemblies.

The side assemblies shall be reinforced utilizing 6061-T6 alloy aluminum two by two box tubing. The side structures shall frame a perimeter around all door openings and shall be a minimum of .125 in thickness. Intermediate skin stiffeners shall be located to preclude skin deformation. Additional gusset plates shall be .250 inch aluminum and shall be welded at all contact points between the corner assembly and the roof perimeter.

This agency is extremely concerned with purchasing a vehicle from a primary manufacturer who can provide the necessary service after sale. Therefore, as previously stated the modular shall have a fifteen year warranty and be engineered, designed and built by the primary manufacturer.

This agency is extremely concerned that the modular body be designed and built with the highest level of integrity and quality. Documentation and certification that the modular body being proposed meets Static Load Test Code for Ambulance Body Structure AMD Standard 001 must be included with this proposal.

Quality and Safety Documentation.

The ambulance manufacturer responding to this vehicle specification shall demonstrate to this Agency that the ambulance being proposed offers the highest possible quality and safety standards.

To meet this Agency's requirements for quality the Bidder shall provide documentation that the ambulance manufacturer has in place a quality management system that meets the requirements

Maricopa Specification

of the International Organization for Standardization (ISO). A copy of the ISO Registration Certificate shall be included in the bid response.

To meet this Agency's requirements for safety standards the Bidder shall provide documentation that the ambulance manufacturer has conducted "dynamic" testing to validate the design, manufacturing processes, materials and workmanship used in the production of the ambulance proposed in response to this specification.

To validate the materials, manufacturing processes, quality management system and workmanship utilized in the installation of seats, seat belts, secondary restraining devices, cabinet construction, oxygen cylinder retention and module to chassis attachment a Hygee sled test shall be performed. This test shall simulate a frontal impact to the ambulance module at a minimal impact force of 20 g. A test report from a third party testing agency independent of the ambulance manufacturer shall be submitted with the bid response proving compliance to this requirement.

To validate the materials, manufacturing processes, quality management system and workmanship utilized in the construction of the modular body the Bidder shall provide documentation that the ambulance manufacturer has conducted a side impact crash test. The Institute for Highway Safety (IIHS) Crash Test Protocol Version 5 shall be used as a guideline for this testing requirement.

The "target" vehicle (Ambulance) shall be struck by the "bullet" (SUV / Pickup Truck) vehicle at the fore and aft center of gravity of the target vehicle. To comply with the requirements of this specification the bullet vehicle shall be a SUV or pickup truck with a minimum gross vehicle weight (GVW) of at least 4,000 lbs. To provide this Agency accurate data in a "real world" environment the use of a Moving Deformable Barrier (MDB) and cart as the "bullet" vehicle is not permissible.

The "target" vehicle (Ambulance) shall contain instrumented Anthropomorphic Test Devices (crash test dummy) meeting the following requirements and seating locations.

1. Squad Bench Hybrid 3 ATD instrumented with head, chest, and pelvic accelerometers, upper neck load cell, chest potentiometer, and femur load cells.
2. Ambulance Cot - Hybrid 3 ATD instrumented with head, chest, and pelvic accelerometers, upper neck load cell, chest potentiometer, and femur load cells.
3. Street Side CPR Seat - Hybrid 3 ATD instrumented with head, chest, and pelvic accelerometers, upper neck load cell, chest potentiometer, lumbar load cell, and femur load cells.
4. Attendant Seat EuroSID 2 ATD instrumented with head accelerometers, upper neck, abdomen, and pubic load cells, and rib potentiometers.

For the purpose of determining PASS FAIL results the Injury Assessment Reference Values (LARVs) from FMVSS 208, FMVSS 214 and the Insurance Institute for Highway Safety (IIHS)

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shall be used. A test report from a third party testing agency independent of the ambulance manufacturer shall be submitted with the bid response proving compliance to this requirement.

The above requirements are in addition to the current minimum requirements for testing as outlined in KKK-A-1822.

Additionally, all welders employed by the primary manufacturer shall be certified to the American Welding Society Standard AWS D12, and certification documents must be provided if requested.

All body welds shall not only be inspected by the primary manufacturer but shall also be inspected by an outside engineering firm and said firm shall conduct another visual inspection and a dye penetration test designed to reveal any flaws or imperfections in the welds. Documentation on this process must be provided if requested.

One (1)
35-05-0180

Type 3 - 170" Module Vehicle Body Structure Spec

All parts of the ambulance body, as specified in paragraph 3.10.6 of Federal Specification KKK-A-1822-F, shall, where applicable, be of welded construction. Where fasteners are used in such areas as hinge attachment, hardware attachment, etc., the fasteners shall be ceramic coated aluminum and stainless steel. Any hole drilled into the modular body painted surface shall be coated with an ECK corrosion inhibitor prior to installation of the part.

Tapping plates of 6061-T6 alloy aluminum varying in widths of one quarter to one half inch shall be welded to the framing to secure the installation of equipment such as; cabinets, benches, partitions, cylinders, cot fasteners, etc. The body and panel joints shall be watertight and all openings between the chassis and modular shall be sealed. In addition a drip rail shall be supplied over each exterior compartment. The drip rail attached in such a manner as to provide for quick and easy replacement. Drips rails attached by mechanical fasteners shall not be used.

BODY MOUNTING

The mounting system shall not cause any chassis frame deformation. There shall be ten mounting points, five on each frame rail. The modular body shall have full perimeter welded sill rails of one half inch by two inch of 6061-T6 alloy aluminum and be attached to the vehicle utilizing one inch by three inch sill plates of 6061-T6 alloy aluminum. The modular body shall be welded to the sill plates at every exposed seam. At all outrigger mounting locations a double compression, neoprene rubber isolator mounts shall be used to minimize chassis vibration transfer to the modular body. The modular body and sill plates shall be attached to the frame rails using three quarter inch grade eight bolts. Any method contrary to QVM which may void the chassis warranty shall not be accepted.

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FLOOR

The floor shall be at lowest level permitted by clearances, but not more than thirty three inches from the ground. The floor structure shall consist of two by two by .125 structural box section with 6061-T6 alloy aluminum. The floor structure shall be welded with eight inches of weld at every joint. The openings created for the placement of exterior compartments shall have six inches of weld to insure a smooth surface to fit the compartment in the structure. Tapping plates of one quarter inch and one half inch of 6061-T6 aluminum shall be completely welded both sides to the floor assembly. The finished floor assembly shall be securely welded to the wall structures with eight inches of weld and skipped welded every four inches to the exterior compartments. All critical load points shall be reinforced with one quarter inch by three inch by four inch gusset plates. Above the floor channels there shall be an aluminum moisture shield .050 inches thick. The entire underside of the modular shall be sealed with a waterproof sealant. All hollow structural shapes or cavities shall be sealed utilizing an approved expandable foam.

The rear patient access shall be equipped with an exterior aluminum threshold mount to the lower door jamb. This threshold will protect the bottom door jamb, in addition the rear patient floor shall have a fourteen gauge stainless steel cot protector.

EXTERIOR STORAGE ACCOMMODATIONS

The exterior compartments shall be constructed of .090 aluminum and shall be formed by a computer controlled brake and shear to decrease the amount of welding to fully enclose the compartment. The compartment therefore, shall be water tight. The compartment shall be welded in place to the side and floor structure with an additional bracket welded to a bracket connecting the exterior wall two with the floor structure. The floor of the exterior compartments shall be at least two inches below the lower door frame lip to help prevent equipment from falling out should a door not be closed. The compartment floor shall be supported from beneath with one by two by .125 6061 T-6 rectangular tubing welded to the underside and the floor structure. All exterior compartments shall be vented above the floor line with machine stamp louvers. The exterior compartment shall be lockable with one key fitting all doors. The compartments shall be equipped with handle and door locks. Each exterior compartment shall be provided with a sealed light to be illuminated upon the door opening. The light shall be activated by a magnetic switch. A door open indicator light shall be visible on the driver's console. The compartment configuration shall be as described.

PATIENT COMPARTMENT SOUND LEVEL

Shall meet the requirements of paragraph 3.13.8 of Federal Specification KKK-A-1822-F.

Maricopa Specification

One (1)
35-05-2000

INTERIOR CABINETS -Duralite Construction, Wood

All vertical edges of cabinets shall be of an aluminum extrusion with a $\frac{3}{4}$ inch radius designed to free the interior of the patient's compartment of all sharp edges or projections. The face and inside of the cabinets shall be covered by a commercial grade laminate, adhered to the cabinet face by a high quality poly vinyl adhesive using a thermal press application. The wood, adhesive and laminate shall be pressed together at 200 degrees for four minutes in a thermal platen press. There shall be no voids of the adhesive between the laminate and the cabinet surfaces.

CABINET CONSTRUCTION

The interior cabinets, squad bench assembly, shelves and doors shall be constructed of Marine Grade Featherply plywood; due to the product's ability to be customized to fulfill the needs of this agency, the additional acoustical and thermal insulation properties, repair ability, and the safety factor of not producing sharp fragments or shards in the event of a serious collision. The thickness of the finished panels used to construct the cabinets, shelves and doors shall be $\frac{3}{4}$ inches including mica and adhesive. Any construction materials that provides anything less than $\frac{3}{4}$ inch panels in cabinet construction is not acceptable to this agency.

The squad bench lid shall be attached to the squad bench assembly via a stainless steel piano hinge the entire length of the bench. The squad bench shall be equipped with a locking device to automatically secure the lid upon closing. The patient compartment wall panel (behind the squad bench) and the cab compartment wall panel shall be constructed of $\frac{1}{4}$ inch plywood and covered with color coordinating high pressure laminate.

The cabinets shall be constructed using 8 mm dowels placed no farther than 32 mm apart. The dowels shall be a hardwood and pre-glued.

The doors on the upper cabinets shall be surface mounted with European hinges and 3mm edge banding. The doors on the center and lower cabinets shall be flush mounted using continuous stainless steel piano hinge and a 3 mm edge banding. All doors and cabinet openings shall be covered with a 3 mm edge banding with radius edges.

INTERIOR STOWAGE ACCOMMODATIONS

The interior of the patient compartment shall provide but not be limited to a minimum volume of thirty cubic feet of enclosed cabinets. Interior cabinet, shelf and compartment space shall be conveniently located for medical supplies, devices or other equipment. All interior cabinets shall be fully lined inside with high-pressure plastic laminate. The equipment and supplies necessary for airway management shall be within easy reach of the medic at the head of the stretcher. Interior cabinet dimensions are as described.

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One (1)
35-10-0100

10 Inch Extended Cab, 13" seat travel

The bulkhead cabinet shall be moved to the rear of the patient compartment to allow for 13 inches of cab seat travel.

One (1)
35-10-0921

Headroom, 72 in. Type 3 - 170" module

The interior headroom shall be a minimum of 72 inches.

Five (5)
37-00-0350

Coating, Scorpion X02, Exterior Compartments

The interior of the compartments shall be sprayed with Scorpion X02 rubber coating in a gray color. Scorpion X02 is a three component acrylic-reinforced aliphatic, aromatic polyurethane protective coating system. The product has high tensile strength, excellent abrasion resistance, superior elongation, high non-skid rating, and excellent UV stability and weathering characteristics.

One (1)
37-00-0360

Coating, Scorpion, Rear Bumper Supports

The rear bumper supports shall be sprayed with Scorpion X02 rubber coating in a black color. Scorpion X02 is a three component acrylic-reinforced aliphatic, aromatic polyurethane protective coating system. The product has high tensile strength, excellent abrasion resistance, superior elongation, high non-skid rating, and excellent UV stability and weathering characteristics.

One (1)
37-00-0470

Compartment, Battery, Scorpion Finish Ford E-Series

The exterior battery compartment shall be manufactured using milled aluminum. The compartment shall be scorpion coated to protect the compartment from battery fluids.

Four (4)
37-00-0500

Compartments, Floor 3" Drop Down from Door Opening

The bottom of compartments B1, B2, D and E shall drop down 3 inches from the door opening for maximum storage space in the compartment. This will also help prevent items stored in the compartment from falling out if on uneven surface.

Two (2)
37-00-0600

Compartments, Sweepout

The bottom of compartments A and F shall be flush with the door opening to provide for a sweep out design. Sweep out on compartment F shall allow for ease of loading the oxygen bottle.

One (1)
37-00-0710

Duraseam Doors, with Hidden Jamb

All door frames to be cut to size using a programmable double miter saw to ashore accuracy and repeatability of components. All latch, door pins, switch and tapped hinge holes are to be added

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to door frame and jamb by means of a programmable milling operation to maintain consistency of all hardware cutout positions.

The outer face of door shall be formed from one sheet of 5052-H32 aluminum. The door shall be flush with the body side. The outer skin shall be bonded to the door frame with structural adhesive that meets ASTM D 412 tensile strength, elongation, and elastic modulus. Adhesive to utilizes micro spheres to maintain a constant bond thickness around the inside skin edge to seal entire skin to frame. The door frame shall meet exterior skin with a smooth seamless transition. There shall be no seams or crevices on the door or door frame which allows the possibility of corrosion.

Both patient compartment and exterior compartment doors shall be provided with extruded rubber seal system consisting of a hollow cell bulb gasket. The gasket shall insert into an appropriately designed groove in the inner door extrusion. This will provide the best seal possible. Glued on seals or seals that are mounted to the compartment openings are unacceptable as they will easily be torn by loading of equipment stored in the compartments.

All doors shall be attached using minimum ¼-20 stainless steel hex bolts with stainless steel piano hinge with a pin size of at least 0.250 inch in diameter. The hinge must be punched with 0.265 diameter holes for exact fit of door to jamb with ¼- 20 hex bolts. Maintaining the close tolerances allows a replacement door to be fabricated that will match the old door bolt pattern that can be mounted in exactly the same place with the close tolerances.

All compartment doors shall be constructed the same as the entry doors to ensure continued door alignment and matched latching capabilities. All access doors must be encased by a door jamb that is separate from the body skin and bonded in place with the same structural adhesive as described in paragraph two on page one. After jamb is bonded to skin both skin and jamb are to be routed with the same radii as the door skin. After bonding to skin, the jamb is also welded to the 2" X 2" tubular body frame members. The door jamb shall be a 0.125"/0.380 thick 6063-T6 aluminum extrusion

The interior surface of the patient compartment doors (rear and curb side) shall be finished in a safe and attractive manner that harmonizes with the interior finish. The door panels shall be designed to allow removal without disturbing the door latching hardware. The door panels shall be attached using automotive speed clips in conjunction with foam pads to enhance sound deadening. Door panels must be flush fitting not overlay. Doors using pliable materials such as upholstery are prohibited due to greater risk of contamination by blood borne pathogens through stitching or when cut or torn.

The three (3) patient compartment doors shall be fitted with stainless steel, flush fit, "paddle latch" hardware on the interior and an "automotive style" handles on the exterior. The patient compartment doors shall be provided with a keyed lock and the rear doors and side door shall be lockable from the inside without a key per FVMSS. All patient compartment doors shall have emergency release handles to activate rotary latches in the event of door component failure.

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All entry and compartment doors shall be insulated with 2-1/2" thick closed cell block foam insulation.

When the doors are opened, the hinges, latches and door checks shall not protrude into the access area. All patient compartment doors shall employ the same type locking hardware. All door latches shall comply with requirements of FMVSS 206

The locking devices shall be two-stage rotary latches and shall be FMVSS 206 certified. Where applicable there shall be two door latches, one at the top and one at the bottom, controlled by a single locking handle. The Latches shall into an adjustable "Nader" type pin located in the door frame. The Nader pin will utilize a captive nut to provide adjustment and replacement without loss of nut plate. The locking system shall be activated from the locking handle by metal push rods.

The outside door handles shall be a rugged "automotive style" that are near flush with door skin. These handles shall provide adequate clearance for the use of gloves. The hand/ glove clearance area of the handle shall be a minimum of .812" deep and 4.125 long. On the curb side and rear doors, the inside handle shall be a "paddle style" type constructed from stainless steel and shall be equipped with an inside door lock. All exterior storage compartments and module entry doors shall be lockable with the same key.

The compartment and entry doors shall be painted separately from the body. The doors shall then be installed on the painted module jamb. A Corrosion inhibitor shall be applied to both the door frame and jamb side of the hinge leafs. Additional corrosion inhibitor to be applied in all screw holes in both door frame and jamb.

One (1)
39-A0-0472

A, Compartment, Split, Hoseline, 170" Module, 72" H.R

Compartment A is the passenger side forward compartment. The door opening dimensions shall be a minimum of 46.75 inches high and 21.00 inches wide.

The lower A is the battery compartment. The door opening dimensions shall be a minimum of 15.00 inches high and 27.25 inches wide.

One (1)
39-B1-0153

B1, Compartment 170" Module, 72" HR

Compartment B1 is on the passenger side just behind the rear wheel. The door opening dimensions shall be a minimum of 19.25 inches high and 15.50 inches wide. The interior dimensions shall be approximately 22.5 inches high and 18.00 inches wide and 15.50 inches deep.

One (1)
39-B2-0172

B2, Compartment, 170" Module, 72"H.R

Compartment B2 is the passenger side rear compartment. The door opening dimensions shall be a minimum of 81.75 inches high and 19.00 inches wide. The interior dimensions shall be approximately 85.0 inches high and 21.25 inches wide and 18.25 inches deep.

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One (1)
39-D0-0353

D, Compartment 3/4, 170" Module, 72" H.R

Compartment D is the driver's side rear compartment. The door opening dimensions shall be a minimum of 58.50 inches high and 30.50 inches wide. The interior dimensions shall be approximately 61.75 inches high and 34.00 inches wide and 17.00 inches deep.

One (1)
39-E0-0103

E, Compartment, 170" Module

Compartment E is on the driver's side just forward of the rear wheel. The door opening dimensions shall be a minimum of 37.00 inches high and 27.50 inches wide. The interior dimensions shall be approximately 39.00 inches high and 40.00 inches wide and 17.00 inches deep. The compartment shall have double doors.

One (1)
39-F0-0153

F, Compartment, 3/4, 170" Module, 72" H.R

Compartment F is the driver's side forward compartment. The door opening dimensions shall be a minimum of 58.50 inches high and 18.50 inches wide. The interior dimensions shall be approximately 61.75 inches high and 19.00 inches wide and 21.75/17.00 inches deep.

One (1)
3A-10-4000

Housing, Fuel Fill, Cast

A cast aluminum fuel fill housing shall be installed according to the chassis manufacturer's instructions.

One (1)
3F-10-1101

Divider, Vertical, B2, 3/16" Thick, Recessed Adjustable Track

One (1) vertical divider(s) shall be located in compartment B2. They shall be manufactured of 3/16 inch thick aluminum and be painted with scratch resistant gray rubber coating. The divider shall be approximately 11 inches wide and extend from the top of the compartment to the bottom.

One (1)
3F-20-1000

Shelf, Adjustable, (1), RF Cabinet

The exterior compartment shelf shall be manufactured from 0.125 inch aluminum. Each shelf shall have a 0.125 inch thick ribbed rubber mat. The shelf track shall be a heavy duty extruded aluminum. There shall be a shelf in the RF Compartment/Cabinet.

One (1)
3F-50-0200

Shelf, Fixed, Compartment E, for Electrical storage, No Divider

A fixed exterior shelf shall be located in the left center compartment "E" near the top of the compartment. It shall serve the sole purpose of holding electrical equipment.

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One (1)
3P-10-5201

Window, Upper, Curbside Slider, Rear Windows Fixed, W/Privacy Tint

The curb side door step well shall have a light recessed into wall one of the step well. It shall be automatically lit when the side and rear doors are opened. The light shall be activated by a switch. The step well shall be finished with a polished aluminum diamond plate. There shall be a window in each of the three patient access doors. The window frame shall be of an extruded aluminum design with a protective anodized finish. The curbside entry door window shall include a sliding window to allow for fresh air when needed. The two rear door windows shall have fixed glass. The glass shall have a privacy tint.

The curbside window shall have the following dimensions: 26 1/2 inches high and 19 1/2 inches wide. The rear windows shall be 22 1/2 inches high and 13 1/2 inches wide.

One (1)
3U-30-8000

Handles, Patient Entry, Trimark Black/Chrome "SafePass"

When the doors are opened, the hinges, latches and door checks shall not protrude into the patient compartment. All patient doors shall employ the same type of locking hardware. All door latches shall comply with FMVSS 206. The locking devices shall be two stage rotary latches and shall be in accordance with FMVSS. There shall be two door latches, one at the top and one at the bottom, controlled by a single locking handles. The latches shall lock into an adjustable Nader type pin located in the door frame. The Nader will utilize a captive nut to provide adjustment and replacement without loss of the nut plate. The door latching mechanism shall have an upper and lower patented "Emergency Release Latch" to allow egress from the vehicle if a system failure should occur.

The door handles shall be Trimark OEM style handle with a large enough space for gloved hands to operate the handle. The door handles shall be free floating with 1008 cold rolled steel mechanical components with Nitrotec treated wear components. The locks shall be a KeyOne Plus lock cylinder with a reversible key. The KeyOne Plus system allows the lock core to be removed with a special key and allows it to be rekeyed for additional security and keying fleets the same. The rear trailing door shall have a patented side release paddle handle that removes the necessity of reaching inside the patient compartment door. The door entry system shall have been tested to 100,000 cycles.

The locking system shall be from the locking handle by aluminum push rods. The patient compartment doors will be equipped with an inside door lock. All entry doors shall have horizontal aluminum reinforcements welded to the door frame and the entry doors shall have closed cell block foam insulation.

Seven (7)
3U-40-0510

Handle, Module Compartment, Trimark, Black/Chrome

When the doors are opened, the hinges, latches and door checks shall not protrude into the patient compartment. All compartment doors shall employ the same type of locking hardware.

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All door latches shall comply with FMVSS 206. The locking devices shall be two stage rotary latches and shall be in accordance with FMVSS. There shall be two door latches, one at the top and one at the bottom, controlled by a single locking handles. The latches shall lock into an adjustable Nader type pin located in the door frame. The Nader will utilize a captive nut to provide adjustment and replacement without loss of the nut plate.

The compartment door handles shall be Trimark OEM style handle with a large enough space for gloved hands to operate the handle. The door handles shall be free floating with 1008 cold rolled steel mechanical components with Nitrotec treated wear components. The locks shall be a KeyOne Plus lock cylinder with a reversible key. The KeyOne Plus system allows the lock core to be removed with a special key and allows it to be rekeyed for additional security and keying fleets the same. The compartment door entry system shall have been tested to 50,000 cycles. The door handle shall be mounted to the exterior door panel using mechanical fasteners and rubber gaskets that will eliminate the possibility of electrolysis. All doors shall have closed cell block foam insulation.

One (1)
40-10-1611

Hold Opens, Rear Doors, Cast, Grabber (2), 5.5"

The rear doors shall be held open by (2) 5.50 inch Cast Grabber. The U shaped piece shall be attached to the door. It shall enter into a rubber insert when the door is in the open position. A corrosion inhibitor shall be applied to the mounting holes prior to installation.

Seven (7)
40-10-7200

Hold Open, Gas Strut, Exterior Compartments, 30lb

Seven (7) Compartments shall have a 30 pound gas strut in lieu of a spring loaded hold open.

One (1)
40-10-7205

Hold Open, Gas Strut, RF Compartment, 30lb

The right front compartment shall have a 30 pound gas strut in lieu of a spring loaded hold open.

One (1)
40-10-7750

Hold Open, Gas Strut, CS Entry Door, 35lb

The curbside access door shall have a gas strut hold open to hold the door at approximately 90 degrees.

One (1)
45-10-4505

Panels, Entry, Durasafe, Stainless Steel, w/ Chevrons

The upper and lower portion of the curbside and rear access door panels shall be brushed stainless steel. The center shall be reflective chevron covered aluminum.

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One (1)
4A-10-3001

Flare, Fender, Bright Finish

Bright finish aluminum fender flares shall be provided around the rear wheel well openings to provide protection from wheel wash. A corrosion inhibitor shall be applied to the mounting holes prior to installation.

One (1)
4F-10-9001

Bumper, Rear, W/Skid Plates & Flip Up Step, W/LED DOT lights

The chassis manufacturer shall supply the vehicle's front bumper. The rear bumper and step assembly shall be a single unit constructed of ten gauge steel "C" formed channel and .100 inch thick aluminum tread plate as measured at the thinnest point of the tread plate. The center step of the bumper assembly shall be designed to allow it to flip up and out of the way to facilitate patient loading. The flip up section of the rear bumper shall be diamond plate to meet the requirements of KKK-A-1822-F specification. The diamond plate flip up step shall be punched with three rows of raised star-shaped holes to create additional non-skid surface. A 1.5" x 2" x 0.125" aluminum box tube shall be welded inside the step full width on the side farthest from the rear of the vehicle. A stainless steel hinge with a center pin of .250 inch shall be used to attach the flip up section of the rear step to the main rear bumper assembly. There shall be eye beam constructed skid plates with tow eyes mounted as part of the frame of the bumper. This assembly shall be bolted to the frame of the chassis with 5/8 inch Grade 8 bolts. There shall be a one half inch clearance between the bumper assembly and the rear of the modular body to allow water drainage and inhibit water collection. There shall be a two inch red LED marker light on the street side and curb side of the bumper assembly. These lights shall be a sealed unit and the connectors protected with an adhesive heat shrink. The lights shall illuminate with the vehicle head light control.

One (1)
4K-10-4001

Running Boards, W/Gator Grip Center

Diamond plate running boards shall be installed just under the cab doors for both the driver and passenger. The diamond plate step shall be punched with rows of raised star-shaped holes to create additional non-skid surface. The boards shall allow for easy entry into the cab.

One (1)
4U-10-9210

Skirtrails, Extruded Rubber W/Reflective Tape

Extruded aluminum channel with extruded rubber insert shall be provided on street side and curbside of modular body. The rails shall be installed along the lower edge of the body. The rails shall be offset from the sides by a minimum of one quarter inch to allow water and road wash not to collect between the rail and modular rail. Rubber spacers shall be used to install the rails to eliminate the possibility of electrolysis. A corrosion inhibitor shall be applied to the mounting holes prior to installation.

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One (1)
4U-10-9500

Tape, Reflective, White, For Extruded Rubber Skirtrails

Reflective tape shall be inserted into channel in extruded rubber skirtrail and secured with stainless steel screws at each end. Color shall be white.

One (1)
4U-11-2000

Stone Guard, Front, Diamond Plate, 13.38"

The lower front corners of the patient compartment shall have stone guards attached to the corner extrusion. They shall be diamond plate aluminum and extend from the bottom edge of the corner extrusion up approximately 13 inches. A corrosion inhibitor shall be applied to the mounting holes prior to installation.

One (1)
50-10-2105

Kickplate, W/Recess, No Light Holes, Duraseam

Above the rear bumper and below the rear doors, there shall be a full length riser of aluminum diamond plate for a protective kick panel. The kick panel shall be securely fastened with ceramic coated stainless steel screws to inhibit rust that could result from electrolysis and run the full rear width of the module. Pop rivets are not acceptable. There shall be a recess in the center of the kick plate for the installation of the tag holder.

One (1)
55-10-3000

Holder, License Plate, Cast, C30002

A Cast Products license plate holder shall be installed in the rear kickplate.

One (1)
55-30-4001

Sill Protectors, Stainless, All Compartments

All compartments shall have a stainless steel sill protector. The sill protectors shall be manufactured from 20 gauge stainless steel and cover the bottom door frame protecting it from scratches.

One (1)
5A-10-1001

Mud Flaps, Rear, W/Manufacturer Logo

Wheeled Coach Logo mud flaps shall be installed just behind the rear tires.

One (1)
5F-10-0000

PAINT/BELTS:

PREPARATION FOR PAINTING, COLOR AND MARKINGS

10.1 Color, Paint and Finish. Ambulance body and all attached equipment exterior surfaces, except polished metal parts, shall be thoroughly cleaned, treated, and coated with a firm primer and preservative with rust inhibiting properties, and painted white to match the OEM chassis. Ferrous metal interior surfaces shall be painted or, when not exposed for painting, shall be treated or coated to resist corrosion.

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The final stage manufacturer's painted components shall have a paint film not less than 1.25 mils thick and a minimum total thickness of 4 mils., including primers. The final film of painted surfaces shall be smooth and uniform, free of grit, streaks, blushing, runs, sagging, blisters, "fish-eyes," "orange peel", pinholes, or other surface irregularities. Exterior finish paint shall not be required on the underbody and inside surface of the body skirting. The modular body shall be painted with an AkzoNobel (or equal) high quality automotive polyurethane acrylic paint.

10.1.1 All modular body doors shall be removed prior to paint and shall be painted separately from the modular body. After painting, the doors are to be re-installed. The doors shall be painted using the same method as the modular body.

10.2 Modular Body Preparation. The entire exterior of the modular body shall be cleaned and prepared for painting according to the following minimum requirements:

10.2.1 Substrate Preparation:

- The modular body shall be thoroughly degreased using an acetone degreaser and the wipe on – wipe off method.
- Any areas that require filling will be first be abraded with 80 grit sandpaper using a DA orbital sander. If any welds require grinding, 24 grit paper shall be used. Any plastic filler used shall be mixed and applied per Manufacturer's instructions. After filler application, the surface shall be prepared using 80 grit sandpaper followed by 120 grit paper using a DA orbital sander.
- A minimum of two (2) coats of Wash primer EMCF shall be applied to all plastic filler areas allowing to flash five (5) minutes between coats.
- The Wash primer shall be sanded with 320 grit sandpaper using a DM orbital sander.
- A fine textured glazing putty shall be used to fill any additional surface flaws, pinholes and/or scratch marks. After curing, the surface shall be sanded with 320 grit sandpaper using a DA orbital sander.
- The substrate shall be sanded with 180 grit sandpaper using a DA orbital sander to remove any final imperfections.
- The modular body shall again be thoroughly degreased using M-600 degreaser and the wipe on – wipe off method.
- All corner extrusions and the top drip rail to be caulked as necessary.

10.2.2 Aluminum Pretreatment. The modular body shall be pretreated with a chromium free conversion coating that is specifically formulated for treating aluminum and its alloys. Prior to the pretreatment application, all diamond plate is to either be removed or properly masked to prevent staining. After application, the modular body shall again be thoroughly degreased using M-600 degreaser and the wipe on – wipe off method.

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10.2.3 Wash Primer. The modular body shall be primed with a medium build, chromate-free, self-etching wash primer that offers excellent corrosion resistance without the use of metal preps and conditioners. There shall be a minimum of two (2) medium wet coats applied allowing a five (5) minute flash between each coat. The final coat shall be allowed to flash for 30 minutes. The primer shall be sanded with 320 grit sandpaper using a DA orbital sander or 400 grit dry sandpaper by hand. After sanding, the modular body shall again be thoroughly degreased using M-600 degreaser and the wipe on – wipe off method.

10.2.4 Sealer. To enhance the adhesion between the substrate and top coat of paint, a transparent sealer/adhesion promoter shall be applied to the modular body. A minimum of two (2) wet coats of sealer shall be applied. The initial coat shall be allowed to flash 10 minutes before the application of the second coat. Once the sealer has cured, the body is to be sanded smooth with 320 grit sandpaper using a DA orbital sander.

10.2.5 Top Coat. The top coat of paint shall be a high solid two-component polyurethane enamel, suitable for automotive refinishing, trucks and equipment. Paint shall provide an easy application with excellent flow along with superior gloss and durability in a two-coat application.

10.26 Final Sand and Buff The entire exterior surface of the module shall be sanded with a minimum 1200 to 1500 grit sand paper and then followed by 3000 grit wet sandpaper. The exterior of the module will then be polished using the 3M 3000 buffing system with 3M Perfect-It III buffing compound to provide a smooth, high gloss final surface finish. This process shall provide a smooth, high gloss finish that is resistant to scratching and chipping. If proper vehicle care is taken.

10.3 Color Standards and Tolerances. Shall be as required by paragraph 3.16.2.1 of Federal Specification KKK-A-1822F.

10.4 Salt Spray Resistance. Shall meet the requirements of paragraph 3.16.3 of Federal Specification KKK-A-1822F.

One (1)
5F-10-48SP

Paint, Two Color, Beltline Down

Unit is to be painted to two colors from the beltline down to match the existing fleet.

One (1)
5P-10-5001

Roof Star, White Border, Installed

A "Star of Life" of no less than 32 inches and conforming to KKK-1822F section 3.16.4.C shall be installed on the ambulance rooftop.

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One (1)
5P-10-50SP

Install Dealer Supplied Custom Graphics

The units are to be lettered and have graphics applied to match existing fleet.

One (1)
5V-10-0000

ELECTRICAL SYSTEM: Circuitboard

The emergency medical vehicle's electrical system must meet KKK-A-1822-F Section 3.7.1. This agency will specify systems, components, materials, and production methods within this section.

The driver and patient compartment control consoles shall be constructed in a way that the switches and any gauges are easily serviced. They shall be accessible through service panels. These panels will be secured in the closed position in a positive manner, yet can be easily opened for service.

The control console gauges shall be internally illuminated and controlled by the headlight switch rheostat. All lights and fixtures installed on the module exterior shall have a corrosion inhibitor applied to all mounting holes prior to installation.

The driver and patient console shall incorporate full size "Euro-Style" rocker switches. The switch assembly shall be 1.97 inches tall by 1.064 inches wide with silver plated copper contacts and a .250 inch spade type terminal. The rocker switch shall incorporate a LED indicator lamp and rated at 15 Amps continuous service. The switch and rocker shall be of a thermo set molding material. The complete switch assembly shall be designed to withstand one thousand (1,000) volts RMS dielectric test. The switches shall have a positive "throw" feel and an audible click upon activation and deactivation.

The rocker switches, as described in section 4.1.3, shall have integrated label lens area that is illuminated by two independent LED's. The LED brightness shall be controlled by the headlight rheostat. The label shall be white legends on black poly carbonate background.

The OEM throttle monitor shall be mounted in the primary manufacturer's console. It shall be mounted to be easily accessible to the driver.

WARNING INDICATORS

The electrical system shall incorporate a warning light panel in the driver's console. It shall provide indicator lights for showing when a patient compartment door(s), side and rear, are open. This shall be a flashing red LED light. There shall be an exterior compartment "door open" warning light. This shall be a flashing red LED light of the same size.

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A battery indicator light shall be provided. It will be a green light located in the warning light panel. It shall illuminate when the battery switch is in the "ON" position. The light shall be "steady burn" to indicate the batteries have been selected.

WIRING INSTALLATION

The ambulance body and accessory electrical equipment shall be served by circuit(s) separate and distinct from the vehicle chassis circuits. Wiring methods must conform to SAE J1292. All wiring provided by the primary manufacturer shall be copper and conform to all the SAE J1127 and SAE J1128 requirements. All low tension primary cable shall have GXL or better insulation. All low tension battery cable shall have SGX insulation.

The wiring shall be permanently color coded to identify wire function. Wires shall be permanently heat ink embossed with both number and function codes. The function code shall be the descriptive name of the circuit served. The number code shall be the exact purpose of that circuit. This number code shall be completely referenced in a detailed wiring schematic provided with the vehicle. The function and number code shall be embossed at a minimum of four inch intervals the entire length of the wire terminating into all switch and control panels. The use of multi-conductor cable must be function and color coded and shown on the wiring diagram.

Wiring shall be routed in conduit or high temperature looms with a rating of 300 degrees Fahrenheit where necessary to protect it. All added wiring shall be located in accessible, enclosed, and protected locations and kept at least six inches from the exhaust system components. Electrical wiring and components shall not terminate or be routed in the oxygen storage compartment except for the oxygen controlled solenoid, compartment light, and switch. All conduits, looms, and wiring shall be secured to the body or frame with insulated metal cable straps in order to prevent sagging and movement which results in chafing, pinching, snagging or any other damage. All apertures on the vehicle shall be properly placed in a grommet and sealed for passing wiring and conform to SAE 1292. All items used for protecting or securing the wiring shall be appropriate for the specific application and be standard automotive, aircraft marine, or electronic hardware.

Circuit connections shall be made on barrier style terminal blocks utilizing binding post screws for positive mechanical connections. minimize the potential for wiring shorts and voltage drops all wiring terminals shall be brass, tin plated, annealed, ETP copper with nylon high heat insulation. Serration's, inside the barrel, provide maximum contact and tensile strength after crimping. Connection shall be machine crimped, to UL standards, with a high quality crimping tool that produces crimps for a given size wire and terminal that are precisely alike in appearance and performance. Crimping pressure must be controlled by a ratchet device on the hand tool or a corresponding pre-calibration in the crimping jaws of an automated machine. Crimping pressure can neither over-stress nor under stress the terminal-barrel-machined dies.

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No splices shall be permitted except for connection of "pig-tail" devices. Butt splices are permitted for connection of "pig-tail" devices. The use of IDC (Insulation Displacement Connectors) connectors, i.e.: "3M Scotchlok" type fasteners, is not acceptable.

The various wiring installations as supplied with this vehicle shall be of the automotive "harness" design. For ease of identification and future replacement these harnesses shall be engineered and manufactured in the following sections.

1. Engine compartment harness.
2. Driver's control console harness.
3. Main module harness.
4. Chassis rear lighting harness.

This agency is extremely concerned the primary manufacturer has the ability to control, warranty and replace the harnesses. To that end, the primary manufacturer shall not subcontract the construction of these harnesses.

WIRING CRITERIA AND CIRCUIT BOARD

All wiring devices, switches, outlets, etc., except circuit breakers, shall be rated carry a minimum of one hundred and twenty-five percent (125%) of the maximum ampere load for which the circuit is protected. All wires carrying a load of more than 5 amperes shall be a minimum of 16 AWG. There shall be a master electrical component panel located in the vehicle. It is preferred that the master panel be mounted on or near the bulkhead of the patient compartment. Standard circuit breakers, relays, and diodes shall be mounted on a printed circuit board that is easily accessible. All components on the circuit board are to be permanently labeled as to their function:

The printed circuit board shall be designed and manufactured as follows: A screen printed board with all circuits fully numbered and labeled. The circuit board shall be a double-sided copper trace printed circuit with a double-sided laminated isolator. The board shall be non-photo image able solder mask over bare copper with hot air leveled solder over non masked copper. Fuse capacity is the beginning factor in calculating trace width to ensure proper current carrying capability. The circuits shall then be oversized as much as space permits for maximum cooling of the board. All holes shall be plated through. The terminal strips shall be mounted on the board for connection of the above mentioned wiring harness. Automotive transient suppressers must be incorporated into circuit board at the point of cable entry to the board. All relays must include built in noise suppression. The suppression must be accomplished with an IN4001 parallel with the coil. The relay must have a 40 ampere continuous contact rating with one form C contact arrangement. Normally open contact must have a maximum initial voltage drop of 200 millivolts at 40 ampere contact load. The relays must withstand 24 VDC for five minutes conducting rated contact current in case of accidental 24 volt jump start condition. Circuit board options must be programmable via jumpers to facilitate addition of options. The color of wire and circuit number

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must be screened printed at the terminal block connections on the board for rapid identification and relation to schematics.

The printed circuit board shall incorporate red LED indicators for on board diagnostics for input, output, and switching circuits for troubleshooting at a glance.

CIRCUIT BOARD CERTIFICATION

The printed circuit board must meet the following specifications:

1. Packaging and Interconnecting Acceptability Standard number IPC 600
2. UL-796
3. Solder mask, IPC number SM-840
4. Solder in conformance with MIL SPEC QS-571
5. Laminate in conformance with IPC number 4101

A service loop of wire or harness, per KKK-A1822-F specification, shall be provided at all electrical components, terminals, and connection points. All relays shall be mounted for ease of serviceability. All high current diodes greater than 5 amperes shall be heat sink mounted. provide the optimum circuit "overload" protection, the electrical system's main circuit board shall allow for the use of stud type automatic reset pole breakers. One spare 15 ampere circuit breaker shall be provided for future use. A solid state electronic flasher shall be heat sink mounted to the panel for control of the flashing warning light system. All wiring between the cab and module shall be connected to a terminal strip(s) or block(s) or use multi pin connectors on the electrical component panel and shall provide for future module replacement. All connectors and terminals provided shall comply with SAE J163, J561, or J928 as applicable.

MASTER MODULE DISCONNECT SWITCH OR DEVICE

This device shall be located on the driver's compartment console and shall be permanently labeled and back lighted with a LED light and the brightness controlled by the head light rheostat. The "MASTER" disconnect switch shall be considerably different in size and feel from the other console switches.

PATIENT COMPARTMENT CONTROLS

All switches and controls for the patient compartment shall be located on a service panel in the Action Area angled slightly toward the rear of the vehicle. The switches and controls shall be identical as referenced in section 4.1.3 of this document. These switches shall not function until the "MASTER" switch in the driver's console is in the "ON" position. The patient compartment switches shall be permanently marked and back lighted by a LED light.

ELECTROMAGNETIC RADIATION AND SUPPRESSION

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Must meet KKK-A-1822-F specification.

One (1)
60-22-1052

Battery Switch, 5min Timer

The vehicle shall be supplied with a dual 12 volt battery system. Two OEM batteries. The battery system shall be wired in accordance with KKK-A-1822-F. The system must meet SAE J541 for starter circuit voltage drop. The batteries shall be activated through the OEM ignition switch. The ignition switch shall only turn off power to the module and not to the chassis circuits. When the ignition is shut off a five minute timer keeps the module powered up for unloading patients. A momentary rocker switch shall be installed which will disable the timer. It shall be labeled TIMER BYPASS. It shall be located on the driver's side of the cab console.

One (1)
65-10-3001

Coax Cable, RG58/U, (1), Additional

An additional coax cable shall be installed from module roof port #1 to behind passenger's seat and meet the requirements of paragraph 3.14.3 of Federal Specification KKK-A-1822-F.

One (1)
65-30-1000

Coax Cable, RG58/U, (1) Each

A coax cable shall be installed from module roof port #3 to behind passenger's seat and meet the requirements of paragraph 3.14.3 of Federal Specification KKK-A-1822-F.

One (1)
65-30-1500

Coax Cable, RG58/U, (1) Each, Additional

An additional coax cable shall be installed from module roof port #2 to behind driver's seat and meet the requirements of paragraph 3.14.3 of Federal Specification KKK-A-1822-F.

One (1)
6A-22-200E

Outlet, Cigar Lighter, (2) Action Area

The patient compartment shall be furnished with a 12 volt DC, 20 ampere capacity, separately protected circuit, with two outlets. The outlets shall be Cigar Lighters and shall be located in the Action Area.

Four (4)
6A-22-2500

Outlet, Cigar Lighter, IATS, (4)

Four (4) Cigar Lighter outlet shall be installed. One (1) shall be installed above the foot end of the squad bench up approximately 20" and 8" over from the edge of the wall. Two (2) shall be installed on the front console driver's side below the Siren. One (1) shall be installed on the Front Bulkhead wall area for the Engle Cooler mounted in this area.

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One (1)
6A-22-5100

Outlet, Dual USB Port, 5VDC, 2.1Amp output

The Drivers compartment shall be furnished with a 5 volt DC, 2.1 ampere capacity, separately protected circuit, with a Dual USB outlet. It shall be located in the center console to the passenger side.

One (1)
6A-22-5150

Outlet, Dual USB Port, 5VDC, 2.1Amp output, Additional

The Drivers compartment shall be furnished with an additional 5 volt DC, 2.1 ampere capacity, separately protected circuit, with a Dual USB outlet. It shall be located in the center console to the passenger side. Total of (2) USB ports.

One (1)
6A-23-0910

Power Source, 12VDC, 20A, Ignition/Shoreline Hot

A 12VDC power source shall power customer supplied portable battery charging devices. It shall be 20 amp and ignition/shoreline switch hot. The power source shall be split into two locations tagged and identified (1) behind driver's seat and (1) behind action area in module with 6 foot tails.

One (1)
6A-23-1201

Power Source, 12 VDC, 15A, Ignition Hot

A 12VDC, 15 amp power source shall power shall be installed in the front chassis cab console with 6 foot tails.

One (1)
6A-23-3001

Power Source, 12 VDC, 30A, Constant Hot

A 12VDC, 30 amp power source shall power shall be installed behind the passenger seat with 6 foot tail.

One (1)
6A-23-30SP

Power Source, 12VDC, 40A, Constant Hot, IATS

A 12VDC, 40 amp constant power source is to be provided and installed inside front auxiliary console as radio pre-wire. To include ground with 6 foot tail.

One (1)
6E-10-00SP

Camera, Patient Compartment

A Hanscom rear patient camera and monitor is to be installed at locations to match customer's existing fleet.

One (1)
6F-90-4101

Super Auto Eject, 20 amp, White

A 20 amp Super Auto Eject shoreline inlet with a GFI and interrupter shall be installed and located above compartment E.

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One (1)
6K-10-0000

110 VAC OUTLETS:

115 volt AC utility power must meet KKK - A1822 - F. Utility power shall be as described in KKK - A1822 - F paragraph 3.7.8.1. Electrical 115 volt AC receptacles shall be as described in KKK - A1822 - F paragraph 3.7.8.2.

One (1)
6K-40-1000

Outlet, 110 VAC, Duplex, (2)

Two 110VAC duplex outlets shall be installed in the patient compartment. One outlet shall be located in the action area, and one outlet shall be located in the right front cabinet.

One (1)
6K-40-2000

Outlet, 110 VAC, Duplex, IATS

An additional 110VAC duplex outlet shall be installed interior of module curbside above foot end of squad bench mounted approximately 15" up and 3" over from wall.

One (1)
7F-10-9000

Inverter/Charger, Vanner 20-1050CUL-DC

A Vanner 20-1050CULW inverter charger shall be installed on the ceiling of compartment "E" with an expanded metal cage surrounding it. It shall power the 110VAC outlets. A switch shall be installed in the action area.

One (1)
7F-10-90SP

Solar Trickle Charger

Install a Solar Trickle Charger on the roof of the module to match this customer's existing fleet. Parts required shall be a Morningstar Solar Charge controller model #SS-MPPTT-15L, Kyocera/Solarland Solar panel model #SLP160S-12 and Solarline 30 foot cable model #MC4-30-MF-1KV.

One (1)
7U-10-7000

Console, A/A, Wood, Angled

There shall be a console in the action area of the rear patient compartment to house the switches. The console shall be manufactured out of 3/4" Laminated marine grade Plywood and be angled so that the switches will be easily accessible for an EMT in the attendant seat or a CPR seat.

One (1)
7U-10-8952

Console, ECC, Front Cab Chassis

A console shall be installed and house the switching panel and radio installation. This console shall be attached the engine cover housing below the line of sight of the driver. The console shall be a rotationally molded one piece ABS console. An access panel shall be installed on the top of the console to facilitate servicing. The switches shall be full size rocker switches with LED on the indicators. The switch assembly shall be 1.97 inches tall by 1.064 inches wide with silver plated copper contacts and a .250 inch spade type terminal. The switch and rocker material shall

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be a thermal set molding material. The complete switch assembly will be tested to withstand one thousand (1,000) volts RMS dielectric. Documentation of switch testing to be included with the bid. The switches must have a positive "throw" feel and an audible "click" upon activation.

One (1)
7U-12-1000

Console, Custom Dade Style, IATS

A custom front add-on console shall be provided and installed to accommodate (2) cup holders with a small map storage pocket.

One (1)
D0-10-6500

Alarm, Low Voltage, Audio/Visual

The electrical system shall be monitored by a system that provides both an audible and visual warning in case of low voltage in the ambulance. The alarm shall sound if the system voltage at the batteries drops below 11.8 Volts for a 12 Volt nominal system for more than 120 seconds.

One (1)
D0-10-7000

Voltmeter, OEM, In Dash

The Voltmeter shall be OEM and located in the OEM dash.

One (1)
DF-10-9100

Speakers, (2), Whelen, SA-315, Mounted in Chassis Grille

Two Whelen SA-315, 100 watt speakers shall be installed in the front OEM grille area.

One (1)
DK-10-1400

Siren, Whelen, WS-295-SLSA1

The ambulance shall be equipped with hands free electronic siren with silent testing. The siren shall be a Whelen WS-295-SLSA1.

One (1)
DP-11-1000

Switch, Siren/Horn Thru Horn Ring

The siren shall be switched through the horn ring.

One (1)
F0-11-3501

Alarm, Back-Up, Auto Reset

A backup alarm with a cut-off switch shall activate when the vehicle is shifted into reverse. The alarm shall automatically be reset and engage when the vehicle is placed in reverse again. The device must meet OSHA and SAE J994 requirements, and shall be rated (SAE) for Type C or B.

One (1)
F3-10-0000

VEHICLE EXTERIOR LIGHTING

The basic exterior ambulance lighting shall comply with FMVSS standard number 108 and the requirement herein and include:

1. Amber front, rear directional signals, red brake and hazard warning lights.
2. Front and rear side marker lights.

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3. Back up light(s).
4. Loading lights.
5. Clearance lights
6. Ambulance emergency lights.
7. Flood lights.
8. Spotlight(s)

Note: This agency is concerned for the safety of the patients, crew, and the public sharing the roadways. Therefore, this agency requires the primary manufacturer to incorporate recessed DOT marker lights at the highest point of the vehicle. The marker lights shall be visible 360 degrees. In addition each corner marker light shall be visible 180 degrees, also at each corner the marker light lens cover shall be tilted upward on a 45 degree angle and be visible above the horizontal plane for 360 degrees. These measures will insure the vehicle will be visible in low light conditions with the headlights in the "on" position. Bolt on upper clearance lights or clearance lights within the support side extrusions will not be acceptable. The rear side marker light shall be a minimum of two inches in diameter and shall function as a turn signal indicator as described in KKK - A1822 - E.

EMERGENCY LIGHTING SYSTEM

The emergency lighting system must provide the vehicle with 360 degrees of visual warning ability. This system must display highly perceptible and attention getting signals that function in a modal system and convey the message in the primary mode to clear the right of way. In the secondary mode hazard vehicle stopped on right of way.

The basic warning light system shall function in a dual mode system as shown in KKK-A-1822-F and meet the physical and photo metric requirements of paragraph 3.8.2.1 of that same document. The upper body warning lights shall be identical and mounted at the extreme upper corner areas of the ambulance body below the horizontal roof line, with the single clear light mounted between the two front facing red upper corner lights and the amber light centered above the rear doors. The two red grill lights shall be mounted per KKK-A-1822-F specifications without compromising the chassis manufacturer's air intake into the engine compartment.

PHOTO METRIC AND PHYSICAL REQUIREMENTS

As specified by KKK-A-1822-F. All emergency light switches shall be labeled as specified in paragraph 3.7.11 of KKK-A-1822-F, and the primary/secondary mode switch(s) shall have an indicator light to show the driver which mode is activated. All warning light control switches, as described in section 4.3.1 of this document, shall be located in the driver control console and arranged to provide the warning signal modes and combinations as specified in Table 1 of KKK-A-1822-F, page 19. An independent testing laboratory will certify that the system meets these requirements.

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Sixteen (16)
FU-38-0100

Flange, Super 9L, #90FLANGC

A silver flange shall be installed on all of the Whelen 900 series LED warning lights.

Six (6)
FU-38-0500

Flange, 97 Series, (1) Each

A silver flange shall be installed on the Whelen 900 series Halogen Load and Scene lights.

Eight (8)
FU-40-0105

Light, 9L, Super LED, Whelen, Red, Clear Lens, ILOS

Eight (8) Whelen 90RR5FCR Red Super LED lights with a clear lenses shall be installed. Two (2) shall be installed on each side of the module in the upper outer corners. Two (2) shall be installed on the front of the module in the upper outer corners. Two (2) shall be installed on the rear of module in the upper outer corners.

Six (6)
FU-40-0107

Light, 9L, Super LED, Whelen, Red, Clear Lens, IATS

Six (6) Whelen 90RR5FCR Red Super LED lights with clear lenses shall be installed. Two (2) installed rear of module centered with the rear module entry door windows. Two (2) front of module upper on the Cool Bar, one (1) each side of the center Clear. Two (2) front of module upper, one (1) each side of angled portion of the Cool Bar.

One (1)
FU-40-0110

Light, 9L, Super LED, Whelen, Amber, Clear Lens, ILOS

One (1) Whelen 90AA5FCR Amber Super LED light with clear lens shall be located on the rear of module upper centered above the rear entry doors.

One (1)
FU-40-0114

Light, 9L, Super LED, Whelen, Clear, ILOS

One (1) Whelen 90CC5FCR Clear Super LED light shall be located on the front of module upper centered on the Cool Bar.

Two (2)
H5-58-0320

Light, 7L, Super LED, Whelen, Red, Clear Lens, ILOS

Two (2) Whelen 70R02FCR Red Super LED light with clear lenses shall be installed. One (1) each side of front chassis for intersections.

Two (2)
H5-59-1000

Flange, Whelen, 7E lights

A silver flange shall be installed on the Whelen 700 Series LED warning lights.

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Two (2)
H5-59-400E

Light, Whelen, LIN3, LED-Red

Two (2) Whelen, LIN3 RSR02ZCR, Super LED Red lights shall be installed. One (1) installed in the front chassis grille on the passenger side and one (1) installed on the driver's side.

One (1)
HF-11-6049

Corner Cap Lights/Multi-LED, (2) Amber (2) Red W/Flashers

The primary manufacturer shall incorporate DOT marker lights at the highest point of the vehicle. The marker lights shall be visible 360 degrees. In addition, each corner marker light shall be recessed and visible 180 degrees. Also at each corner, the marker light lens cover shall be tilted upward on a 45 degree angle to be visible above the horizontal plane for 360 degrees. These measures will insure the vehicle will be visible in low light conditions with the headlights in the "on" position. Amber lenses shall be installed on the front corners and Red lenses shall be installed on the rear corners. The light shall be LED and flash at high intensity when activated through a separate switch located on the cab console.

Three (3)
HF-12-9100

Light, Clearance, Amber LED

Three (3) amber LED clearance lights shall be installed on the upper front of the module.

Three (3)
HF-12-9601

Light, Clearance, Red LED

Three (3) red LED clearance lights shall be installed on the upper rear of the module.

Four (4)
HK-20-110E

Light, Halogen, Whelen, 9H, Clear, 8-32 Degree

Four (4) Whelen 90E000ZB Clear lights shall be installed. Flood and loading lights shall not be less than seventy-five inches above the ground and shall not be obstructed by open doors. Two (2) floodlights shall be located on each sides of the vehicle and be firmly fastened to the body surfaces below the roof line. The side flood lights shall be controlled from the cab console and be independently switched.

Two (2)
HK-20-130E

Light, Halogen, Whelen, 9H, Clear, 8-32 Degree

Two (2) Whelen, 90E000ZB, halogen loading lights shall be provided above the rear doors and shall illuminate the area surrounding the back loading and unloading doors. Rear loading lights shall activate automatically when the rear doors are open regardless of the switch position in the cab console. The rear load lights shall be incorporated with the FMVSS backup lighting system.

One (1)
JA-10-1200

Light, License Tag, (2), Trucklite #15205 LED

There shall be two (2) Trucklite #15205 LED license tag lights installed one (1) each side of the rear license plate.

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One (1)
JA-13-8010

Taillights, Whelen, LED Stop/Tail, Halogen/Backup, W/Manufacturer Logo

There shall be a Whelen taillight package installed on the rear of the vehicle. The stop/tail lights shall be LED with a minimum of 32 square inches of lighted surface area. The turn signals shall be a 5" LED arrow shaped design. The backup lights shall be Halogen. All three lights per side shall be in a common housing. A waterproof connection to the OEM tail light harness is required.

One (1)
JK-10-5500

Headliner, Flat, Expanded PVC

The module headliner shall be manufactured out of expanded PVC material. The liner shall be white and installed to allow flush mounting of the interior lighting.

One (1)
JP-10-0611

Lights, Dome, LED, Whelen, W/White Flange, (4) Streetside, (3) Curbside

The basic interior compartment shall be provided with seven overhead dual intensity LED lights. The lights shall be Whelen 80W00EZR. There shall be four lights located over the primary patient stretcher and three over the squad bench. These lights shall be mounted into the patient compartment head liner and shall not protrude into the patient compartment. The overhead shall have two levels of intensity, a high and low settings. The attendant shall be able to control the level of light via switches in the action area control panel. The dual lighting shall work together or may be separately selected from side to side. The four lights over the primary patient shall illuminate on the low setting when the side modular or rear modular doors are open.

One (1)
JP-10-7015

Light, Stepwell, LED, Whelen #TOCACCCR, 2in

A 2" Whelen #TOCACCCR LED step well light shall be provided in the step well area of the modular curb side door and shall be activated upon opening the curb side or rear modular doors.

One (1)
JP-10-8030

Light, Intertek ZY-PIR38 12v, LED, In Action Area

A twelve volt direct current LED light with integral switch shall be provided in the attendant action area. The light shall be an Intertek ZY-PIR38.

One (1)
JP-16-1206

Lights, Fluorescent, 18 Inch Thinlite #766, (3), W/Switch

Three (3) Thinlite model #766, 18 inch fluorescent lights shall be located in the rear headliner.

One (1)
JR-50-1401

Spotlight, Blue Eye, 400,000 Candle Power

A hand held spotlight shall be provided with a minimum of four hundred thousand candle power lamp. The spotlight shall be a Blue Eye. It shall be in a corrosion proof housing with a protected

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momentary switch to prevent accidental activation. A minimum eight feet of heavy duty coiled cord will be supplied and it shall be hard wired in the cab area and accessible to the driver and passenger.

Seven (7)
JR-50-2950

Light, LED, Compartment, Whelen #TOCACCCR, 2 Inch

All exterior compartments shall have Whelen #TOCACCCR 2 inch lights for illumination.

One (1)
JR-60-2003

Timer, Momentary Switch, 15 Minute, Constant Hot

An Intermatic 15 minute checkout Timer wired constant hot shall be installed on the curbside wall at the head end of the squad bench. Switch is to allow activation and deactivation wired to the fluorescent lights in the ceiling.

One (1)
JR-70-0005

Light, in Circuit Board Area, for Electrical Troubleshooting

A small light with a switch shall be installed in the circuit board area for troubleshooting. The light shall be wired battery hot.

One (1)
LP-10-0500

Suction Pump

A suction pump shall be installed that shall comply with Federal Specifications KKK-A-1822-F.

One (1)
LU-10-1000

Insulation, Fiberglass, Unfaced

The primary manufacturer shall supply an insulating material that is non-flammable with a Class A, Class 1 fire rating. It shall be certified to meet the smoke and flammability requirements of FMVSS 302. The exposed walls of the exterior compartments and wheel wells that intrude into the interior of the modular shall be covered with reflective insulating material with a value of R-14. The side, front, rear, walls as well as the ceiling shall be insulated with three inch thick temperature rated un-faced fiberglass with a value of R-11. Fiberglass has been proven to provide excellent sound and thermal barrier over other materials. Fiberglass insulation is safe and widely used in the automotive and construction industry.

One (1)
N0-10-9101

Grabrail, Overhead, 117 Inch, Handicap Style, Yellow

An overhead grabrail shall be installed in the patient compartment head liner. The grabrail shall be yellow powder coated stainless steel and handicapped style with rounded ends. The grabrail shall be a minimum of 117 inches long and shall be mounted in a recess in the liner.

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One (1)
NO-10-9703 **Handrails, (3), Custom "L" Shape, 1 Inch Diameter, Yellow, Entry Doors**

On each entry door there shall be an "L" shaped grab handle. The vertical portion of the "L" shall be close to the hinge of the door and run the full length of the upper window in the door. The horizontal portion of the "L" shall be located just under the upper window. The grab handles shall be 1 inch diameter brushed stainless steel and handicapped style.

One (1)
NA-10-2500 **Rack, Cylinder, Ziamatic, "M", QRM-2**

A Ziamatic oxygen cylinder rack shall be located in compartment "F". The rack shall be QRM-2 for an "M" size cylinder.

One (1)
NF-50-1001 **O2 System, (2)O2/(1)Vac Port Action Area,(1)O2 Curbside Wall**

The ambulance shall have a hospital type piped oxygen system capable of storing and supplying three thousand liters of medical oxygen. The cylinder controls shall be accessible from inside the patient compartment. The pressure gauge shall be visible from either the attendant's seat or from the squad bench. The oxygen shall be piped to two self-sealing Ohio adaptable oxygen outlets located in the action area and one located on the curbside wall at the head of the squad bench. The oxygen system will incorporate electrically conducted oxygen hose with a working pressure of one hundred and fifty pounds per square inch. All oxygen hose and outlets will use machine crimped brass ferrules and high pressure connectors. The entire oxygen delivery system will be pressured tested with a minimum of one hundred and fifty pounds per square inch of pressure of nitrogen gas for a period of four hours. The testing documentation will be delivered with the vehicle.

A vacuum port shall also be located in the action area to supply the vacuum to the suction container.

One (1)
PO-59-7500 **Regulator, Oxygen Cylinder, Preset 50PSI**

One (1) Oxygen Regulator for Large Cylinder preset for 50PSI shall be provided.

One (1)
PA-10-7003 **Regulator/Holder, SSCOR 22000, With Canister clip**

The ambulance shall be equipped with an on board vacuum aspirator. The unit shall be mounted on the action area wall above the action area tray to collect any bio fluids that may be spilled. The unit shall be an SSCOR 22000 with a 23002 stainless steel container holder with canister clip. The container shall be disposable and the regulator panel shall be located in the action area panel. The vacuum pump shall be installed via a twelve volt direct current system. The on/off switch shall be located in the attendant's console.

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One (1)
PF-26-3580

Cot Mount, Stryker 6392 Performance Load with Floor Plate

A Stryker #6392 Performance-LOAD system with floor plate shall be installed (Does not include induction charging).

Two (2)
PP-20-1000

IV Hook, Perko, (1), W/Straps

Two (2) Perko IV hooks with straps shall be provided. One (1) located on the curbside wall and one (1) on the streetside wall as specified in paragraph 3.11.9 of Federal Specification KKK-A-1822-F.

One (1)
R5-11-2000

Net, Squad Saver, at Head of Squad Bench, 2" Straps, Yellow

A squad saver net shall be attached to the end of the squad bench, the curbside wall and the overhead liner with removable latches. The net shall be made from a black nylon one inch webbing.

Three (3)
R5-11-5700

Seatbelt, Assembly, (6) Point, (1) Each seating location Change Notice 8 -Compliant

Three (3) 6 point seating assemblies shall be provided in compliance with KKK change notice 8. These seating positions are Two (2) for the curbside squad bench area and One (1) for the streetside CPR seat seating areas.

One (1)
R5-11-57SP

Seat Belt, Assembly, Yellow ILOS

The Curbside and Streetside seating positions are to have yellow seat belt assemblies installed for high visibility.

One (1)
R5-11-57SR

Engel Cooler W/Mounting Plate

One (1) Engel Cooler model #EN-MHD13F-DM, one (1) Engel model #EN-TSL17 cooler lock and one (1) Engel model #EN-TSPLATE shall be installed rear of module interior in the walkthrough area behind the attendant seat.

Two (2)
RF-11-6050

Holders, Cylinders, Single Floor, Zico QR-D-2 Strapless

Two (2) Zico QR-D-2 single floor cylinder holders shall be installed inside the curbside entry door stepwell at the head end of the squad bench.

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One (1)
RQ-09-0000

MODULE INTERIOR

One (1)
RU-05-0000

Interior Cabinets - Duralite Construction, Wood

All vertical edges of cabinets shall be of an aluminum extrusion with a $\frac{3}{4}$ inch radius designed to free the interior of the patient's compartment of all sharp edges or projections. The face and inside of the cabinets shall be covered by a commercial grade laminate and adhered to the cabinet face by a high quality poly vinyl adhesive using a thermal press application. The wood, adhesive and laminate shall be pressed together at 200 degrees for four minutes in a thermal platen press. There shall be no voids of the adhesive between the laminate and the cabinet surfaces.

CABINET CONSTRUCTION

The interior cabinets, squad bench assembly, shelves and doors shall be constructed of marine grade plywood; due to the product's ability to be customized to fulfill the needs of this agency, the additional acoustical and thermal insulation properties, repair ability, and the safety factor of not producing sharp fragments or shards in the event of a serious collision. The thickness of the finished panels used to construct the cabinets, shelves and doors shall be $\frac{3}{4}$ inches including mica, adhesive, and glue. Any construction materials that provides anything less than $\frac{3}{4}$ inch panels in cabinet construction is not acceptable to this agency. NO EXCEPTION.

The squad bench lid shall be attached to the squad bench assembly via a stainless steel piano hinge the entire length of the bench. The squad bench shall be equipped with a locking device to automatically secure the lid upon closing. The patient compartment wall panel (behind the squad bench) and the cab compartment wall panel shall be constructed of $\frac{1}{4}$ inch plywood and covered with color coordinating high pressure laminate.

The cabinets shall be constructed using 8 mm dowels placed no farther than 32 mm apart. The dowels shall be a hardwood and pre-glued.

The doors on the upper cabinets shall be surface mounted with European hinges and 3mm edge banding. The doors on the center and lower cabinets shall be flush mounted using continuous stainless steel piano hinge and a 3 mm edge banding. All doors and cabinet openings shall be covered with a 3 mm edge banding with radius edges.

INTERIOR STOWAGE ACCOMMODATIONS

The interior of the patient compartment shall provide but not be limited to a minimum volume of thirty cubic feet of enclosed cabinets. Interior cabinet, shelf and compartment space shall be conveniently located for medical supplies, devices or other equipment. All interior cabinets shall be fully lined inside with high-pressure plastic laminate. The equipment and supplies necessary

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for airway management shall be within easy reach of the medic at the head of the stretcher. Interior cabinet dimensions are as described.

One (1)
RU-10-3001

Mica, Light Gray Gloss

The cabinets shall be a light gray gloss color.

One (1)
RZ-99-0025

Flooring, Wood

A top floor of seven ply three quarter inch marine grade plywood, sanded both sides with no voids, and shall be installed over the moisture barrier. The plywood shall be marine resin coated prior to installation to prevent warping due to ambient moisture absorption. The plywood floor shall be one piece from the bulkhead to the rear doors between the patient door steeple and squad bench and extend under the street side cabinets. The plywood floor shall be securely anchored to the floor sub structure with one quarter inch UNF machine by two and one half inch screws.

One (1)
T0-11-8201

Floor Covering, Lonplate II, Gunpowder Grey #424TX

The patient compartment floor covering shall be a heavy duty material that is impervious to fluids. The flooring shall be glued to the plywood floor using an adhesive compound. The flooring shall be Lonplate II and the color Gunpowder Gray #424. There shall be no adhesive voids between the flooring and the plywood. The floor shall be designed to roll up the side of the street side and bulk head cabinets and squad bench.

One (1)
T5-10-5111

Seat, Attendant, EVS, Child, Gunmetal #1880CB

Seating for the attendant shall consist of a contoured high back padded bucket seat. The seat covering shall be an easy clean vinyl material and be impervious to blood borne pathogens and other contaminants. Therefore, cloth seats or seats with welting seams or visible stitching will not be accepted. The vinyl shall be Gunmetal. Seating must meet OSHA regulation 1910.1030. The seat belt must be certified to KKK - A1822 - E specification and to FMVSS and shall be an integrated three-point harness. An integrated child safety seat shall be incorporated in the seat. Installation shall comply with FMVSS. The seat shall be mounted on a metal box base.

One (1)
T5-10-51SP

Seat Attendant, Yellow Seat Belts

The seat belting material for the attendant seat shall be yellow for high visibility.

One (1)
T5-25-0500

Upholstery, Seamless, Gunmetal

The finish of the entire patient's compartment, including storage cabinets and equipment, shall be impervious to soap and water, disinfectants, bio fluids, mildew and shall be fire resistant per FMVSS 302. Upholstered cushions shall be a minimum of thirty two ounce nylon reinforced commercial vinyl material. Squad bench cushions and attendant seat and backrest cushions shall

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be fabricated in such a manner to eliminate exposed welting. Cushions with welting or beaded seams shall not be accepted due to the risk of bio fluid penetration. The color of the upholstery shall be gunmetal gray.

One (1)
TF-51-9500

Cabinet, Bulkhead, 10" Cab Extension

A bulkhead cabinet shall separate the cab from the patient compartment with a sliding door to allow access between the two while providing privacy. The open door shall allow for an aisle of at least 17 inches between the compartments. The door shall have at least a 150 square inch transparent, shatterproof viewing panel in the center section at the driver's eye level. The door shall be secured with a driver's side self-latching device in the open and closed positions. The bulkhead cabinet shall be moved to the rear of the vehicle to allow for 10 inches of space behind the driver and passenger seats.

One (1)
TK-10-5010

O2 Viewing Window, Lexan Flaps, Hinged Left Side, Fixed Right Side

A Lexan door shall be installed on the oxygen viewing opening.

One (1)
TP-10-6000

Door, Sliding, Bulkhead

The door shall have at least a 150 square inch transparent, shatterproof viewing panel in the center section at the driver's eye level. The door shall be secured with a driver's side self-latching device in the open and closed positions.

One (1)
TU-20-1400

Cabinet Right Front ALS, AC/Combo

The right front cabinet shall house the Heating and Air Conditioning unit which shall be located in the upper portion of the cabinet. The remaining portion of the cabinet "E" shall be for general storage with interior dimensions of 49.50" high x 33.50" wide x 23.75" deep.

One (1)
TU-20-7B00

Door, Dual Wood, Clear Lexan RF ALS Cabinet

The right front cabinet shall have dual wood doors. The doors shall be manufactured from 3/4 inch marine grade plywood and be covered in color coordinated high pressure laminate. The doors shall also include clear Lexan inserts so that the contents of the cabinet will be easily visible. The doors shall be mounted flush with the cabinet opening.

Two (2)
V0-10-0500

Handle, C, Pull, Installed

A "C" pull handle shall be installed on each door on the right front cabinet.

Maricopa Specification

Four (4)
V0-10-2000

Latch, Plunger Roller, Installed

Four (4) plunger roller latches shall be installed on the right front cabinet doors to keep them secure during transit.

One (1)
V0-14-1001

Latch, Lever, W/Key, Installed, "L" Cabinet Wood Door

A lever latch with a lock shall be installed on Cabinet "L"

One (1)
V5-20-3802

Squad Bench, Bio-Waste @ Head

The squad bench cabinet shall be located on the curb side of the patient compartment over the rear wheel well. The squad bench shall be a minimum of 72 inches long and be constructed of three quarter inch birch. The lid shall be attached to the squad bench assembly via a stainless steel piano hinge the entire length of the bench. The hinge shall attach with fasteners in a vertical position through the face of the lid and not through the edge of the cabinet and lid. The squad bench shall be equipped with a locking device to automatically secure the lid upon closing. The squad bench shall be furnished with two (2) sets of 6 Point safety belts for seated occupants and three (3) Two point belts for the retention of a cot when positioned on the squad bench. The anchorages for the side facing seat belt assembly shall withstand a minimum of 2,500 pounds force when tested in accordance with FMVSS 210-S5.1. A full length cushion shall be installed on the squad bench lid and on the wall as a back rest. The interior of the squad bench shall provide storage the full length of the bench. At the head of the squad bench shall be a built in trash disposal area. A trash can shall be accessible under a red flip up lid, and a sharps container's circular opening shall be accessible through a round cutout in the squad bench lid. Both the trash can and the sharps container may be removed from the squad bench by lifting up a sectioned portion of the squad bench lid.

One (1)
V5-64-1501

Lid, Squad Bench, Single W/Bio-Waste

The squad bench shall have a full length lid that shall be manufactured from three quarter inch birch. The lid shall be covered in color coordinating high pressure laminate.

One (1)
V5-80-1005

Handle, Trimark, Squad Bench

The squad bench lid shall be secured with a paddle handle that latches automatically when the squad bench lid is closed. The latch shall hold the lid secure during transit and shall not open unless the handle is lifted.

One (1)
V5-82-2500

Strut, Gas, 60 LB, Installed

When the squad bench lid is lifted, it shall be held in place by a 60 pound pneumatic hold open.

Maricopa Specification

One (1)
VH-H2-0300

H, Cabinet, Inside/ Outside Access

Cabinet "H" shall be located on the street side of the patient compartment. It shall be the rear most middle cabinet and shall be 22.50 inches high and 31.00 inches wide. The opening shall provide access to compartment "D".

One (1)
VH-O1-0100

O, Cabinet, Full Height

Cabinet "O" shall be located on the street side of the patient compartment. It shall be the middle lower cabinet just below rear action (Lifepak) area and shall be 15.00 inches high, 25.00 inches wide, and 17.25 inches deep.

One (1)
VH-Q0-0101

CPR, Side Seating Position

A CPR side seat shall be located just above the rear street side wheel well. Seamless upholstered cushions shall be located on the bottom and rear wall of the seat area. Cushions shall also be located above the head area for safety.

One (1)
VH-Q0-0301

CPR, Side Seat, Flip Up Lid

A small storage area shall be located under the CPR seat and just above the wheel well. The storage shall be accessed by lifting a lid which holds the bottom seat cushion.

One (1)
VI-J2-0300

J, Cabinet

Cabinet "J" shall be located on the street side of the patient compartment. It shall be the rear upper cabinet and shall be 20.25 inches high, 28.00 inches wide, and 17.25 inches deep.

One (1)
VI-K1-0200

K1, Cabinet

Cabinet "K1" shall be located on the street side of the patient compartment. It shall be the rear upper cabinet just above the rear action (Lifepak) area and shall be 20.25 inches high, 25.00 inches wide, and 17.25 inches deep.

One (1)
VI-K2-0100

K2, Cabinet, w/ CPR seat

Cabinet "K2" shall be located on the street side of the patient compartment. It shall be the middle upper cabinet just above the CPR seat and shall be 7.00 inches high, 22.25 inches wide, and 7.00 inches deep.

Maricopa Specification

One (1)
VI-L1-0251

L, Cabinets, L1 in Angled Area, L2 Standard, 3/4 F

Cabinet "L" shall be located on the street side of the patient compartment. It shall be the forward upper cabinet just above the action area. The cabinet shall be divided into two separate cabinets "L1 and "L2". Cabinet "L1" shall be 20.25 inches high, 9.25 inches wide and 9.25 inches deep. Cabinet "L2" shall be 20.25 inches high, 29.25 inches wide and 11.25 inches deep.

One (1)
VK-15-2000

BASEWALL DOORS

STORAGE COMPARTMENTS AND CABINET DESIGN

All storage cabinets shall be easily opened but shall not come open during transit. The cabinets shall be accessible through a variety of door options.

When specified to be Lexan, the doors shall be reciprocating horizontal sliding Lexan doors. The door shall be transparent to permit viewing of supplies and the door shall open with a grab anywhere device. The handle shall run the full vertical length of the Lexan. The Lexan shall be three sixteenths of an inch in thickness and shall be enclosed in an extruded aluminum frame. The frame shall cover the entire perimeter of the cabinet opening and the Lexan set within the frame on a track lined with a material to prevent the Lexan from sliding open and shut during transport.

One (1)
VK-15-4000

Cab H, Gray Lexan Slider

The door to cabinet "H" shall be a Lexan slider. The Lexan shall be gray.

One (1)
VK-16-5000

Cab O, Gray Lexan Slider

The door to cabinet "O" shall be a Lexan slider. The Lexan shall be gray.

One (1)
VP-10-5462

Telemetry Tray (Lifepak/Rear Action Area), Poured, Gray

The top of the telemetry cabinet shall provide a clean work area. The countertop shall be one piece with a one inch lip around the tray. The tray shall be manufactured from molded polyester resin to provide a seamless countertop. The tray shall be topped with a durable top coat of gray gel coat.

One (1)
VP-10-5916

Action Area Tray, No Bio, Poured, Gray

The top of the action area cabinet shall provide a clean work area. The countertop shall be one piece with a one inch lip around the tray. The tray shall be manufactured from molded polyester resin to provide a seamless countertop. The tray shall be topped with a durable top coat of gray gel coat. This tray is mandatory to facilitate cleaning and contain any fluids or bio.

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Maricopa Specification

One (1)
VP-15-7000

Cabinet, Action Area, Without Biowaste

The action area shall provide for easy access to switches located in the action from the attendant seat, squad bench and CPR seat, if applicable. The switches shall be located in an angled cabinet on the back wall of the action area.

One (1)
VU-15-2000

Cab "J" Gray Lexan Slider

The door to cabinet "J" shall be a Lexan slider. The Lexan shall be gray.

One (1)
VU-15-4000

Cab "K" Gray Lexan Slider

The door to cabinet "K" shall be a Lexan slider. The Lexan shall be gray.

One (1)
VU-15-6000

Cab "K2" Gray Lexan Slider

The door to cabinet "K2" shall be a Lexan slider. The Lexan shall be gray.

One (1)
VU-15-9000

Cab "L1" Wood Door

The door to cabinet "L1" shall be a solid wood door hinged on the right.

One (1)
VU-16-3000

Cab "L2" Gray Lexan Slider

The door to cabinet "L2" shall be a Lexan slider. The Lexan shall be gray.

One (1)
YY-00-0000

SHIP LOOSE ITEMS:

STANDARD MANDATORY MISCELLANEOUS EQUIPMENT

Unless otherwise precluded elsewhere in this specification the vehicle shall be equipped with the following:

*One five pound fire extinguisher that is ABC dry chemical multipurpose with a quick release bracket.

*No smoking oxygen equipment signs conspicuously place in the cab and patient compartment.

*A back up alarm, audible warning device activated when the vehicle is shifted into or moving in reverse.

Maricopa Specification

In addition, the following items shall be shipped loose in the vehicle:

One (1)
YY-00-0001

Bracket, Spare Tire Mounting, Ship Loose

The spare tire mounting brackets shall be shipped loose in the vehicle.

One (1)
YY-13-3000

Spare Tire, OEM only, Ship Loose

The OEM spare tire shall be shipped with the vehicle.

QUALITY ASSURANCE PROVISIONS

Defective components shall not be furnished. Parts, equipment, and assemblies, which have been repaired or modified to overcome deficiencies shall not be furnished without the written approval of the purchaser. Construction methods utilized shall be in accordance with industry standards. Component parts and units shall be manufactured to definite standard dimensions with proper fits, clearances and uniformity. The general appearance of the vehicle shall not show any evidence of poor workmanship.

At the time of delivery an owner's manual for the complete vehicle shall be provided. The manual shall contain useful information on routine maintenance and trouble shooting. All warranty registration materials shall be completed at the time of delivery. The manufacturer shall arrange for over the road delivery under the finished vehicle(s) own power. The vehicle(s) shall be delivered clean and free of road debris with at least fifty percent fuel on board.

The bidder shall be responsible for the performance and test requirements required herein. This agency reserves the right to perform any of the inspections and tests set forth in this specifications where such inspections are deemed necessary to assure conformation of specification. The primary manufacturer shall conform to this agency's representatives with instruments and all such assistance as may be required.

The primary manufacturer shall be ISO 9001:2008 certified.

TESTS

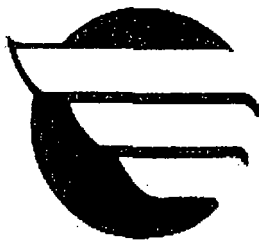
The primary manufacturer is obligated to prove that the vehicle, ambulance components and equipment provided meet the requirements of this specification and are compliant to Federal Ambulance Specification KKK-A-1822-F and any amendments in effect at the time of this bid. Copies shall be provided upon request with this of the test documents and a letter from an independent testing laboratory that has performed the tests certifying that the following tests have been conducted and passed. The certified tests are as follows and conform to the requirements of this specification and Federal Ambulance Specification KKK-A-1822-F.

Maricopa Specification

- A. Vehicle Physical Dimensions (3.4.11 through 3.4.11.6)
- B. Patient Compartment Interior Dimensions (3.10.4)
- C. Stepwell, Bumpers and Facilitation (3.11 through 3.10.11, 3.10.3 through 3.10.16 and 3.9.9)
- D. Storage Compartment and Facilitation (3.11 through 3.11.2.1, 3.11.4 and 3.11.6)
- E. Ambulance Body and Patient Area (3.10.1 through 3.10.3, 3.10.6 through 3.10.8, 3.10.20 through 3.10.11, 3.10.3 through 3.10.16 and 3.9.9)
- F. Vehicle Weight Distribution (4.4.3 and 3.5 through 3.5.6 and 3.19)
- G. Water Spray Test (4.4.5)
- H. 115 VAC Utility Power (3.7.8 through 3.7.8.3)
- I. Electrical System Components (3.7.8 through 3.7.8.3; 3.7 through 3.7.5, 3.7.7 through 3.7.7.4, 3.7.9 through 3.7.11, 3.8.1, 3.8.4 and 3.8.50)
- J. Patient compartment Illumination (3.8.5.1)
- K. Electrical Generating System (3.7.6 through 3.7.6.3 and AMD 005)
- L. Warning Lights and Siren System (3.8.2 through 3.8.4 and 3.14.6)
- M. Door Latches, Hinges and Hardware (3.10.9)
- N. Static Load Test (3.10.5 and AMD 001)
- O. Patient Compartment Interior Surfaces (3.10.17 and FMVSS 302)
- P. Oxygen System Test (4.4.6, 3.12.1 and 3.12.1.1)
- Q. Oxygen Cylinder Restraint Test (3.11.3 and AMD 003)
- R. Litter Fastener and Anchorage (3.11.7 and AMD 003)
- S. Suction Aspirator System (3.12.3 and 3.12.4)
- T. Heating Criteria (3.4.2, 3.7.9 through 3.7.11, 3.6.3.2, 3.13.1 through 3.13.7)

Maricopa Specification

- U. Air Conditioning Criteria (3.4.2, 3.7.9 through 3.7.11, 3.6.3.2, 3.13.7, 3.6.4.5.1 through 3.6.4.5.1)
- V. Ventilation Criteria (3.13.6)
- W. Patient Compartment Sound Level (3.13.8 and AMD 006)
- X. Patient Color and Markings (3.16 through 3.16.2 and 3.16.4)
- Y. Manuals and Handbooks (3.20 and 6.8)
- Z. Seat Belt Test (3.11.6)
- AA. Electromagnetic Radiation and Suppression (3.7.12)
- BB. Standard Miscellaneous Equipment (3.15.2)
- CC. Miscellaneous Equipment (3.7.5 and 3.9.5)



Wheeled Coach®

REVGROUP

Maricopa Ambulance, LLC
 23200 North Prima Road, Suite 201
 Scottsdale, AZ 85255

North Eastern Rescue Vehicles, Inc
 Bob Reilly
 10 Dwight Park Drive
 Syracuse, NY 13209
 (315) 414-9999
 Robert.Reilly@nervinc.com

Exp. Date: 08/12/2017
 Quote No: 10094-0001
 T3 - 170: 230170 STD Model: Type 3 - 170" Module - #3170F
 T3 - 170: 0991019STD Ford, E450, 158" WB, 170" Module, #3170F
 T3 - 170: 200040 STD Type 3 Ford - 170" Module - #3170F

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PART NO	S	DESCRIPTION	QTY	ID
		== Ford, E450, 158" WB, 170" Module, #3170F - 620.040 06/15/17 ==	1	WC
		CHASSIS:	1	WC
00-30-5407	S	< > Ford, 2017, E450 6.8L, Gasoline, Cutaway, 170" Module, #3170F 2017-1 170X95	1	WC
		(1) add'l alternator(purchased and installed by WC)		
		(1) OEM Alternator		
		Includes 2nd battery(purchased and installed by WC)		
		Rubber floor mat, OEM, std.		
		HEATING/AIR CONDITIONING:	1	WC
5U-12-5000		> Hoses, Heater, No Max, to Rear, STD	1	WC
5U-70-0207		< > Heat/AC, F3, Combo, w/Coolbar (new code)	1	WC
		with thermostat in action area.		
		12vdc External Condenser, in Coolbar mounted on front of module. Painted. Specify paint code _____		
		Note: pick warning lights separately !!		
		WHEELCOVERS:	1	WC
X5-10-3201		< Wheel Covers, Phoenix #NF12, Installed, E-Series, Std Model Only with Air Max Valve Extenders, std	1	WC
		== Type 3 Ford - 170" Module - #3170F - 620.040 06/15/17 ==	1	WC
35-05-0159		Type 3 - 170" Module - Standard Model Series	1	WC
35-05-0170		Type 3 - 170" Module General Body Construction Spec	1	WC
35-05-0180		Type 3 - 170" Module Vehicle Body Structure Spec	1	WC
35-05-2000		INTERIOR CABINETS -Duralite Construction, Wood	1	WC
		MODULE BODIES:	1	WC
35-10-0066		< > Aisle Space, 50 inches, STD, Type 3, Std Model Only (49-50" actual)	1	WC
		Install anti-slip decal with Wheeled Coach logo on curbside and rear stainless steel thresholds, STD		

PART NO	S	DESCRIPTION	QTY	ID
35-10-0100		> 10 Inch Extended Cab, 13" seat travel	1	WC
35-10-0921		Headroom, 72 in. Type 3 - 170" module, #3170C/F	1	WC
37-00-0350	<	Coating, Scorpion X02, Per Compt, (1), Std light gray	5	WC
37-00-0360		Coating, Scorpion, Rear Bumper Supports	1	WC
37-00-0470	>	Compt, Battery, Scorpion Finish Ford E-Series STD	1	WC
37-00-0500	< >	Compartments, Std, Floor 3" Drop Down from Door Opening compts B1,B2,D,& E are STD drop down floor	4	WC
37-00-0600	< >	Compartments, Sweepout - Compartments "A" & "F" are standard sweep out	2	WC
37-00-0710	<	Duraseam Doors, with Hidden Jamb - Magnetic door switches, Standard	1	WC
39-A0-0472		A, Compt, Split, Hoseline, 170" Module, 72" H.R, T3	1	WC
39-B1-0153		B1, Compt, Std, 170" Module, 72" HR, #3170C/F	1	WC
39-B2-0172		B2, Compt, Std, 170" Module, 72"H.R, T3	1	WC
39-D0-0353	<	D, Compt, 3/4, 170" Module, 72" H.R, #3170C/F With Double Doors	1	WC
39-E0-0103	<	E, Compt, Std, 170" Module, #3170C/F With Double Doors	1	WC
39-F0-0153		F, Compt, 3/4, 170" Module, 72" H.R, #3170C/F	1	WC
		FUEL FILL HOUSING:	1	WC
3A-10-4000		Housing, Fuel Fill, Cast, F3/C3/C4500/CM+(7)	1	WC
		EXTERIOR DIVIDERS:	1	WC
3F-10-1101	<	Divider, Vertical, B2, 3/16" Thick, Recessed Adj Track, Std Model only (divider to be full depth if a shelf is requested) compt "B2", centered.	1	WC
		SHELF- COMPARTMENT "A"/RF CABINET:	1	WC
3F-20-1000	< >	Shelf, Adjustable,(1), RF Cabt Custom (1) RF Compt "A"/cabt "E1" area, centered. (change to cabt "E2" for Pureair 1 cabt)	1	WC
		SHELF- COMPARTMENT "D":	1	WC
3F-40-3001	< >	Shelf, Custom, Adj, Cmpt "D", (1), Std Model only at bottom of cabt "H" inside/outside access opening.	1	WC
		SHELF- COMPARTMENT "E":	1	WC
3F-50-0200		Shelf, Fixed, Cmpt E, for Electrical storage, No Divider	1	WC
		WINDOWS:	1	WC
3P-10-5201	>	Window, Upper, CS/Slider, Rr/Fixed, Priv Tint, PAN, Std Model only	1	WC
		MODULE ENTRY DOOR HANDLES:	1	WC
3U-30-8000		Handles, Patient Entry, Trimark Black/Chrome "SafePass" STD	1	WC
		EXTERIOR COMPT DOOR HANDLES:	1	WC
3U-40-0510	>	Handle, Module Compt, Trimark, Black/Chrome, STD	7	WC
3U-40-0514	< >	Latch, Paddle, Trimark, For Trailing Door compts "D" &/or "E"	2	WC
		DOOR HOLD OPENS:	1	WC
40-10-1611	< >	Hold Opens, Rr Doors, Cast, Grabber (2), 5.5", Std Model only - Installed so doors will open as wide as possible - Mount at top of doors.	1	WC
40-10-7200		Hold Open, Gas Strut, Ext Compt, 30lb, Std	7	WC
40-10-7205		Hold Open, Gas Strut, RF Compt, 30lb, Std	1	WC
40-10-7750	<	Holdopen, Gas Strut, CS Entry Door, 35# Standard. New Code Per ECN 1823	1	WC

PART NO	S	DESCRIPTION	QTY	ID
DOOR PANELS:				
45-10-4505	< >	Panels, Entry, Durasafe, Stainless Steel, w/ Chevrons, STD - Durasafe Design - Aluminum Center Panels covered: white/red reflective tape	1 1	WC WC
FENDER FLARES:				
4A-10-3001	>	Flare, Fender, Bright Finish, Std Model only	1 1	WC WC
BUMPERS:				
4F-10-9001	<	Bumper,Rear,w/ Skids & Flip Up,F3,w/LED DOT lights,Std Model w/ Gator Grip on flip up step.	1 1	WC WC
RUNNING BOARDS:				
4K-10-4001		Running Boards, F3, Standard,w/Gator Grip, Std Model Only	1 1	WC WC
SKIRTRAILS				
4U-10-9210		Skirtrails,Extruded Rubber w/Ref Tape,170-175" Module	1	WC
4U-10-9500		Tape, Reflective, White, For Extruded Rubber Skirtrails	1	WC
STONE GUARDS (FRONT):				
4U-11-2000		Stone Guard, Front, Dia Plate, 13.38"	1	WC
KICKPLATES (w/STD. REAR STONEGUARDS):				
50-10-2105	<	Kickplate, W/Recess, No Light Holes,Duraseam	1	WC
55-10-3000	<	Holder, License Plate, Cast, C30002, STD - in rear kick plate, centered	1	WC
SILL PROTECTORS				
55-30-4001		Sill Protectors, Stainless, All Compts, Std Model only	1	WC
MUD FLAPS:				
5A-10-1001		Mud Flaps, Rear, W/Logo, Std Model only	1	WC
PAINT/BELTS:				
5F-10-0800	< >	Paint, OEM White Sikkens Crossover Codes Ford white: FA91:YZ Dodge/Chevy white: FLNA4738 (2015+ Chevy Type 1 only-FLNA 41383) International 4300-4400 white: NAV9212- Check chassis spec International Terrastar white: NAV9212(Y)-Check chassis spec Freightliner white: CHA88:GW6-Check chassis spec	1	WC
5F-10-4801	<	Paint, Belt, None, Std Model only Cab & Module, all white, std.	1	WC
5F-10-48SP	X <	Paint, Two Color, Beltline Down SR#2161758F -Unit to be painted from beltline down with upsweep on front of module. -Paint colors to be Blue PPG# 5960 for mid stripe and Silver PPG #923187 for bottom stripe. See dealer provided photos for reference. Send spray out sample to: Attn. Bob Reilly North Eastern Rescue Vehicles, Inc. 10 Dwight Park Drive Syracuse, NY 13209 Do not paint until samples are approved!	1	
DECAL PACKAGES INSTALLED:				
5P-10-5001		Roof Star, White Border, Installed, Std Model Only	1	WC
5P-10-50SP	X <	Install Dealer Supplied Graphics SR#2161758F -Per the photos provided	1	WC

PART NO	DESCRIPTION	QTY	ID
	This will be done by 24/Seven		
	Labor only		
	ELECTRICAL SYSTEM: Circuitboard		
	BATTERY SWITCHES:		
60-22-1052	< Battery Sw, 5min Timer, F3/CM+, Gasoline, Fig 5B (new code)	1	WC
	Activated thru OEM ignition switch timer function upon ignition "off".		
	Momentary rocker switch, on driver's side of cab console, to function as timer shutoff and also reactivate timer.		
	(1) OEM battery under hood		
	(1) OEM battery in RF Lower Compartment		
	ONLY Module power is turned on/off.		
	Chassis power is NOT turned off.		
	COAX CABLES/ANTENNAS:		
65-10-3001	< > Coax Cable, RG58/U, (1), Additional, Std Model only	1	WC
	- From module roof port number #1 to behind the passenger seat Standard - with 6' pigtails		
65-30-1000	< > Coax Cable, RG58/U, (1) Each, Standard, Terminate:	1	WC
	- From module roof port number #3 to behind passenger seat standard - with 6' pigtails		
65-30-1500	< > Coax Cable, RG58/U, (1) Each, Additional, Terminate:	1	WC
	From module roof port number:		
	Coax to Terminate: Behind driver's seat		
	- with 6' pigtails		
	12VDC POWER SOURCES & OUTLETS:		
6A-22-200E	< > Outlet, Cigar Lighter, STD, (2), A/A	1	WC
	- on standard 20-amp ignition hot circuit. ("elect batt sw")		
6A-22-2500	< > Outlet, Cigar Lighter, IATS, (1)	4	WC
	(1) Above squad bench, 20" up from the top deck of the quad bench, 8" over from the edge of the foot of squad bench wall		
	(2) On front console, driver side, below siren		
	(1) Front bulkhead wall area for Engel Cooler		
6A-22-5100	< Outlet, Dual USB Port, 5VDC, 2.1Amp output, Standard	1	WC
	Located on the passenger side of the center console, per Electrical Engineering		
6A-22-5150	< Outlet, Dual USB Port, 5VDC, 2.1Amp output, IATS	1	WC
	In Passenger side of center console		
	POWER SOURCE, 12 VDC		
6A-23-0910	< Power Source, 12VDC, 20A, Ignition/Shoreline Hot	1	WC
	20amp 12 volt DC circuit ran to two locations, (1) pre-wire coil and tagged in action area and (1) pre-wire coil and tagged behind driver's seat.		
6A-23-1201	< > Power Source, 12 VDC, 15 Amp (+-), Std Model only	1	WC
	- Ignition hot, terminating in cab console		
	- with 6 foot tails (hot and ground).		
6A-23-3001	< > Power Source, 12 VDC, 30 Amp (+-), Std Model only	1	WC
	- Constant Hot, to terminate behind the passenger seat		
	- with 6 foot tails (hot and ground).		

PART NO	S	DESCRIPTION	QTY	ID
6A-23-30SP	X <	Power Source, 12VDC, 40A, Constant Hot, IATS (10323056) Ref: Item 4, SR #2161758F Inside front auxiliary console as radio pre-wire. To include ground. Each with 6' tails.	1	
ELECTRICAL ACCESSORIES				
6E-10-00SP	X <	Camera, Patient Compartment SR#2161758F Hanscom kit HK 7211. See dealer provided pics for monitor and camera placement.	1	WC
SHORELINE INLETS:				
6F-90-4101	< >	Super Auto Eject, 20 amp, ILOS, White, Std Model Only - with white cover; mounted above compartment "E"	1	WC
110 VAC OUTLETS:				
6K-40-1000	<	Outlet, 110 VAC, Duplex, (2), STD - (1) outlet in action area - (1) outlet in the RF Cabinet "E1", wall #2, upper right. (change to cabt "E2" for Pureair 1 cabt)	1	WC
6K-40-2000	< >	Outlet, 110 VAC, Duplex, IATS -interior curbside above foot end of squad bench mounted approx. 15" up and over 3" from rear wall.	1	WC
INVERTERS:				
7F-10-9000	< >	Inverter/Charger, Vanner 20-1050CUL-DC - Mounted on ceiling of compartment "E" upper left hand corner with expanded metal cage. See dealer provided pics for reference.	1	WC
7F-10-90SP	X <	Solar Trickle Charger SR#2161758F -Install a Solar Trickle Charger on the module roof per the pics attached. The following parts will be needed: Morningstar Solar Charge Controller SS-MPPT-15L Kyocera/Solarland Solar Panel SLP160S-12 Solarline 30 ft cable MC4-30-MF-1KV	1	
CONSOLES:				
7U-10-7000		Console, A/A, Wood, Angled	1	WC
7U-10-8952	>	Console, ECC, F2, F3, F7, 2008+	1	WC
7U-12-1000	X <	Console, Custom Dade Style, IATS (10139352) SR#2161758F Eng: Drawing #311733D with two cup holders and small storage pocket.	1	
GAUGES/METERS:				
D0-10-6500	<	Alarm, Low Voltage, Audio/Visual Light in cab console and Buzzer in cab.	1	WC
D0-10-7000		Voltmeter, OEM, In Dash	1	WC
SIREN SPEAKERS:				
DF-10-9100		Speakers, (2), Whelen, SA-315, In Grille area, F3/F7	1	WC
SIRENS:				
DK-10-1400	>	Siren, Whelen, WS-295-SLSA1, Standard	1	WC
SWITCHING OPTIONS FOR AIR HORNS & SIRENS:				
DP-11-1000		Switch, Siren/Horn Thru Horn Ring	1	WC
AUDIBLE ALARMS:				
			1	WC

PART NO	S	DESCRIPTION	QTY	ID
F0-11-3501		Alarm, Back-Up, Auto Reset, Std Model only	1	WC
	<	VEHICLE EXTERIOR LIGHTING	1	WC
		Lights on unit are to have primary and secondary Triple K compliant flash patterns		
		WHELEN FLANGES FOR 9E SERIES LIGHTS:	1	WC
FU-38-0100		Flange, Super 9L, #90FLANGC, (1) Each	16	WC
FU-38-0500		Flange, 97 Series, (1) Each	6	WC
		WHELEN SUPER LED 9L FLASHING LIGHTS T1,3,9:	1	WC
FU-40-0105	< >	Light, 9L, Super LED, Whelen, Red,Clear Lens,ILOS, 90RR5FCR	8	WC
		- (2) each side standard location		
		- (2) on rear in upper outer corners		
		- (2) on front in upper outer corners		
		Pri/Sec internal comet flash		
FU-40-0107	< >	Light, 9L, Super LED, Whelen, Red,Clear Lens,IATS, 90RR5FCR	6	WC
		(2) to show through the upper rear windows.		
		Pri/Sec internal comet flash		
		(2) Front 1 each side of center white light (Cool bar)		
		Pri only internal comet flash		
		(2) angled ends of cool bar		
		Pri only internal comet flash		
FU-40-0110	< >	Light, 9L, Super LED, Whelen,Amber,Clear Lens,ILOS, 90AA5FCR	1	WC
		on center rear		
		Pri/Sec internal comet flash		
FU-40-0114	< >	Light, 9L, Super LED, Whelen, Clear, ILOS, 90CC5FCR	1	WC
		Front center (Cool bar)		
		Pri only internal comet flash		
		WHELEN SUPER LED 7L LIGHTS W/FLASHERS:	1	WC
H5-58-0320	< >	Light, 7L, Super LED, Whelen, Red, Clear Lens, ILOS,70R02FCR	2	WC
		- (2) as front intersection lights		
		Pri only internal comet flash		
		WHELEN FLANGES 7 SERIES LIGHTS	1	WC
H5-59-1000	<	Flange, Whelen, For 7E lights (1), Mods	2	WC
		- For 7 Series Lights		
		GRILLE/INTS LIGHTS, 2008+ FORD & DODGE, WHELEN:	1	WC
H5-59-400E	<	Light, Whelen, LIN3, LED-Red, Std, RSRO2ZCR	2	WC
		- (2) in upper grille		
		Pri only internal comet flash		
		CORNER CAP LIGHTS	1	WC
HF-11-6049	<	Corner Cap Lts,Multi-LED,(2)Amber(2)Red w/Flashers,Std Model	1	WC
		- High intensity flashers; thru separate switch		
		CLEARANCE LIGHTS:	1	WC
HF-12-9100	<	Light, Clearance, Amber LED, ILOS	3	WC
HF-12-9601	<	Light, Clearance, Red LED, Std Model only	3	WC
		- On rear as clearance lights.		
		SCENE AND LOAD LIGHTS	1	WC
HK-20-110E	<	Light, Halogen, Whelen; 9H, Clear, 8-32 Deg, STD, (1)	4	WC
		- (2) each side as scene lights		

PART NO	S	DESCRIPTION	QTY	ID
HK-20-130E	<	Light, Halogen, Whelen, 9H, Clear, 8-32 Deg, STD, (1) - (2) on rear as load lights	2	WC
		HARNES LAYOUT:	1	WC
J5-12-1000		Halogen, " E " Spec, Whelen	1	WC
		STOP/TURN/TAIL LIGHTS:	1	WC
JA-10-1200		Light, License Tag, (2), Trucklite #15205 LED, ILOS	1	WC
JA-13-8010	<	Tailights, Whelen,LED Stop/Tail, Halogen/Backup, w/ WC logo - Brake- Alert Flash before the steady Burn - Turn Arrow – sequential arrow	1	WC
		MODULE OVERHEAD HEADLINER:	1	WC
JK-10-5500		Headliner, Flat, Expanded PVC, Std	1	WC
		12VDC INTERIOR LIGHTING:	1	WC
JP-10-0611	<	Lights, Dome, LED, Whelen, White Flng, (4) S/S, (3) C/S, ILOS NOTE: NO VISABLE FASTENERS OR HOLES.	1	WC
JP-10-7015		Light, Stepwell, LED, Whelen #TOCACCCR, 2in, ILOS	1	WC
JP-10-8030		Light, Intertek ZY-PIR38 12v, LED, In A/A ILOS	1	WC
		12VDC INTERIOR LIGHTING - FLUORESCENT:	1	WC
JP-16-1206	< >	Lights, Fluor, Thinlite #766, 18IN, (3), W/Sw, Std Model Only (must change to surface mount if "ducted" A/C system) Recessed, 18" Mount in liner positions F, G, and H With switch in A/A.	1	WC
		LIGHTS & MISCELLANEOUS:	1	WC
JR-50-1401		Spotlight, Blue Eye, 400,000 CP, Std Model only	1	WC
JR-50-2950	<	Light, LED, Compt, Whelen #TOCACCCR, 2in, ILOS (6) All module compartments except batt compt. ILOS (1) O2 light ILOS	7	WC
JR-60-2003	< >	Timer, Momentary Sw, 15 Minute, Constant Hot, Std Model only (must have ECX timed battery switch with this option) Mount switch on C/S wall at the head of the squad bench in the standard location. Switch to allow activation and also deactivation. Wire to fluorescent lights in liner.	1	WC
JR-70-0005	<	Light, in Circuit Board Area, for Electrical Troubleshooting - with integral switch; wired constant hot.	1	WC
		SUCTION PUMPS:	1	WC
LP-10-0500		Suction Pump, Standard	1	WC
		INSULATION:	1	WC
LU-10-1000		Insulation, Fiberglass, Unfaced	1	WC
		GRABRAIL(S)/GRABHANDLES:	1	WC
N0-10-9101	<	Grabrail, Overhead, 117", Handicap Style, Yellow, Std Model Only Yellow Powder Coat Finish	1	WC
N0-10-9703	<	Handrails, (3), Custom "L" Shape, 1", Yellow, Entry Drs, Std Model - Yellow Powder Coat Finish Stainless Steel Grab Handles	1	WC
		O2 CYLINDER RACKS:	1	WC
NA-10-2500	>	Rack, Cylinder, Ziamatic, "M", QRM-2	1	WC
		O2 SYSTEMS COMPLETE:	1	WC
NF-50-1001	< >	O2 Sys, LF, (2) O2/(1) Vac Port A/A, (1) O2 C/S, Std Model only Ohio style (2) oxygen outlets in action area (1) vacuum port in action area	1	WC

PART NO	S	DESCRIPTION	QTY	ID
		(1) oxygen outlet curbside wall at head of squad bench		
		O2 SYSTEM PARTS:		
P0-59-7500	<	Regulator, Oxygen Cylinder, Preset 50PSI, Installed (new code)	1	WC
			1	WC
		SUCTION CONTAINERS:		
PA-10-7003	< >	Regulator/Holder, SSCOR 22000, With Canister clip Conforms to J3043 requirements	1	WC
			1	WC
		COT MOUNTS:		
PF-26-3580		Cot Mount, Stryker 6392 Performance Load with Floor Plate	1	WC
			1	WC
		IV HOOKS:		
PP-20-1000	< >	IV Hook, Perko, (1), W/Straps, STD	2	WC
		curbside and streetside standard locations		
		MISC. INSTALLED HARDWARE/EQUIPMENT:		
R5-11-2000	<	Net, Squad Saver, at Head of Squad Bench, 2" Straps, Yellow	1	WC
			1	WC
		attached to floor at head of squad bench, CS wall and overhead liner with removable latches.		
R5-11-5700	<	Seatbelt, Assy, (6) Point, (1) EA - Change Notice 8 -Compliant (1) for CPR side seat (if Required) (2) for squad bench (Standard)	3	WC
R5-11-57SP	X <	Seat Belt, Assy, Yellow ILOS (10323072) SR#2161758F	1	
		-C/S and S/S seating positions.		
		SA-28820 Belt, Yellow, 6-Point #ZA-6PT-4R-MOD-29		
R5-11-57SR	X <	Engle Cooler W/Mounting Plate SR#2161758F	1	
		-Install an Engle Cooler with the mounting plate per dealer provided photos.		
		Engel cooler EN-MHD13F-DM Transit cooler lock EN-TSL17 Tsl mounting plate EN-TSLPLATE		
		HOLDER, CYLINDER:		
RF-11-6050	< >	Holder, Cylinder, Single Floor, Zico QR-D-2 Strapless, Installed	1	WC
		Installed inside side entry door stepwell head end of squadbench. See dealer supplied photos for locations.	2	WC
		MODULE INTERIOR		
RU-05-0000		Interior Cabinets - Duralite Construction, Wood	1	WC
			1	WC
		MICA COLOR:		
RU-10-3001		Mica, Light Gray Gloss, Std Model only	1	WC
			1	WC
		SUB FLOORING:		
RZ-99-0025		Flooring, Wood, Type 3/7/9, Std	1	WC
			1	WC
		FLOORING:		
T0-11-8201		Flooring, Lonplate II, Gunpowder Grey #424TX, Std Model only	1	WC
			1	WC
		SEAMLESS ATTENDANT SEATS:		
T5-10-5111	<	Seat, Attendant, EVS, Child, Gunmetal #1880CB, Std Model only	1	WC
			1	WC
		Vacuum formed EVS1880CB w/ 3 point seatbelt. Integrated child safety seat. Mounted metal box base.		

PART NO	S	DESCRIPTION	QTY	ID
T5-10-51SP	X <	Seat Attendant, Yellow Seat Belts, ILOS (10323080) SR#2161758F EVS #1880CB Child/Attendant seat, 6-point yellow harness, cabinet base	1	
		SEAMLESS UPHOLSTERY:	1	WC
T5-25-0500		Uph, Smless, Gunmetal, No Bio, No Post & Wheel	1	WC
		BULKHEAD CABINET:	1	WC
TF-51-9500	<	Cabinet, Bulkhead, 10" Ext , 72Hr, Type3 NO broom closet behind attendant seat.	1	WC
		O2 DOOR:	1	WC
TK-10-5010		Lexan Flaps, Hinged Left Side, Fixed Right Side, Std	1	WC
		GLOVE HOLDERS:	1	WC
TN-20-1001	<	Cabinet, Glove Box Holder, (3), Above C/S door, Std Model only (narrows cabt "E1" on Pureair 1 w/low headroom)	1	WC
		BULKHEAD SLIDING DOOR:	1	WC
TP-10-6000	<	Door, Sliding, Bulkhead, STD with sliding Lexan window	1	WC
		RIGHT FRONT CABINET:	1	WC
TU-20-1400		Cab, RF, W/O Healthguard, AC/Combo	1	WC
		RF CABINET DOORS W/COMBO A/C	1	WC
TU-20-7B00		Door, Dual Wood, Clear Lexan Insert, RF Cabt	1	WC
		HARDWARE, LATCHES AND LOCKS:	1	WC
V0-10-0500	< >	Handle, C, Pull, Installed, (1) Ea, STD -RF Cabinet(s)	2	WC
V0-10-2000	< >	Latch, Plunger Roller, Installed -RF Cabinet(s)	4	WC
V0-14-1001	>	Latch, Lever, W/Key, Installed, "L" Cabt Wood Door	1	WC
		SQUAD BENCH:	1	WC
V5-20-3802		Squad Bench, Bio-Waste @ Head, 170", Std Model only	1	WC
		LID 170 INCH BOX:	1	WC
V5-64-1501		Lid, Squad Bench, Single W/Bio-Waste, 170", Std Model only	1	WC
		HARDWARE:	1	WC
V5-80-1005		Handle, Trimark, Squad Bench, STD	1	WC
V5-82-2500		Strut, Gas, 60 LB, Installed, ILOS, Mods	1	WC
		CURBSIDE SPLINT CABINET 160-170 inch Module	1	WC
VA-40-2950		Curbside Splint Cabt, None	1	WC
		CURBSIDE REAR CABINET:	1	WC
VF-20-4700		Cabinet, Curbside Rear, Standard, 170", 72"HR	1	WC
		CABINET H, BASEWALL 170", T1/T3	1	WC
VH-H2-0300		H, Cabinet, Inside/ Outside Access	1	WC
		CABINET I, BASEWALL 170", T1/T3	1	WC
VH-I2-0400		I, Cabinet, Deleted	1	WC
		CABINET M, BASEWALL 160-170", T3	1	WC
VH-M1-0300		M, Cabinet, deleted	1	WC
		CABINET O, BASEWALL 160-170", T1/T3	1	WC
VH-O1-0100		O, Cabinet, full height, std	1	WC
		CABINET CPR, BASEWALL, 149"-170", T1 & T3	1	WC
VH-Q0-0101		CPR, side seat, Std Model only	1	WC
VH-Q0-0301		CPR, side seat, flip up lid, Std Model only	1	WC
		CABINET J, STREETSIDE UPPER 170", T1/T3	1	WC
VI-J2-0300		J, Cabinet, 72" H.R.	1	WC
		CABINET K, STREETSIDE UPPER 160-170", T1/T3	1	WC
VI-K1-0200		K, Cabinet, 72" H.R.	1	WC
VI-K2-0100	<	K2, Cabinet, w/ CPR seat Note: TO meet KKK requirement for space between cushion on squad bench and bottom of splint cabt. w/lexan sliders.	1	WC

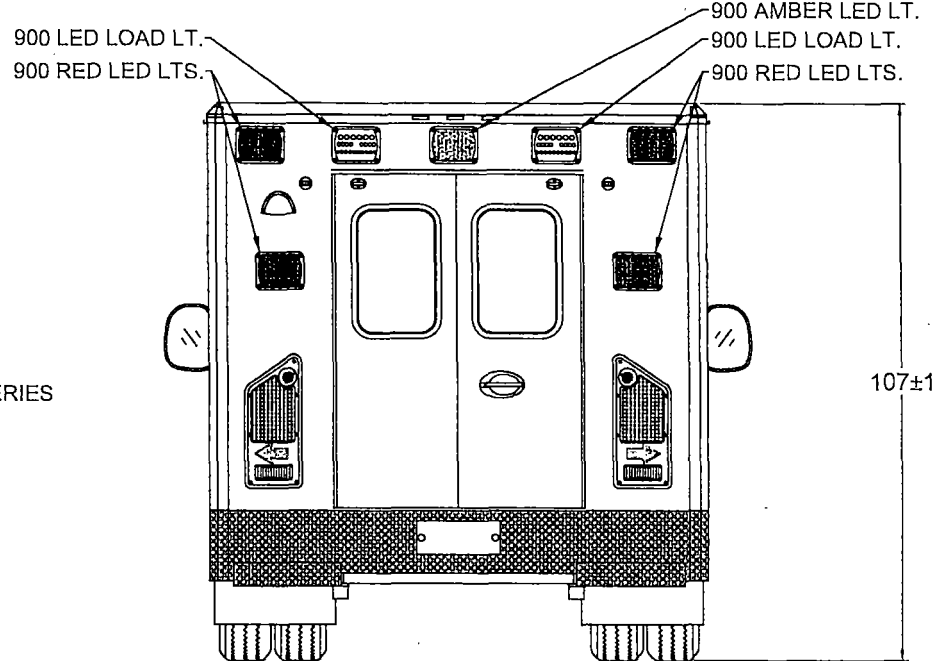
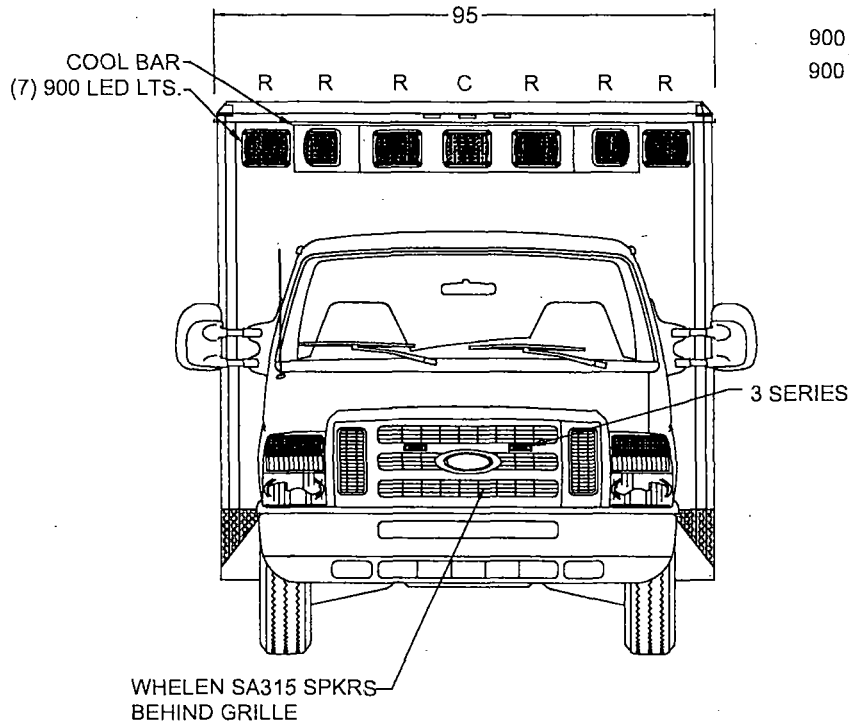
PART NO	S	DESCRIPTION	QTY	ID
CABINET L, STREETSIDE UPPER 160-170", T1/T3				
VI-L1-0251	<	L,Cabts,L1 in Angled Area,L2 std,3/4 F,72"HR, Std Model only with adj shelf in "L2"	1	WC
			1	WC
BASEWALL DOORS:				
VK-15-4000		Cab H, Gray Lexan Slider	1	WC
VK-16-5000		Cab O, Gray Lexan Slider	1	WC
TELEMETRY AREA WORK SURFACE				
VP-10-5462	<	Telemetry Tray, Poured, Gray, Narrow, 50" Aisle, Type 3 **only for 50" aisle space units**	1	WC
ACTION AREA WORK SURFACE				
VP-10-5916	< >	A/A Tray, No Bio, Poured, Gray, Narrow, 50" Aisle, Type 3/7 **only for 50" aisle space units**	1	WC
			1	WC
ACTION AREA 165/170 INCH BOX:				
VP-15-7000		Cab,A/A,Without Biowaste, 160-170" In	1	WC
VU-14-4000	< >	Shelf, Interior, Adj, in Cabinet: (1) Cabinet O	1	WC
VU-14-4000	< >	Shelf, Interior, Adj, in Cabinet: (1) Cabinet J	1	WC
VU-14-4000	< >	Shelf, Interior, Adj, in Cabinet: (1) Cabinet L1 (1) Cabinet L2	2	WC
VU-14-4000	< >	Shelf, Interior, Adj, in Cabinet: (1) Cabinet K	1	WC
VU-14-4001	< >	Shelf Track, Cabt, #HA24663, Upgrade, Std Model only ("C" channel/exterior shelf style track) **This option may require quantity adjustment**	5	WC
VU-15-2000		Cab "J" Gray Lexan Slider	1	WC
VU-15-4000		Cab "K" Gray Lexan Slider	1	WC
VU-15-6000		Cab "K2" Gray Lexan Slider	1	WC
VU-15-9000	<	Cab "L1" Wood Door hinged on right.	1	WC
VU-16-3000		Cab "L2" Gray Lexan Slider	1	WC
SHIP LOOSE ITEMS:				
YY-00-0001	>	Bracket, Spare Tire Mounting, Ship Loose	1	WC
YY-10-6400		Ship Loose, W.C. Standard Items	1	WC
YY-13-3000	>	Spare Tire, OEM only, Ship Loose	1	WC
WARRANTIES				
ZZ-10-0101		Warranty, Conversion, 12 Month	1	WC
ZZ-10-0201		Warranty, Paint, 60 month Prorated, Standard	1	WC
ZZ-10-0300		Warranty, Structural, 15 Years, Std., Mods	1	WC
ZZ-10-0601		Warranty, Limited Electrical	1	WC
ZZ-10-0701		Warranty, Cabinet Construction	1	WC
ZZ-ZZ-0200	>	End Of Order	1	WC

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MARICOPA AMBULANCE

170 x 95 x 72

ALL LIGHTS TO HAVE FLANGES



EXTERIOR COMPARTMENT DIMENSIONS IN INCHES

INTERIOR DIMENSIONS				PASS THRU		INTERIOR DIMENSIONS				JAMB OPENING	
COMPT.	HEIGHT	WIDTH	DEPTH	HEIGHT	WIDTH	COMPT.	HEIGHT	WIDTH	DEPTH	HEIGHT	WIDTH



E450 TYPE 3 FORD 2017
FRONT / REAR
EXTERIOR VIEWS

BE ADVISED THAT THESE ARE PRELIMINARY LAYOUTS INTENDED TO ILLUSTRATE DESIGN INTENT AND DIMENSIONS ARE FOR REFERENCE ONLY PRIOR TO FINAL ENGINEERING

DATE:	07/18/17	SCALE
DWN BY	SG	DWG NO 1/9

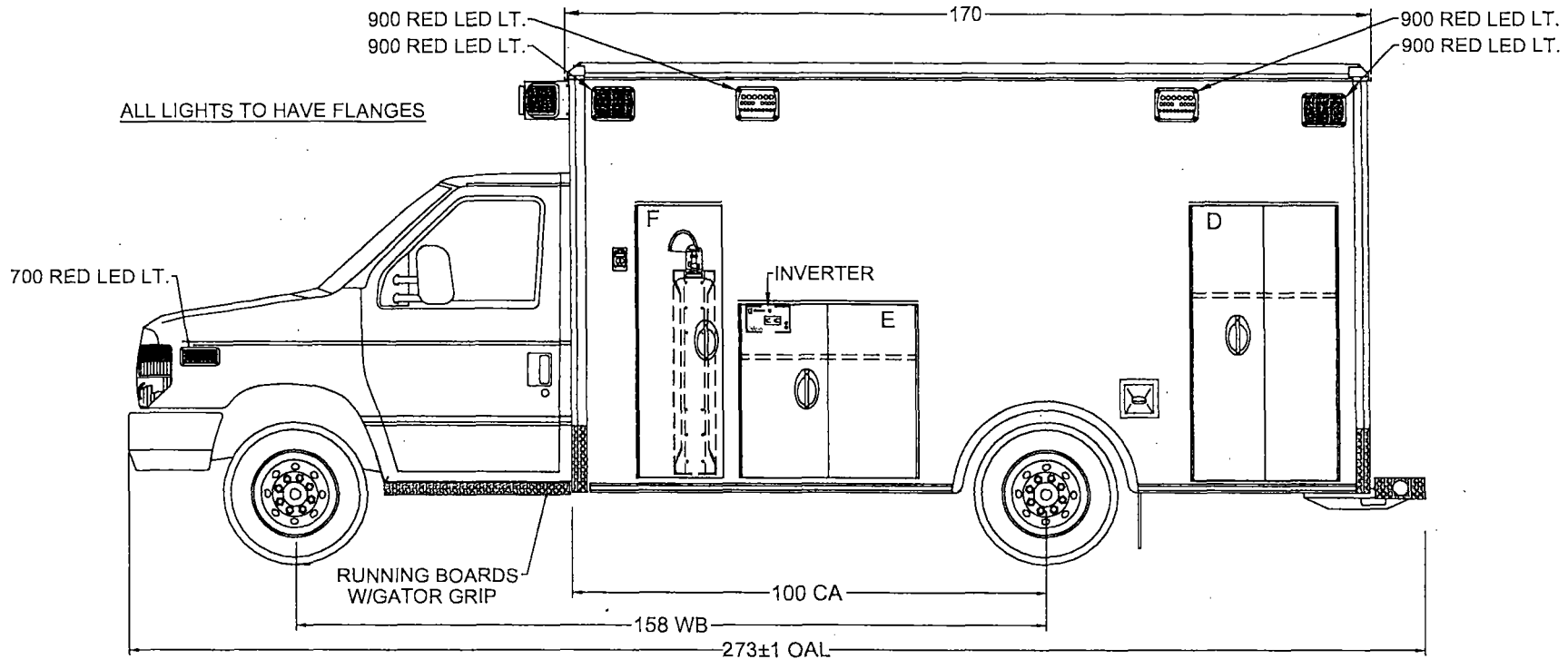
50" AISLE

15636306v4

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MARICOPA AMBULANCE

170 x 95 x 72



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EXTERIOR COMPARTMENT DIMENSIONS IN INCHES											
INTERIOR DIMENSIONS				JAMB OPENING		INTERIOR DIMENSIONS				JAMB OPENING	
COMPT.	HEIGHT	WIDTH	DEPTH	HEIGHT	WIDTH	COMPT.	HEIGHT	WIDTH	DEPTH	HEIGHT	WIDTH
D	61.75	34.00	17.00	58.50	30.50						
E	39.00	40.00	17.00	37.00	27.50						
F	61.75	19.00	21.75/17.00	58.50	18.50						



E450 TYPE 3 FORD 2017

LEFT EXT. VIEW

DATE 07/18/17 SCALE

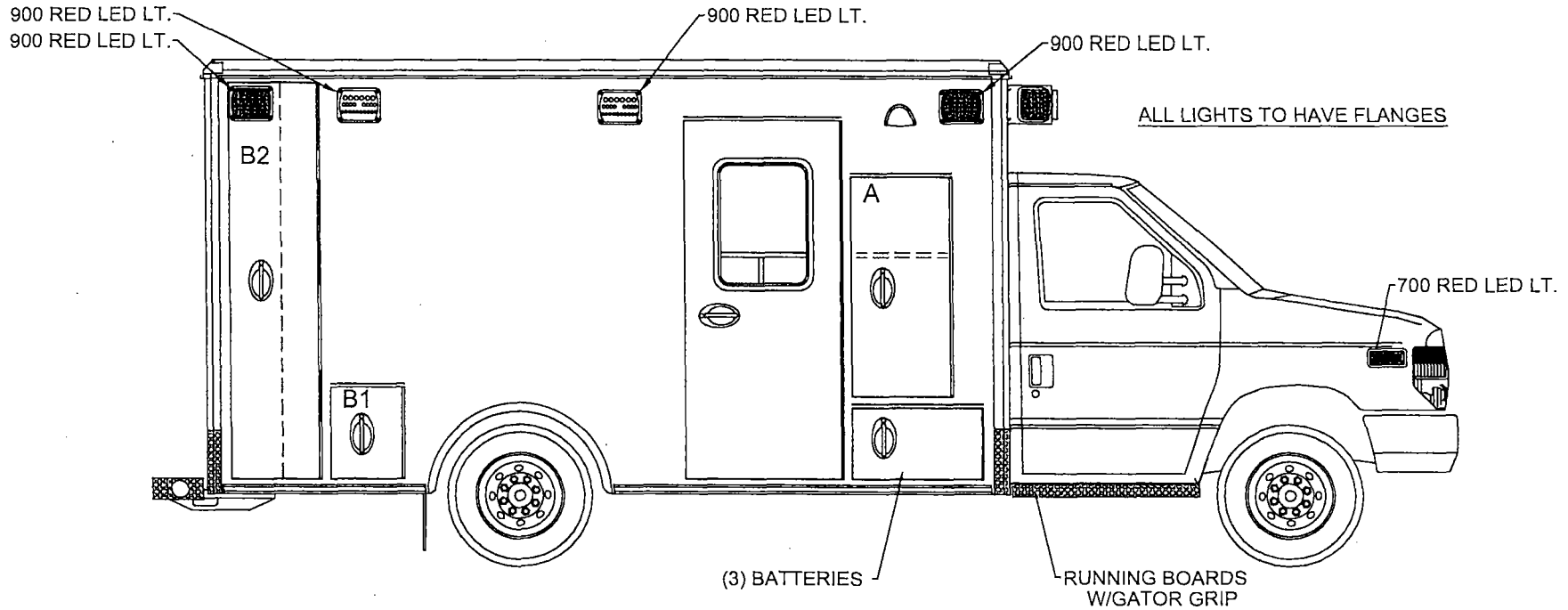
DRAWN BY SG DWS NO 2 / 9

50" AISLE


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MARICOPA AMBULANCE

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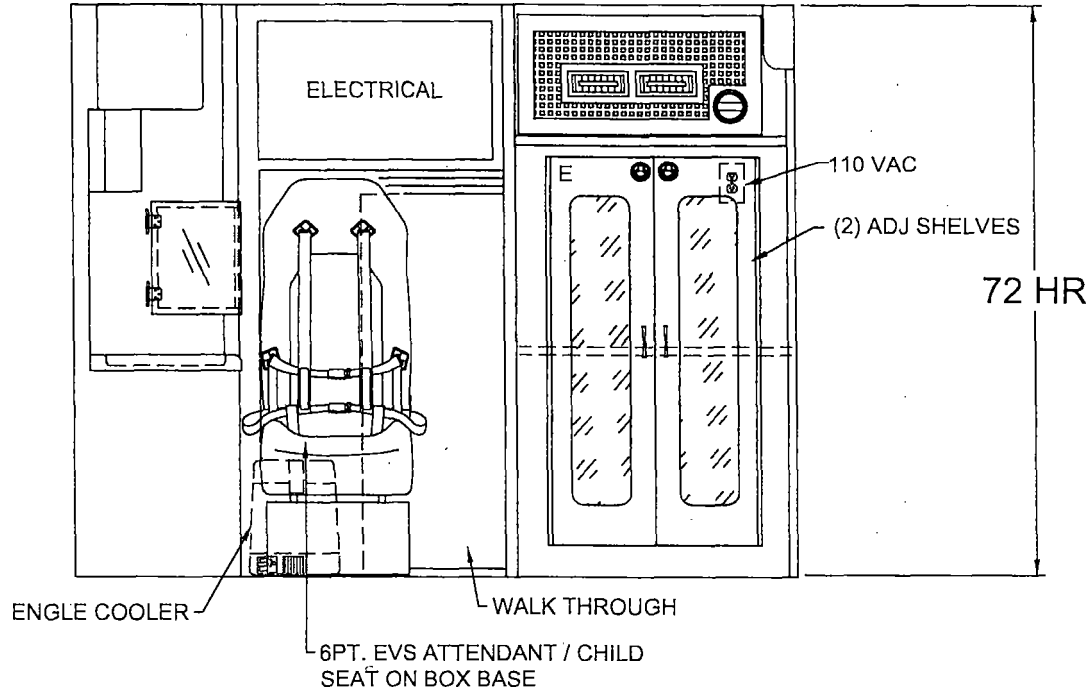
EXTERIOR COMPARTMENT DIMENSIONS IN INCHES													
INTERIOR DIMENSIONS				JAMB OPENING		INTERIOR DIMENSIONS				JAMB OPENING			
COMPT.	HEIGHT	WIDTH	DEPTH	HEIGHT	WIDTH	COMPT.	HEIGHT	WIDTH	DEPTH	HEIGHT	WIDTH		
A				46.75	21.00								E450 TYPE 3 FORD 2017 RIGHT EXT. VIEW
B1	22.50	18.00	15.50	19.25	15.50								
B2	85.00	21.25	18.25	81.75	19.00								
BATT.	15.50	30.25	18.75	15.00	27.25								
50" AISLE												DATE 07/18/17 DRAWN BY SG SCALE DWG NO 3 / 9	

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MARICOPA AMBULANCE

170 x 95 x 72



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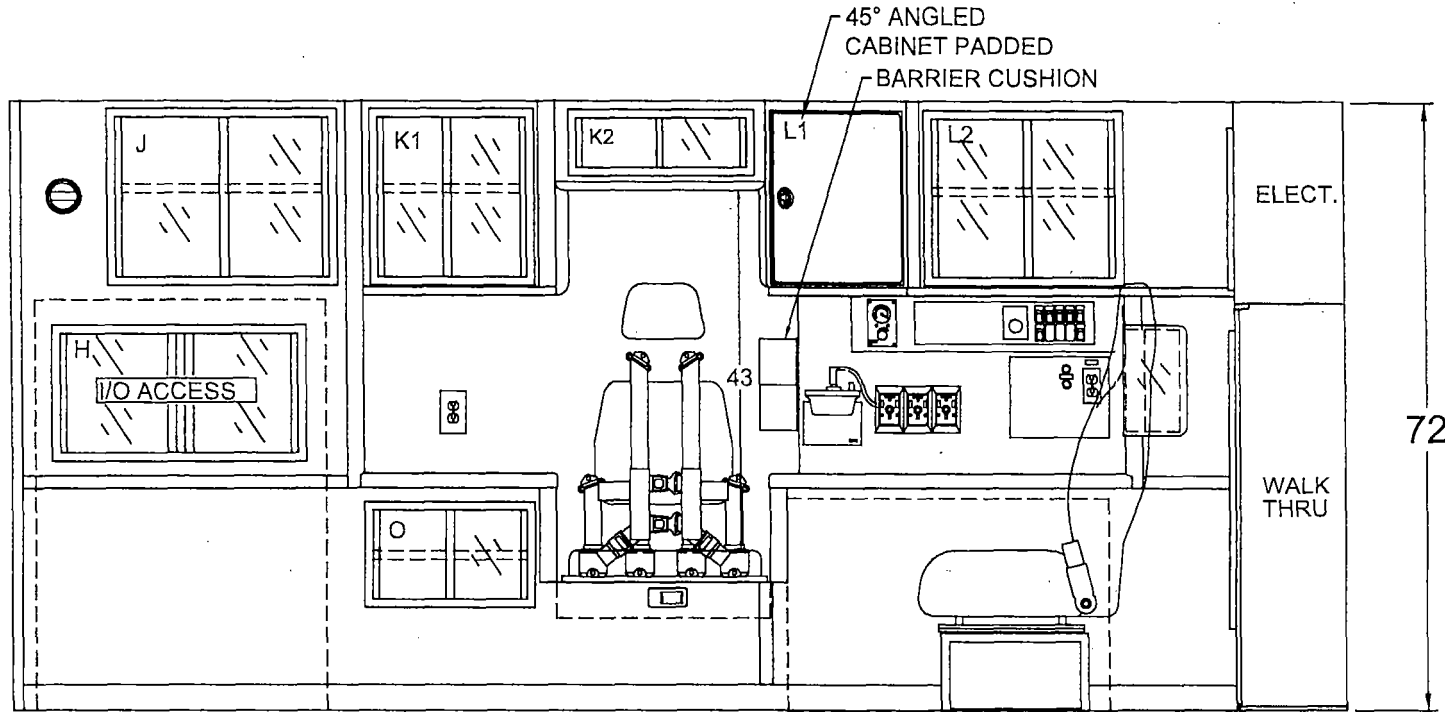
INTERIOR CABINET DIMENSIONS IN INCHES									
CABINET	HEIGHT	WIDTH	DEPTH	CABINET	HEIGHT	WIDTH	DEPTH		
E	49.50	33.50	23.75					E450 TYPE 3 FORD 2017 BULKHEAD INTERIOR	
50" AISLE								DATE 07/18/17 DRAWN BY SG	SCALE DWG NO 4 / 9

15636306v4

CA164476

MARICOPA AMBULANCE

170 x 95 x 72



INTERIOR CABINET DIMENSIONS IN INCHES

CABINET	HEIGHT	WIDTH	DEPTH		CABINET	HEIGHT	WIDTH	DEPTH
H	22.50	31.00			L2	20.25	29.25	11.25
J	20.25	28.00	17.25		O	15.00	25.00	17.25
K1	20.25	25.00	17.25					
K2	7.00	22.25	7.00					
L1	20.25	9.25	9.25		CPR SEAT	4.25	21.25	17.25

50" AISLE

BE ADVISED THAT THESE ARE PRELIMINARY LAYOUTS INTENDED TO ILLUSTRATE DESIGN INTENT AND DIMENSIONS ARE FOR REFERENCE ONLY PRIOR TO FINAL ENGINEERING



E450 TYPE 3 FORD 2017

LEFT INTERIOR

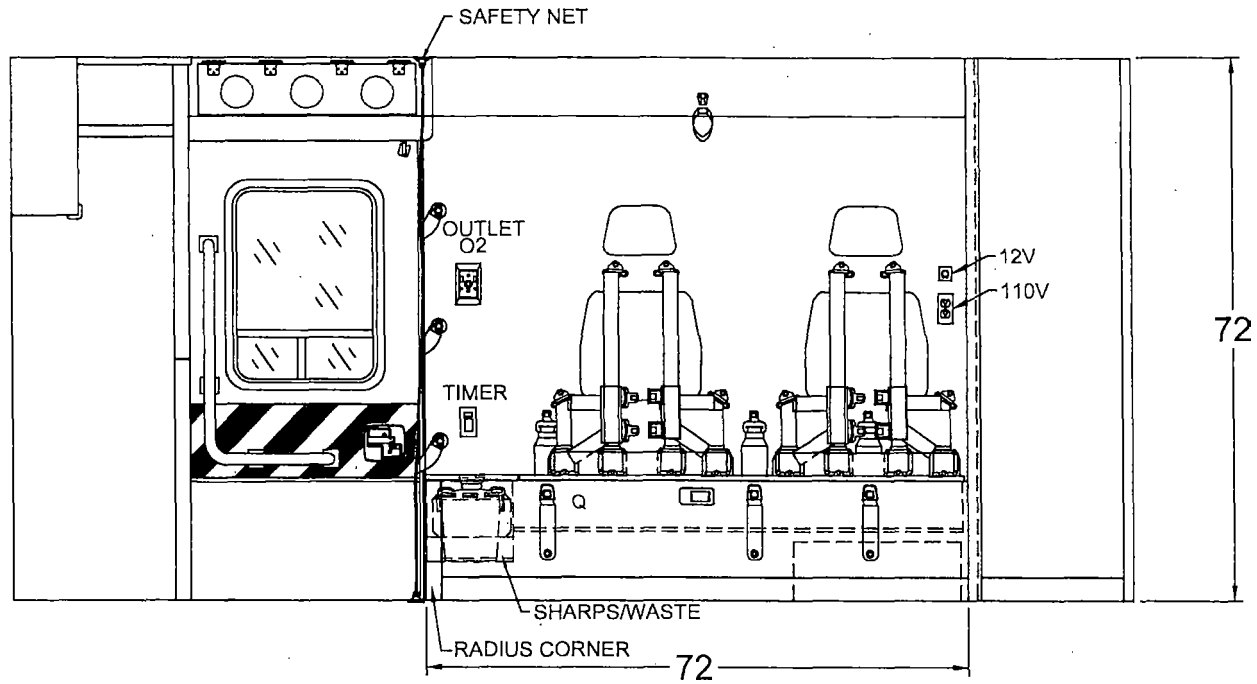
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DWN BY	SG	DWG NO	5 / 9

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CA164476

MARICOPA AMBULANCE

170 x 95 x 72



INTERIOR CABINET DIMENSIONS IN INCHES

COMPT.	HEIGHT	WIDTH	DEPTH	COMPT.	HEIGHT	WIDTH	DEPTH
Q	6.00	59.75	16.75				

50" AISLE

BE ADVISED THAT THESE ARE PRELIMINARY LAYOUTS INTENDED TO ILLUSTRATE DESIGN INTENT AND DIMENSIONS ARE FOR REFERENCE ONLY PRIOR TO FINAL ENGINEERING



E450 TYPE 3 FORD 2017
RIGHT INTERIOR

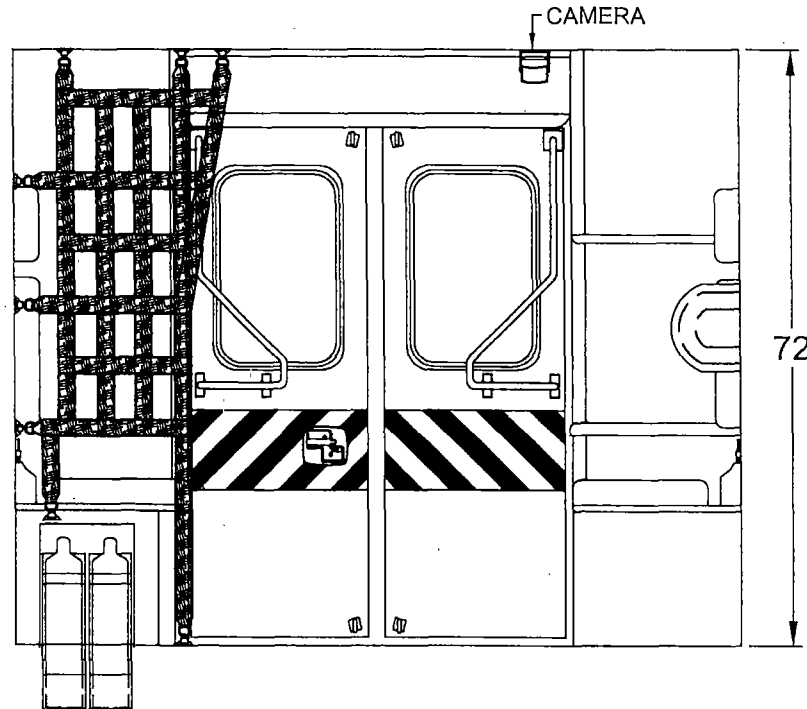
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CA164476

MARICOPA AMBULANCE

170 x 95 x 72



INTERIOR CABINET DIMENSIONS IN INCHES

COMPT.	HEIGHT	WIDTH	DEPTH	COMPT.	HEIGHT	WIDTH	DEPTH

50" AISLE

BE ADVISED THAT THESE ARE PRELIMINARY LAYOUTS INTENDED TO ILLUSTRATE DESIGN INTENT AND DIMENSIONS ARE FOR REFERENCE ONLY PRIOR TO FINAL ENGINEERING



E450 TYPE 3 FORD 2017

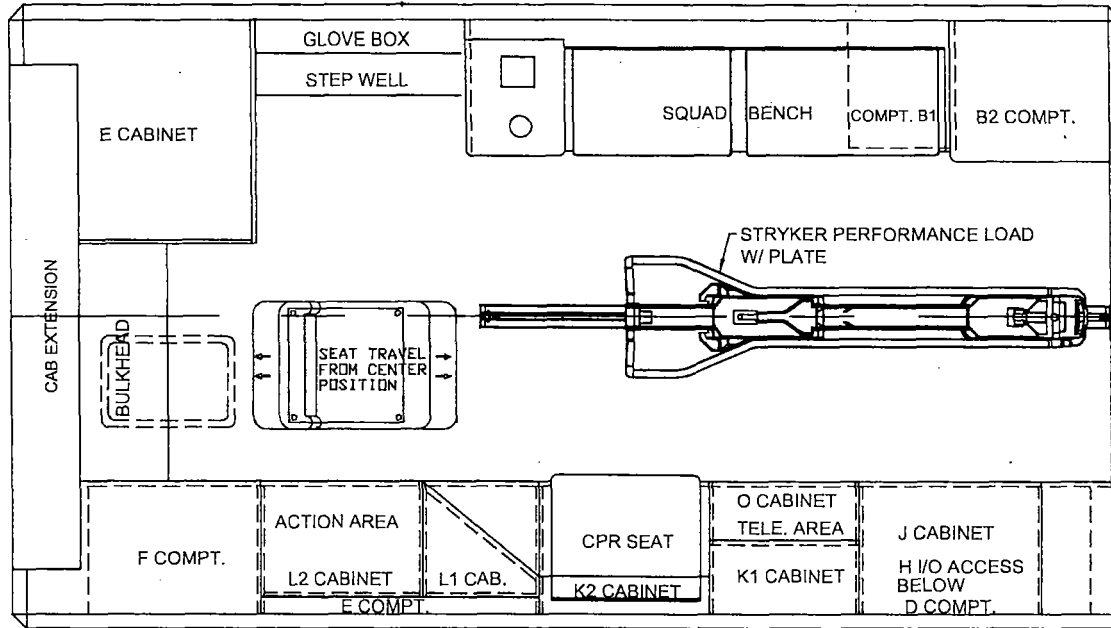
REAR BULKHEAD INTERIOR

DATE:	07/18/17	SCALE	
DRAWN BY:	SG	CHECKED BY:	7/9

CA164476

MARICOPA AMBULANCE

170 x 95 x 72



BE ADVISED THAT THESE ARE PRELIMINARY LAYOUTS INTENDED TO ILLUSTRATE DESIGN INTENT AND DIMENSIONS ARE FOR REFERENCE ONLY PRIOR TO FINAL ENGINEERING

INTERIOR CABINET DIMENSIONS IN INCHES

CABINET	HEIGHT	WIDTH	DEPTH	CABINET	HEIGHT	WIDTH	DEPTH



E450 TYPE 3 FORD 2017
FLOOR PLAN

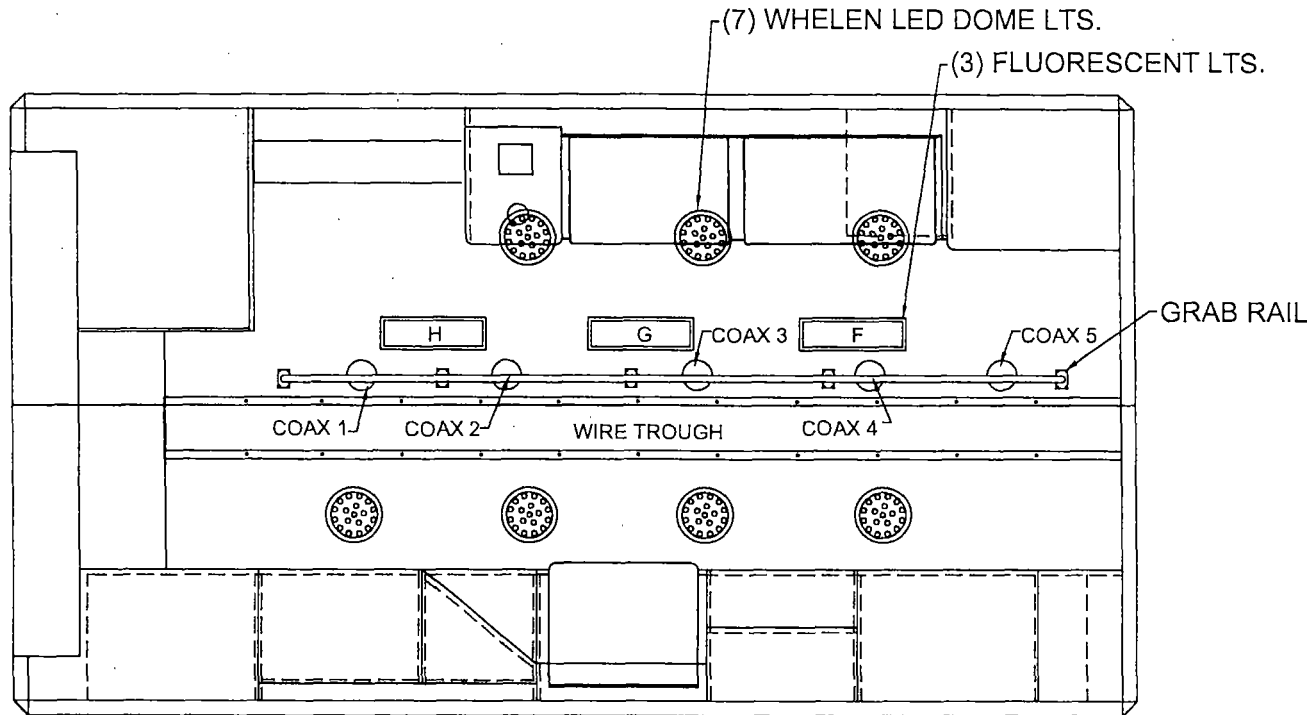
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DWN BY: SG DWG NO: 8 / 9

50" AISLE

CA164476

MARICOPA AMBULANCE

170 x 95 x 72



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INTERIOR CABINET DIMENSIONS IN INCHES

CABINET	HEIGHT	WIDTH	DEPTH	CABINET	HEIGHT	WIDTH	DEPTH



E450 TYPE 3 FORD 2017

LINER

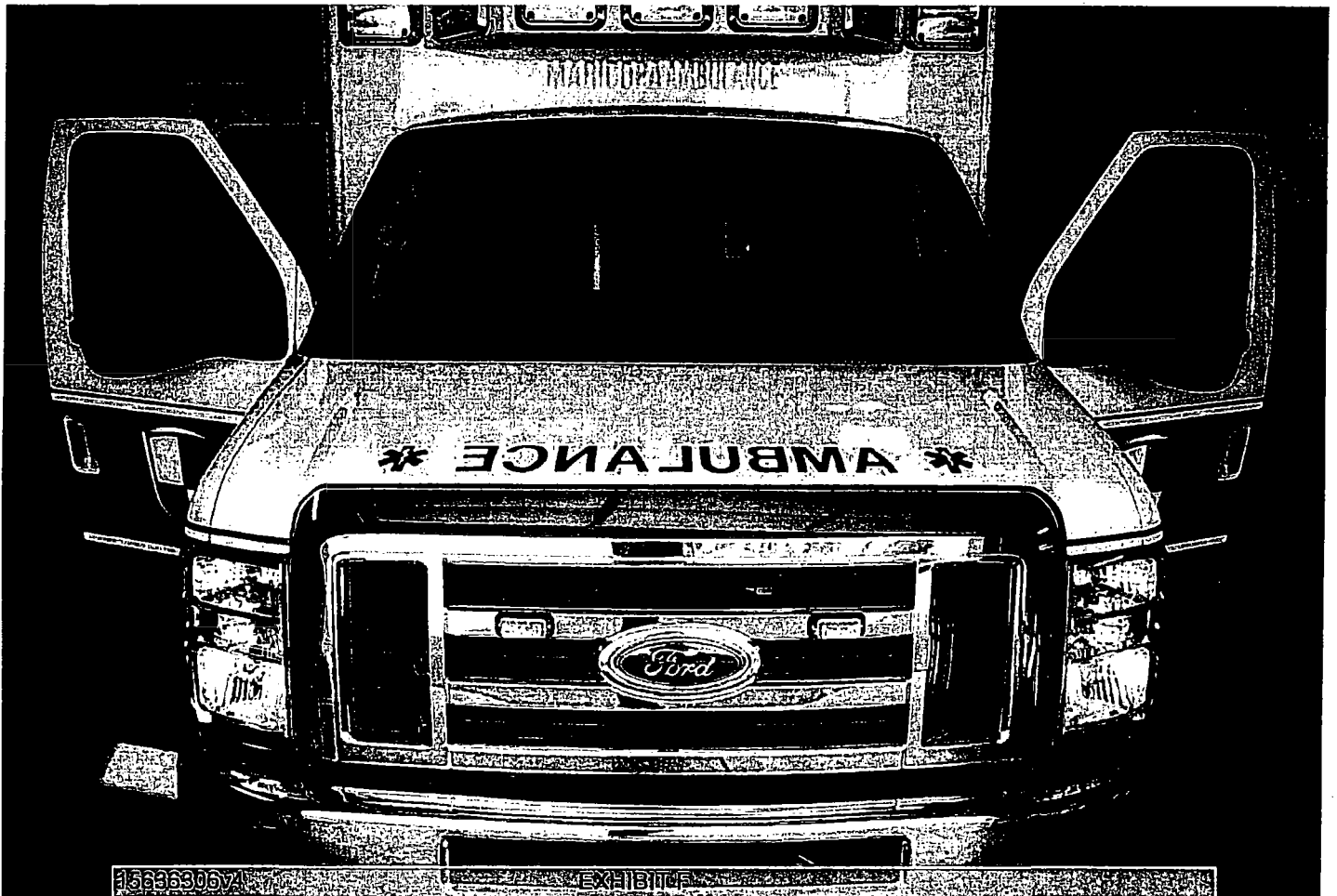
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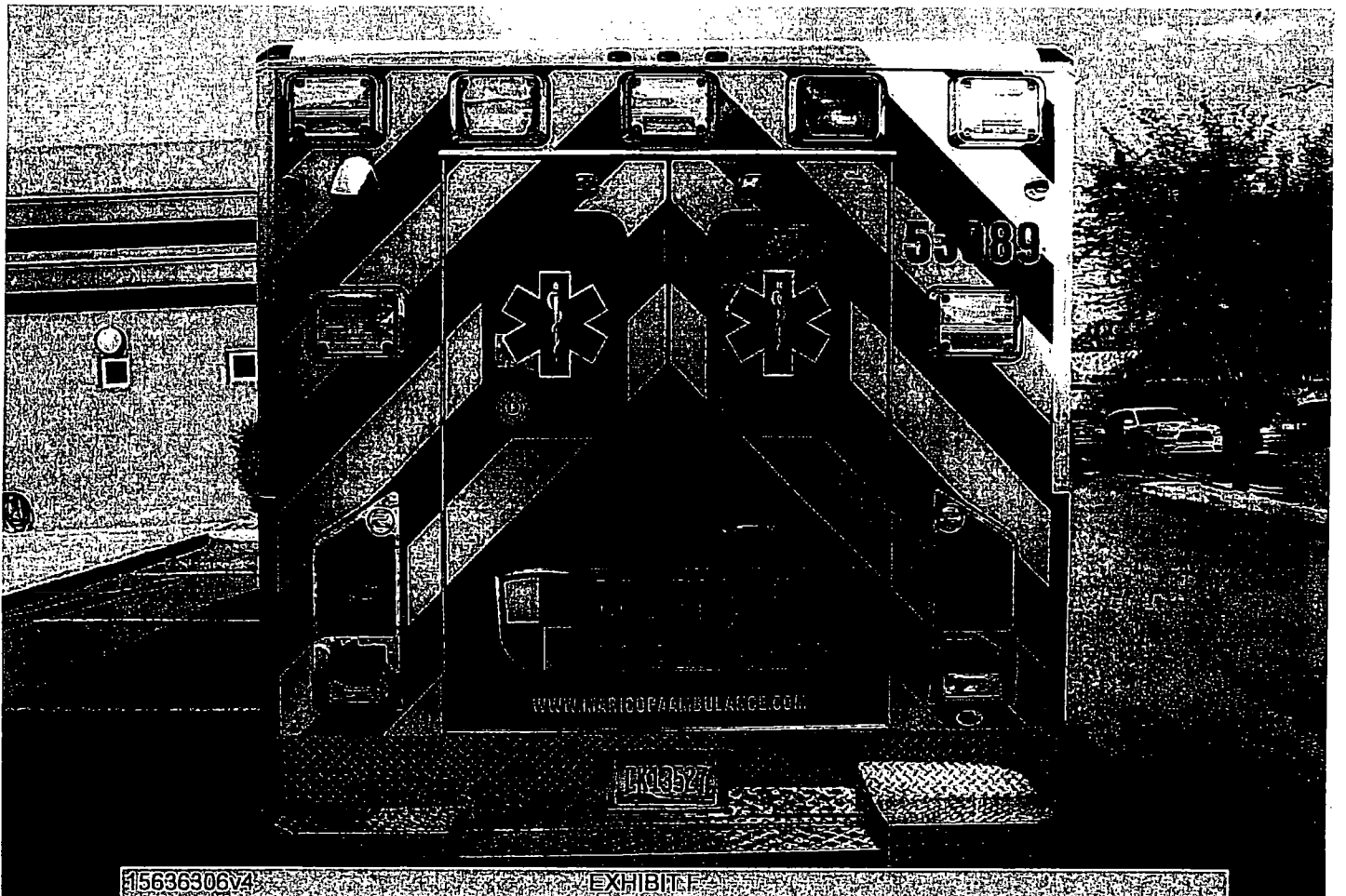
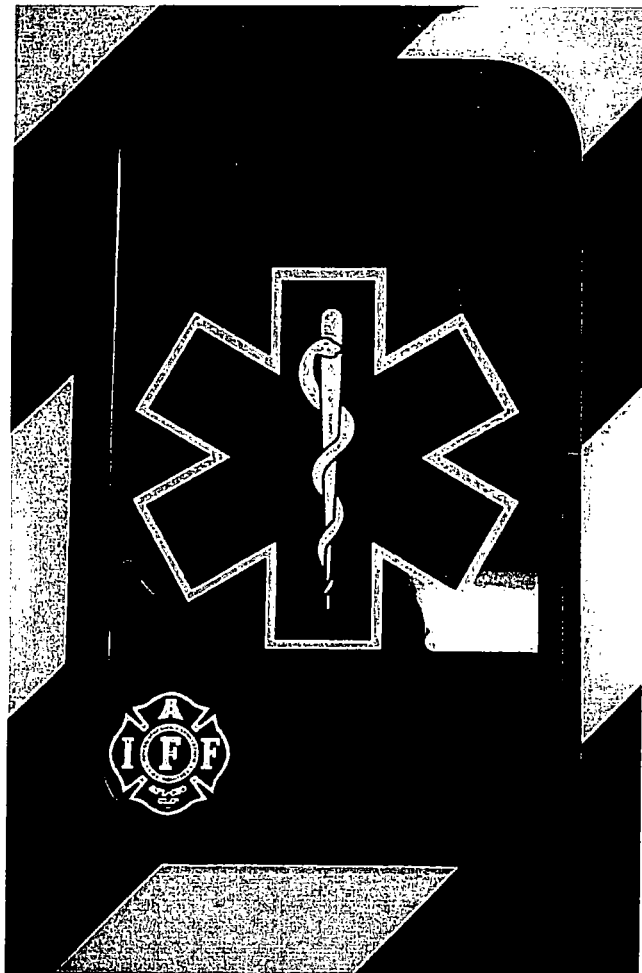
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50" AISLE

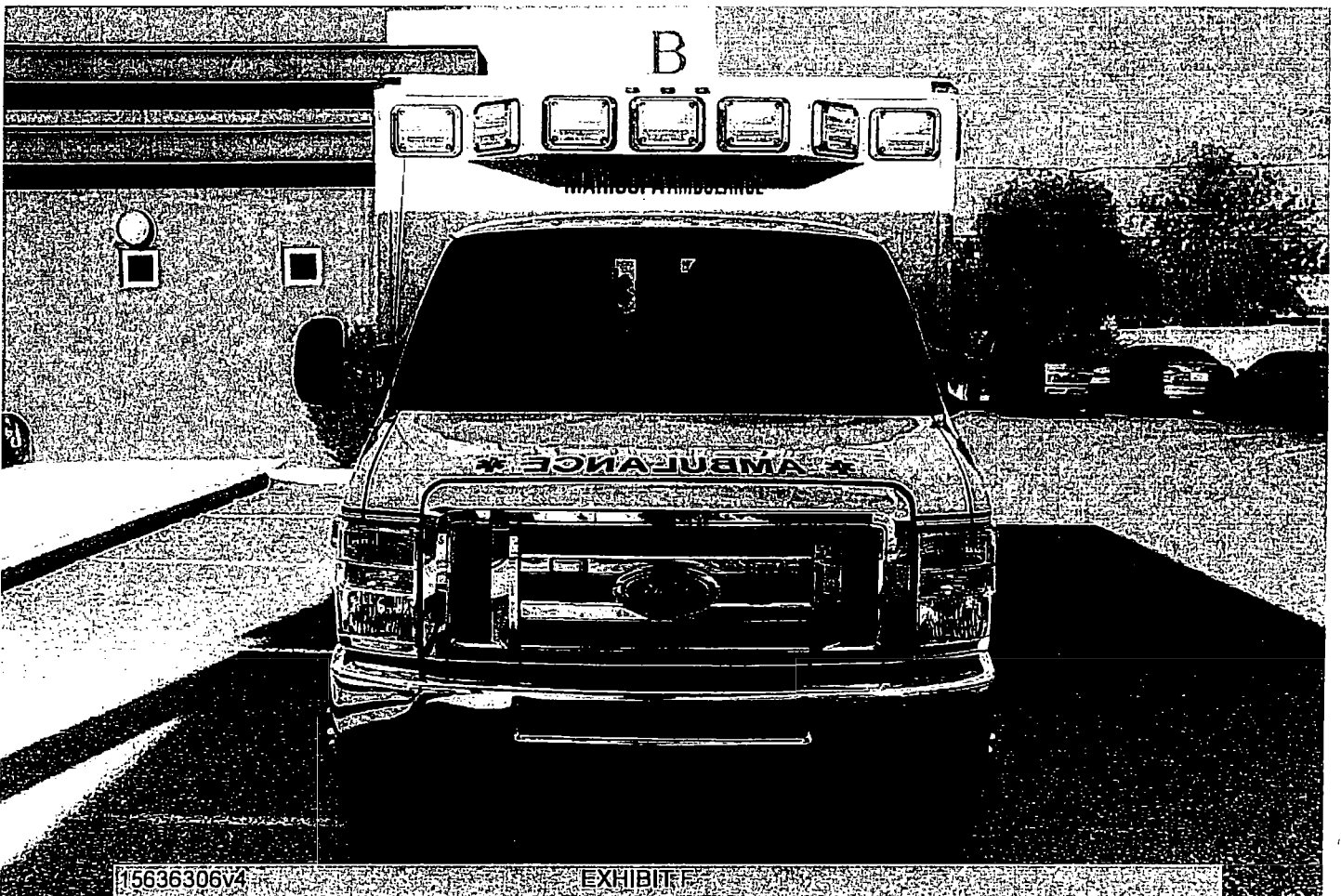
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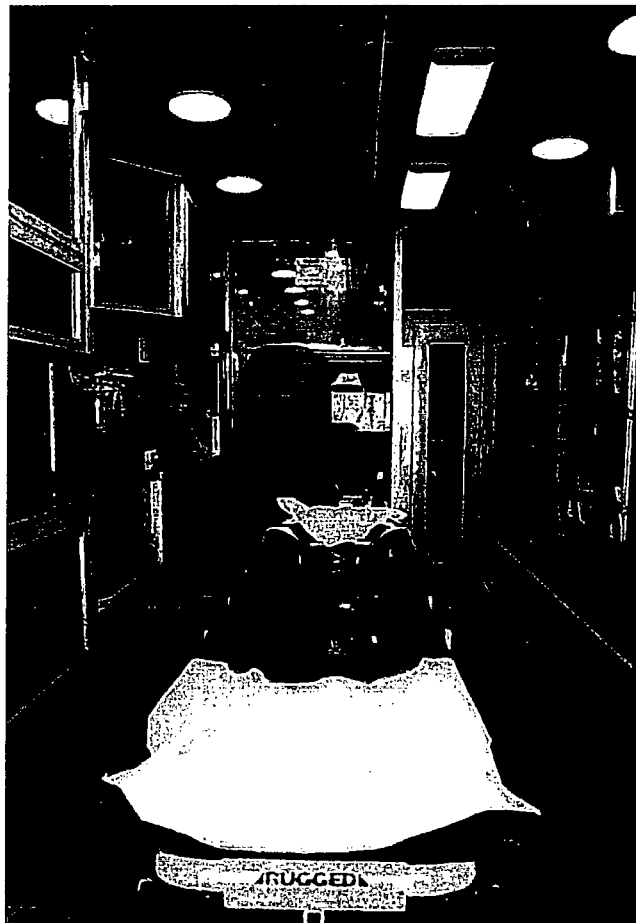
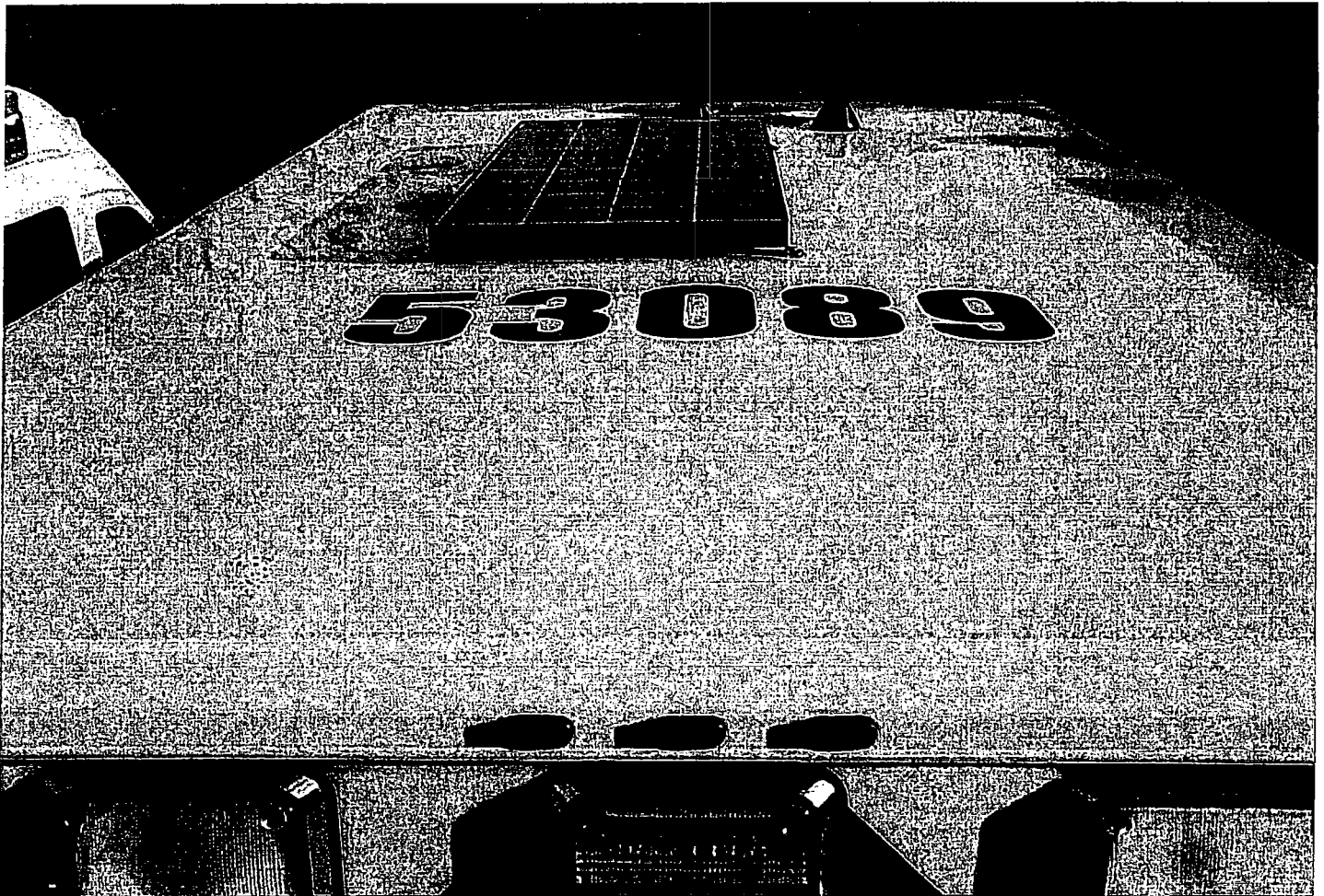








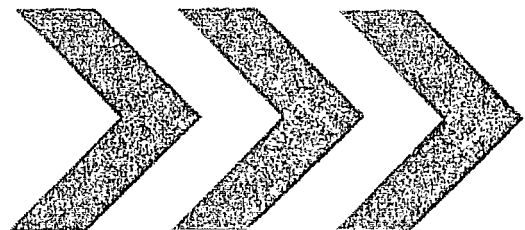
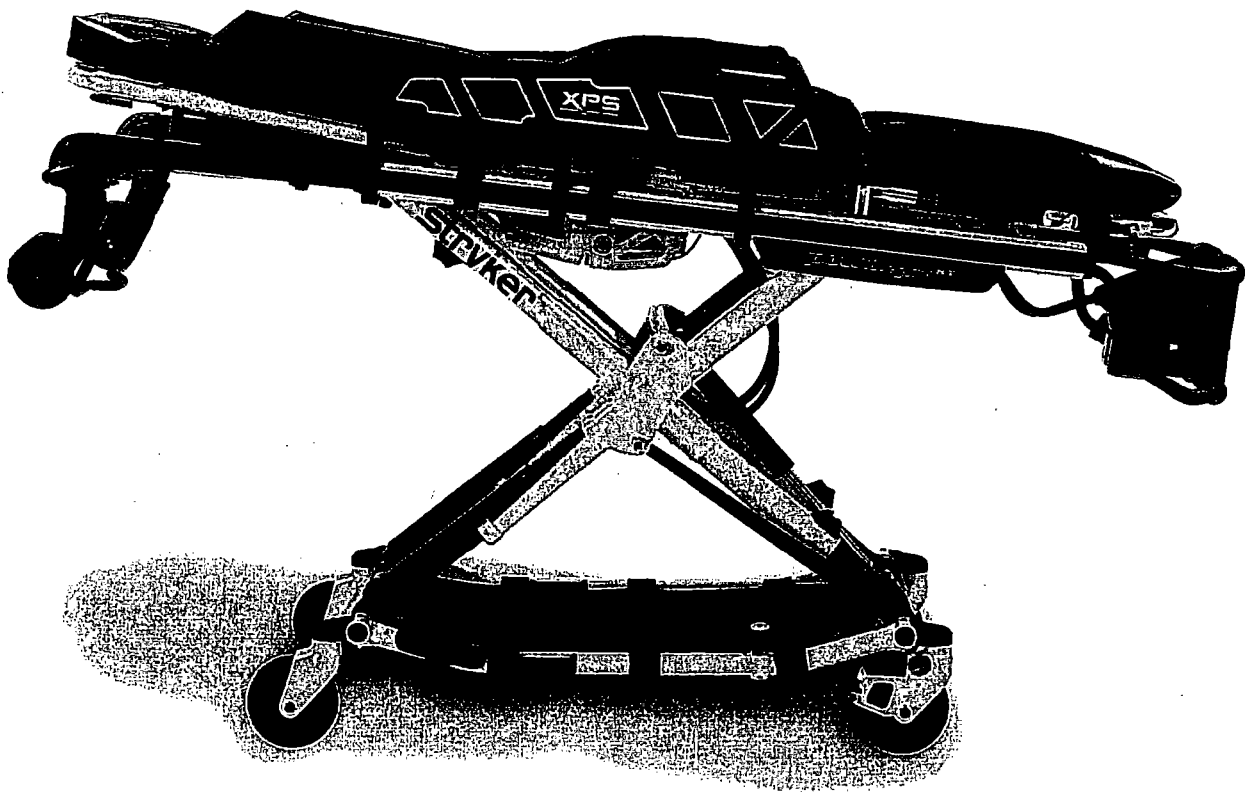




stryker

Power-PRO™ XT

powered ambulance cot



Power-PRO™ XT

powered ambulance cot

Our Power-PRO XT powered ambulance cot utilizes a battery-powered hydraulic system effectively raising and lowering a cot at the touch of a button.

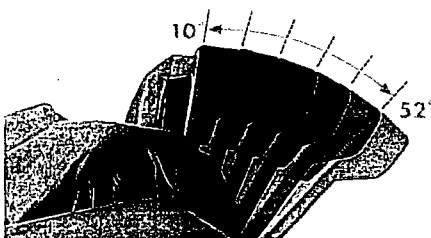
1 in 4 EMS workers will suffer a career ending back injury within their first four years in the field¹. The number one cause – Lifting. Our Power-PRO XT powered ambulance cot utilizes a battery-powered hydraulic system effectively raising and lowering a cot at the touch of a button. Use of the Power-PRO XT has proven to reduce spinal loading, resulting in reduced injuries, lost or modified workdays and Workers' Compensation costs, and increased recruitment and retention.

Each cot lift poses the risk for caregiver injury, but we have the **power** to reduce that risk. Introducing the Stryker Power-PRO XT – **More power to you.**

Key features

- **Settable Load Height with Jog Function.** Adjusts to fit your ambulance.
- **Head- and Foot-end Lift and Grip Section .** Lifting handles optimized to 30 degrees, the angle preferred by most operators.
- **Pneumatically Assisted Backrest.** Significantly reduces operator effort and increases patient comfort.
- **Foot-End Controls.** Controls are duplicated on both upper and lower lift bars to accommodate operators of all sizes.
- **Fold-Down Siderails.** A Stryker innovation. Siderails are designed to provide patients with a greater sense of security.
- **Wheel-Lock.** Power-PRO comes standard with dual wheel locks which help keep cot in place and allows for safer patient transfers.

Powerful options



XPS expandable patient surface

Seven locking positions

Between 10 and 52 degrees

Cots with XPS meet current tip stability standards for both patient and provider safety. Engineered for durability and cleanability with a 6061-T6 aluminum core and over-mold design.



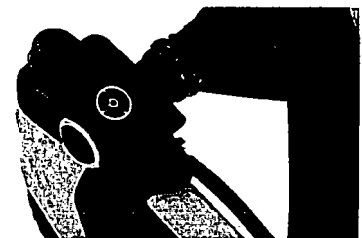
SMRT power system

SMRT Pak (2)

Powerful and dependable. Long run times give you confidence on every call.

Automatic charging

SMRT charges and maintains battery levels automatically. Stryker's SMRT Pak (2) is designed to prevent overcharge and over-discharge.



Steer-Lock system

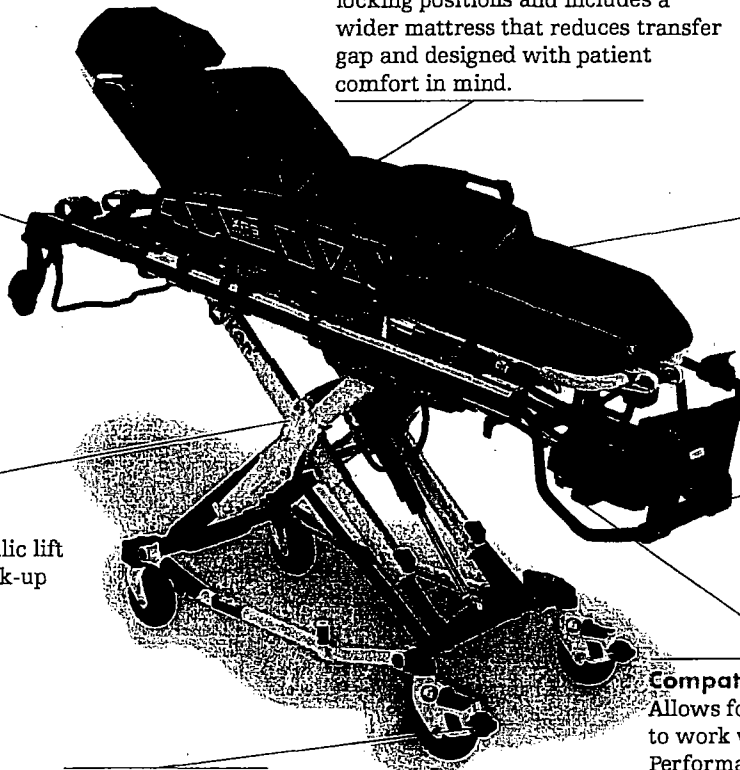
Standard Features:

- Activation points at the head and foot end
- Durable stainless steel cable, aluminum frame, and high strength nylon activation points
- Weight: 2.5 lb (1.1 kg)

Retractable Head Section
Retractable head section provides 360-degree mobility in any height position.

XPS
Adjustable with seven locking positions and includes a wider mattress that reduces transfer gap and designed with patient comfort in mind.

Shock, Flat Leg, or Optional Knee Gatch Positioning
Knee gatch provides patient comfort and greater lift clearance.



Hydraulic Lift System
Battery-powered hydraulic lift system with manual back-up for operator confidence.

SMRT Battery
Zero memory charging solution designed to give superior performance to your Power-LOAD cot

Compatibility Kit
Allows for Power-PRO XT cots to work with Power-LOAD, Performance LOAD or both

Steer-Lock
Maximizes cot mobility control by locking the head end casters into a straight position preventing cot drift and enhancing its turning precision.



X-Restraint Package
Meets SAE J3027 dynamic crash test safety standards.

In a national survey of 250 caregivers from 15 states that use the Stryker Powered System (Power-PRO XT & Power-LOAD®)

92% of those surveyed agree the Stryker Power-PRO XT has made their job easier.

100% reduction in back injuries was experienced by one service with the assistance of the Power-PRO XT Cot.

44% results suggest adding powered cots to the lifting process may decrease the risk of developing a low back disorder.

50% Use of a powered cot may decrease compression forces by approximately 50% and shear forces by approximately 46% as compared with a manual cot.

1. Sanders, Mick J. (2011) Mosby's Paramedic Textbook (4th ed., p. 36

2 Reference: Stryker. (2012). Superior Ambulance Case Study [Case Study on Power-PRO XT cots]. Retrieved from: <http://ems.stryker.com>

3 Reference: T.K. Fredericks, S.E. Butt, K.S. Harms, J.D. Burns (2013). "Evaluation of Medical Cot Design Considering Biomedical Impact on Emergency Response Personnel." International Society for Occupation Ergonomics & Safety.

4 Stryker. (2016). Staff satisfaction [Caregivers agree that the stryker powered system increases staff satisfaction.]. Retrieved from: <http://ems.stryker.com>

* Certified to ISO 9001 for Power-PRO XT and Power-PRO TL. CE-EN 1289 for Power-PRO XT, Power-PRO TL and Performance-PRO XT.

Specifications

Model Number	6506
Height¹ (infinite height positioning between lowest and highest position)	
Highest Position	41.5 in. (105 cm)
Lowest Position	14 in. (36 cm)
Length	
Standard	81 in. (206 cm)
Minimum	63 in. (160 cm)
Width	23 in. (58 cm)
Weight²	125 lb (57 kg)
Wheels	
Diameter	6 in. (15 cm)
Width	2 in. (5 cm)
Articulation	
Backrest	0 – 73°
Shock Position	+15°
Optional Knee Gatch	30°
Maximum Weight Capacity³	700 lb (318 kg)
Minimum Operator Required	
Occupied Cot	2
Unoccupied Cot	1
Recommended Fastener System	
Power-LOAD	Model 6390
Floor Mount	Model 6370 or 6377
Wall Mount	Model 6371
Recommended Loading Height⁴	Up to 36 in (91 cm)

¹ Height measured from bottom of mattress, at seat section, to ground level.

² Cot is weighed with one battery pack, without mattress and restraints.

³ 700 lb weight capacity with an unassisted lift capacity of 500 lb (Cot loads over 300 lb (136 kg) may require additional assistance to meet the set cot load height).

⁴ Can accommodate load decks up to 36 in. Load height can be set between 26 in and 36 in.

Stryker reserves the right to change specifications without notice.

In-service video included with every order.

The Power-PRO XT is designed to conform to the Federal Specification for the Star-of-Life Ambulance KKK-A-1822.

The Power-PRO XT is designed to be compatible with competitive cot fastener systems.

The yellow and black color scheme is a registered trademark of Stryker Corporation.

Meets dynamic crash standards with Power-LOAD cot fastening system (AS/NZS-4535, BS EN-1789 with X-restraints and SAE J3027) and Performance-LOAD cot fastening system (SAE J3027 with X-restraints).

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Technical Support

Stryker Technical Support comprises a team of professionals available to help with your Performance-LOAD needs. Contact via phone at 1 800 STRYKER or email at TechnicalSupport@Stryker.com.

ProCare Service from Stryker

With maintenance, service and work-flow solutions that proactively maintain your equipment, we help you get every last penny out of your investment. Two-hour priority response callback time and 24- to 72-hour product turnaround help you focus more on your patients and less on equipment upkeep.

Flex Financial Program

Our financial programs provide a range of smart alternatives designed to fit your organization's needs. We offer flexibility beyond a cash purchase with payment structures customizable to meet budgetary needs and help to build long-term financial stability. Specialized finance solutions for municipalities and other government agency businesses are also available.

To learn more about the wide range of financial services, call 1 888 308 3146.

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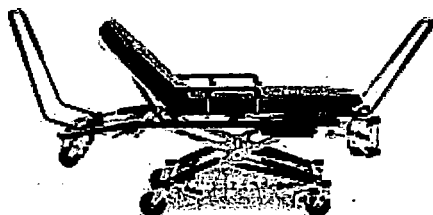
3800 E. Centre Avenue
 Portage, MI 49002 USA
 t: 269 329 2100
 toll free: 800 327 0770

ems.stryker.com



MX-PRO[®]

bariatric transport



stryker[®]

EMS Equipment

3800 E. Centre Ave.
Portage, MI 49002 U.S.A.
t: 269 329 2100 f: 269 329 2315
toll free: 800 784 4336

www.ems.stryker.com

Standard Features

- Transport at load height capability
- Positive action height adjustment
- Easy-to-use release handle design
- Color-coded controls
- Lap belt extensions
- High visibility powder-coated frame
- Lightweight, aluminum construction
- Scientifically optimized lift bar design
- Lower lifting bar
- Seven height positions
- Integrated bumper system
- Lift-capable safety bar
- Perforated litter surface
- One-hand release breakaway head section with safety bar
- Floor-mounted safety hook
- One-hand release, fold-down side rails
- One-hand release, infinite positioning, pneumatically assisted backrest
- Oversized wheels with sealed caster and wheel bearings
- Reflective labeling
- Sealed flat mattress
- Shock positioning
- Two lap belts and one four-point shoulder restraint

Optional Features

- Heavy duty two or three-stage IV poles (patient right or left)
- Base storage tray
- Nonpocketed head end storage
- Height limit kit¹
- Permanent or removable oxygen bottle holders (foot end)
- Rigid head and foot end push/pull handles
- Single or dual wheel lock
- X-frame guards
- Side lift handles
- Tow package

Specifications

Model Number	6083
Height²	
Position 1	13.5 in (34 cm)
Position 2	24.5 in (62.2 cm)
Position 3	27.5 in (69.9 cm)
Position 4	30 in (76.2 cm)
Position 5	32.5 in (82.6 cm)
Position 6	34.5 in (87.6 cm)
Position 7	37 in (94 cm)
Length	
Standard	80 in (203 cm)
Minimum	62 in (157 cm)
Width	29 in (74 cm)
Weight³	111 lb (50 kg)
Wheels	
Diameter	6 in (15.2 cm)
Width	2 in (5.1 cm)
Articulation	
Backrest	2– 73°
Shock Position	+14°
Maximum Weight Capacity⁴	850/1600 lb (385/725 kg)
Minimum Operator Required	
Occupied Cot	2
Unoccupied Cot	1
Recommended Fastener System	
Floor Mount	Model 6370, 6377 6378
Wall Mount	Model 6371
Recommended Loading Height	Up to 33 in (84 cm)

Warranty

- One year parts, labor and travel or two years parts
- Lifetime on all welds*

Extended warranties available.

*5-year service life.

¹ Height limit kit recommended for load heights less than 28 inches (71 cm). High height kit recommended for load heights more than 32 inches (81 cm).

² Height measured from bottom of mattress at seat section to ground level.

³ Cot is weighed without mattress and restraints.

⁴ 1600 lb capacity at the lowest position.

Stryker reserves the right to change specifications without notice.

The MX-PRO Bariatric Transport is designed to be compatible with competitive cot fastener systems.

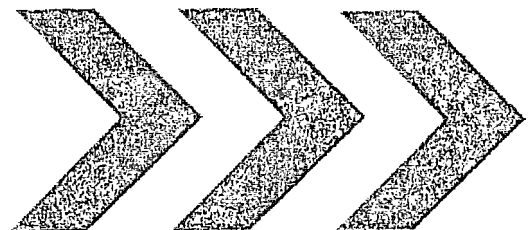
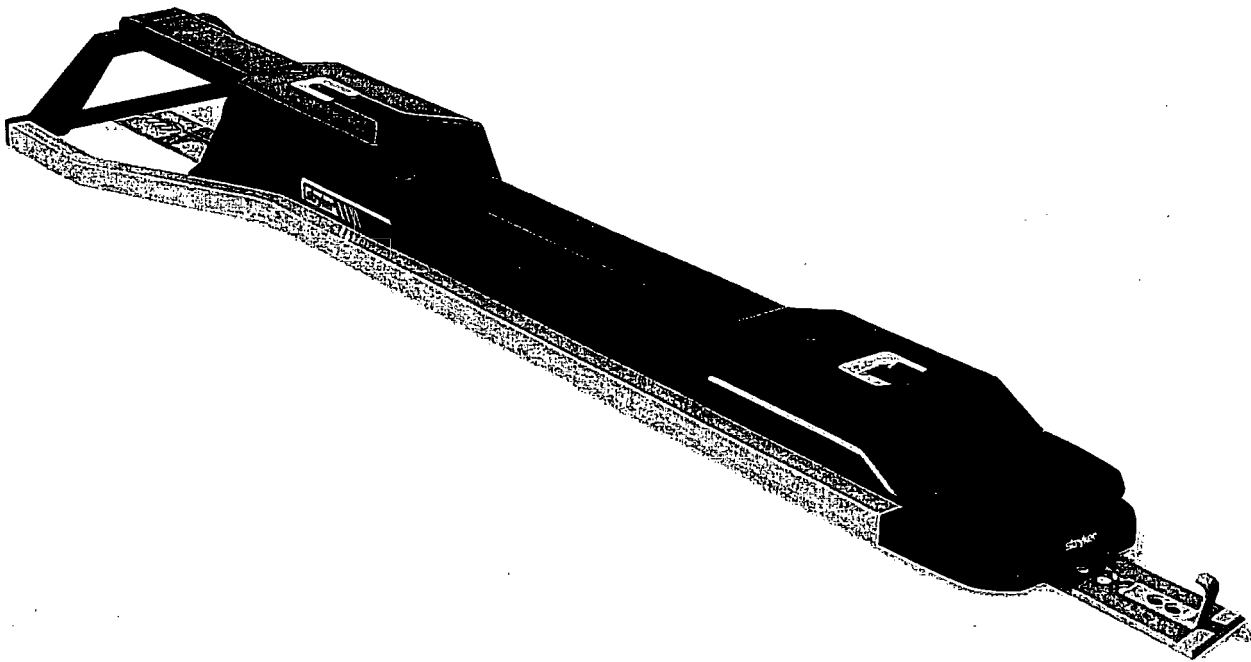
Specifications are rounded to the nearest whole number. Conversions are calculated before rounding.

The yellow and black color scheme is a proprietary trademark of the Stryker Corporation.

stryker

Performance-LOAD[®]

manual fastener



Performance-LOAD

manual fastener

Our safest,
most advanced manual
cot fastener yet.*

During the critical moments of an emergency, it's not just about the life of the person on the cot. It's about the life of the caregiver, too.

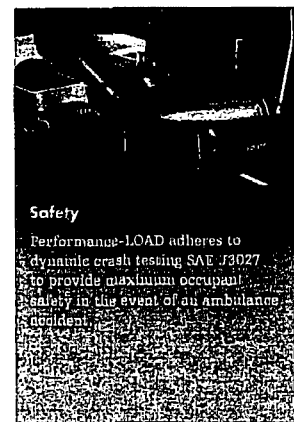
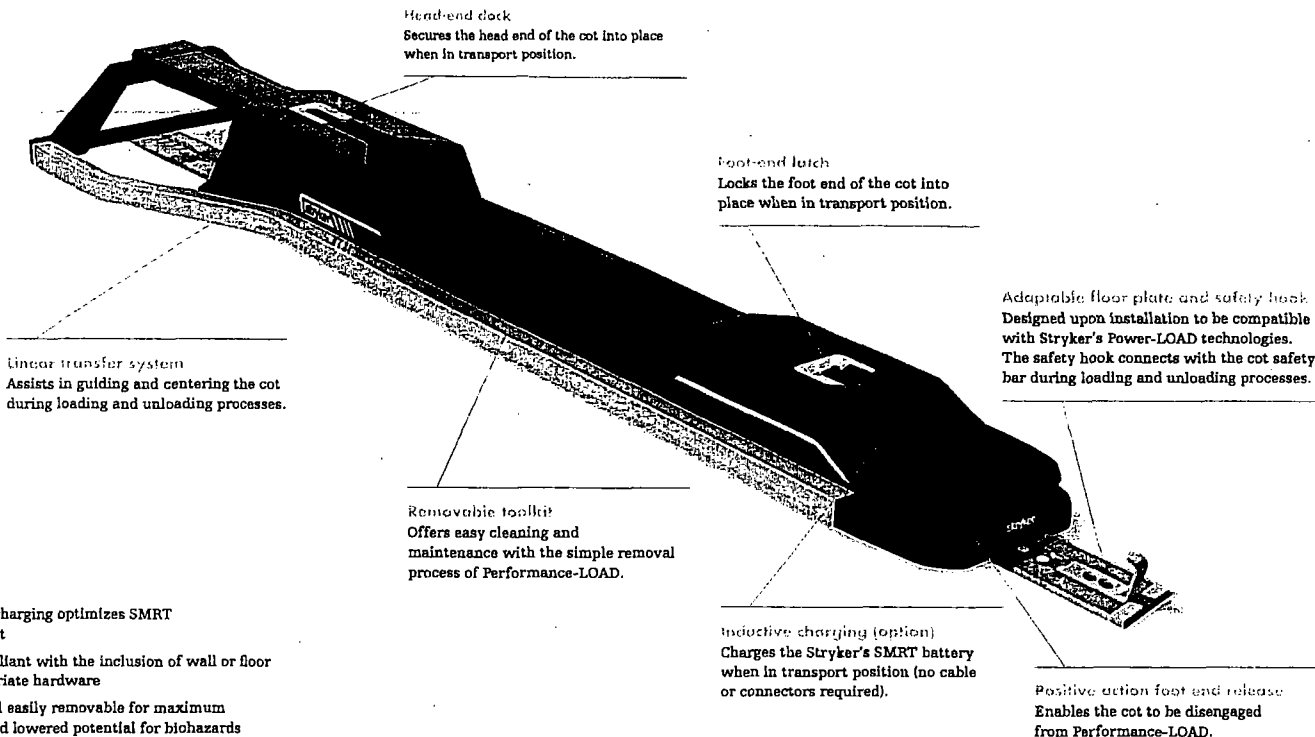
The Performance-LOAD manual cot fastener system helps ensure caregiver and patient safety by guiding the cot throughout the loading and unloading process, and securing the cot during transportation.

With practical functionality and injury reduction at the forefront of its design, Performance-LOAD is a superior technology made to make the lives of caregivers easier, safer, and more efficient.

*When used with Power-PRO XT and Performance-PRO XT cots.

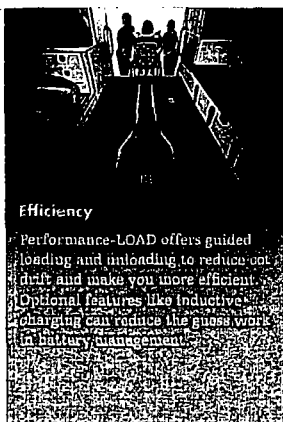
Key features

- Meets SAE J3027 dynamic crash test safety standards
- Guided loading and unloading support improves operator efficiency by reducing cot drift
- Strategically designed with the ability for future modification to support Stryker's Power-LOAD fastening system
- Optional inductive charging optimizes SMRT battery management
- Mass casualty compliant with the inclusion of wall or floor mounts and appropriate hardware
- Power washable and easily removable for maximum decontamination and lowered potential for biohazards



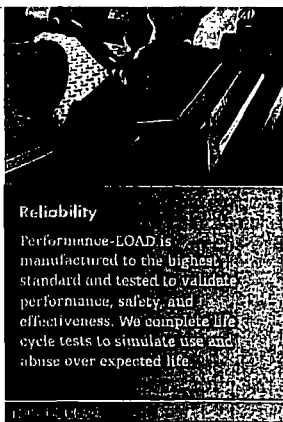
Safety

Performance-LOAD adheres to dynamic crash testing SAE J3027 to provide maximum occupant safety in the event of an ambulance accident.



Efficiency

Performance-LOAD offers guided loading and unloading to reduce cot drift and make you more efficient. Optional features like inductive charging can reduce the guess work in battery management.

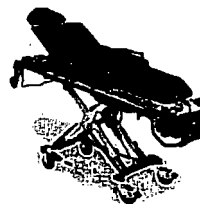


Reliability

Performance-LOAD is manufactured to the highest standard and tested to validate performance, safety, and effectiveness. We complete life cycle tests to simulate use and abuse over expected life.

Performance-LOAD Cot compatibility

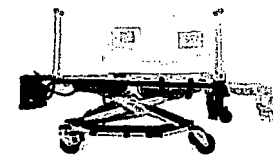
The Performance-LOAD compatibility option is available for the Power-PRO XT, Power-PRO IT and Performance-PRO XT. This system meets dynamic crash test standards, maximizing occupant safety for Power-PRO XT and Performance-PRO XT cots. Optional inductive charging automatically charges Stryker's SMRT batteries.



Power-PRO XT Cot



Performance-PRO XT Cot



Power-PRO IT Cot

Specifications*

Model Number	6392
Length	
Overall Length	70 in. (178 cm)
Length with Mass Casualty inclusion	80 in. (203 cm)
Width	
Foot End	9 in. (23 cm)
Head End	19 in. (48 cm)
Weight	
Total Weight	63 lb (28.5 kg)
Floor Plate Assembly	16.5 lb (7.5 kg)
Transfer Assembly	46 lb (21 kg)
Height	6 in (15 cm)
Minimum Operator Required	
Occupied Cot	2
Unoccupied Cot	1
Recommended Loading Height	22 in to 36 in (56 cm to 91 cm)

Meets dynamic crash standards with Power-PRO XT (AS/NZS-4535, BS EN-1789 with X-restraints and SAE J3027) with X-restraints and Performance-PRO XT (SAE J3027 with X-restraints).

Performance-LOAD is rated IP26 with inductive charging option

Stryker reserves the right to change specifications without notice.

Specifications are rounded to the nearest whole number. Conversions are calculated before rounding.

The Performance-LOAD cot fastener system is designed to conform to the Federal Specification for the Star-of-Life Ambulance KKK-A-1822.

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Technical Support

Our Technical Support comprises a team of professionals available to help with your Performance-LOAD needs. Contact via phone at 1 800 STRYKER or email at medicaltechnicalsupport@stryker.com

Stryker's ProCare Services

Every day, you count on your medical equipment to perform at its best. With ProCare Services, our people help to ensure your equipment is ready to perform when it's needed and make it easier to get the most from your investment. When an issue arises, we promise that we'll solve it — performing repairs quickly and correctly. ProCare isn't just a service program. It's a partnership you can count on to give you one less thing to worry about, and one more reason to feel confident you're doing all you can for your clinicians, staff and patients.

All ProCare agreements provide:

- Stryker-authorized service representative
- Stryker-direct factory parts
- Two-hour callback response time
- Fixed service costs up front
- Increased uptime
- 24-72 hour equipment turnaround time*

*Based on the provisions of the Service Agreement and the location of the product.

Flex Financial Program

Our financial programs provide a range of smart alternatives designed to fit your organization's needs. We offer flexibility beyond a cash purchase with payment structures that can be customized to meet budgetary needs and help to build long-term financial stability. Contact your account manager for more information.

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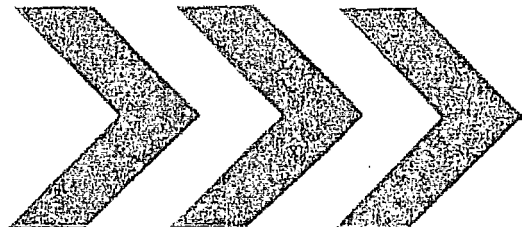
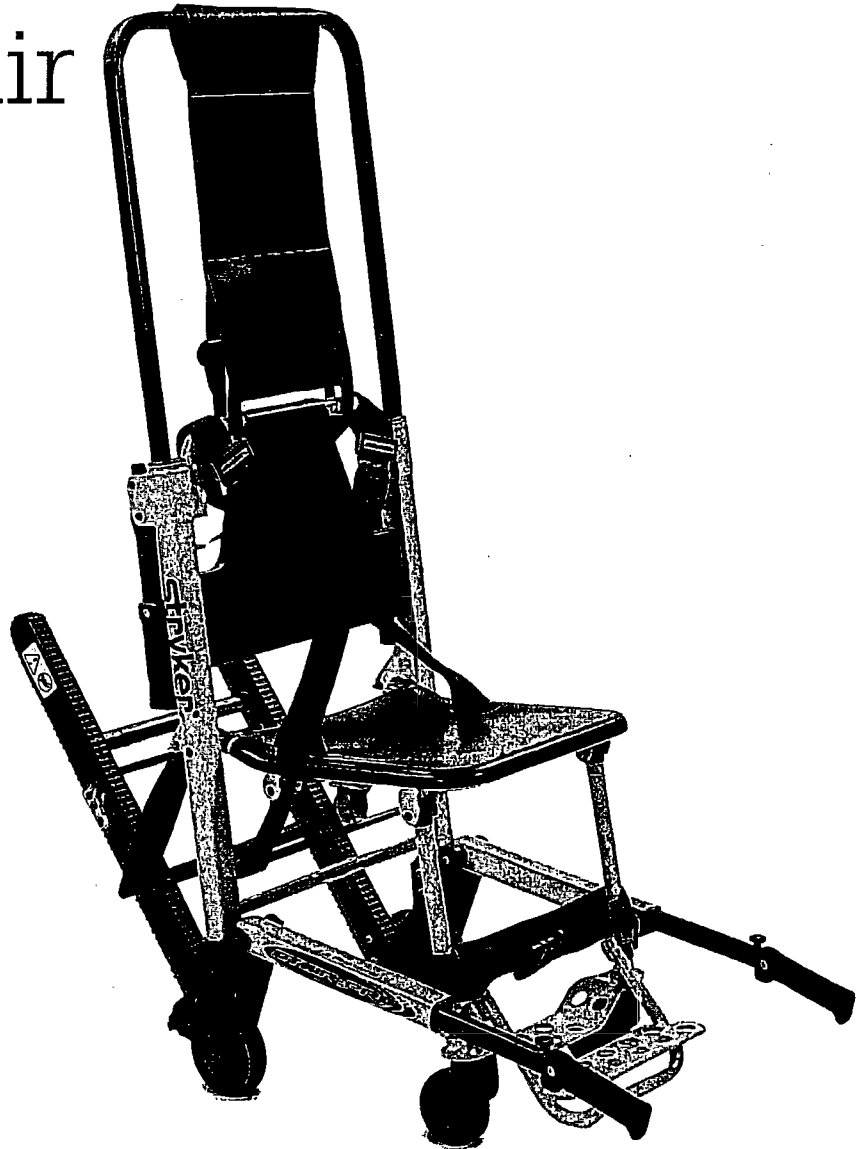
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Portage, MI 49002 USA
t: 269 329 2100
toll free: 800 327 0770

ems.stryker.com

stryker

Stair-PRO® stair chair



Stair-PRO® stair chair

As a medic you are relentless. And in your relentless pursuit for optimal patient care, you are faced with unique challenges patient handling in stairways is a challenge you may face on any given call. The strain on your back from lifting and lowering patients down stairs can add up over time. With 1 in 4 EMS workers suffering a career-ending back injury within the first four years of employment, it is clear you need an option to reduce this risk¹.

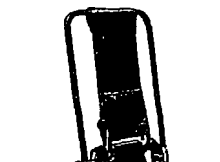
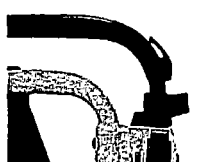
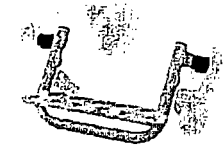
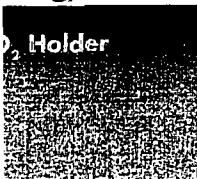
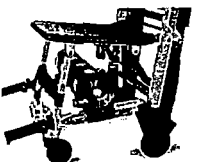
Each patient handled in a stairway can pose a risk for caregiver injury. Stair-PRO puts the power to help reduce that risk back in your hands. Stryker's Stair-PRO stair chair – it's a powerful thing.



Compact folded depth

Easy-to-fold functionality allows the chair to fold to a compact size for convenient storage in existing vehicle compartments.

Optional accessories:



Key features:

Locking rear lift handles
Length and placement optimized for up stair mobility.

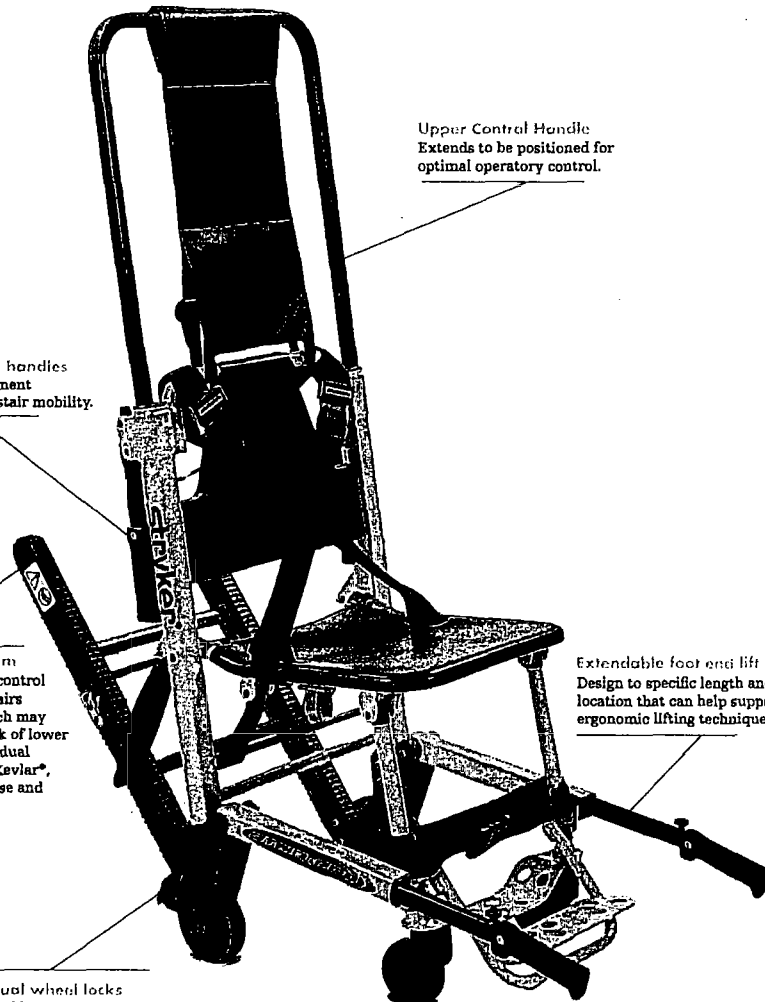
Stair-TREAD System
Allows operator to control movement down stairs without lifting which may help reduce the risk of lower back disorder. The dual treads, made with Kevlar®, stand up to tough use and assist descent.

Dual wheel locks
Stable patient transfer.

Upper Control Handle
Extends to be positioned for optimal operator control.

Extendable foot end lift handles
Design to specific length and location that can help support ergonomic lifting technique.

Four-inch front caster wheels
Enable wheelchair-like mobility and maximize maneuverability in tight spaces.



Specifications¹

• Models	6252
• Height	37.5 in (95.25 cm)
• Width	20.5 in (52 cm)
• Depth²	28 in (71 cm)
• Folded Depth	8 in (20 cm)
• Weight	32.8 lb (14.9 kg)
• Maximum Load³	500 lb (228 kg)

¹ Dimensions are measured from the outermost edges of the main frame. Specifications are rounded to the nearest whole number. Conversions are calculated before rounding.

² Depth dimensions are measured with extendable handles retracted.

³ Maximum load capacity is total weight distributed in accordance to basic human anatomy. EMTs must consider the weight of the patient, equipment and accessories when determining the total weight on the product.

⁴ Patient restraint set includes two cross-chest restraints and one ankle restraint. Cross-chest restraints can also be used in a chest and lap restraint configuration.

In-service video included with every order.

Stryker reserves the right to change specifications without notice.

References

1. Sanders, Mick J. (2011) Mosby's Paramedic Textbook (4th ed., p. 36)

Technical Support

Stryker Technical Support comprises a team of professionals available to help with your Stair-PRO needs. Contact via phone at 1 800 STRYKER or email at TechnicalSupport@Stryker.com.

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To learn more about the wide range of financial services, call 1 888 308 3146.

Certifications



Warranty:

- One-year parts, labor and travel or two-year parts only
- Lifetime on all welds*

Extended warranties available:

- 7-year service life

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toll free: 800 327 0770

ems.stryker.com



TRAN SAFE

The global leader for bariatric transport.

TRANSAFE XRS2400 SPEC SHEET

TRANSAFE XRS2400 RAMPS

Dimensions in the retracted position: 12" wide, 57" long, 3³/₈" thick

Dimensions in the extended position: 12" wide, 131¹/₂" long, 3³/₈" thick

Weight: 42 lbs

Load Capacity: 2,400 lbs

WINCH BOX

Dimensions of bottom mounting plate: 23" long, 7" wide

Dimension of the winch box itself: 17.75" long, 7 wide, 8.75" high

Weight: 42 lbs

Technical: 12v DC power; 1.9hp; 250 amp minimum

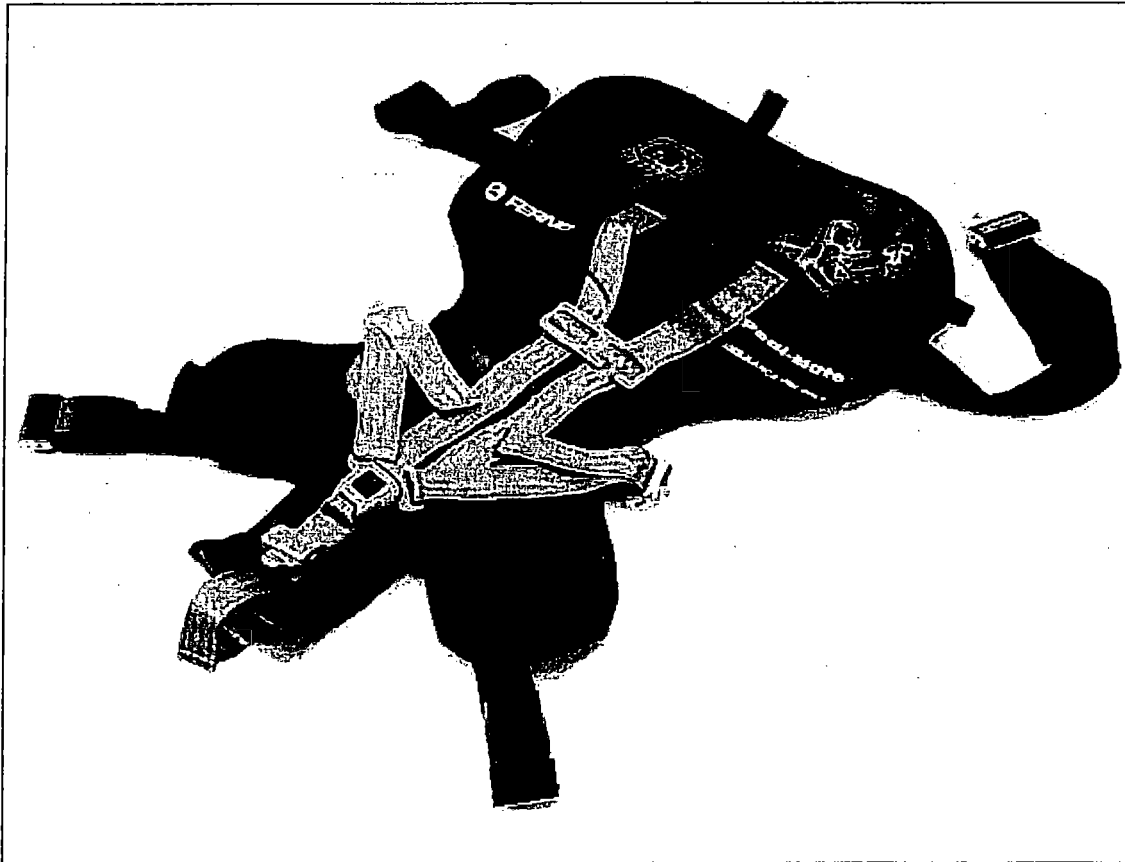
Steel pull cable: 43' long

All weather control switch: 12' long

Pull rating capacity: 3,700 lbs

TRANSITION PLATE

43" long x 4" wide x 3/8" thick



Model 678 Pedi-Mate[®]

October 2011 GLO
Pub. No. 234-2045-03



*Read this Manual
and Retain for
Future Reference*

Ferno Technical Support

Customer service and product support are important aspects of each Ferno product. Please have the product serial number available when calling, and include it in all written communications. For technical support questions:

Telephone (Toll-free)	1.800.733.3766 ext. 1010
Telephone	1.937.382.1451 ext. 1010
Email	quality.products@ferno.com

Ferno Customer Relations

For ordering assistance or general information:

CANADA AND THE U.S.A.

Telephone (Toll-free)	1.877.733.0911
Telephone	1.937.382.1451
Fax (Toll-free)	1.888.388.1349
Fax	1.937.382.1191
Internet	www.ferno.com

ALL OTHER LOCATIONS

For assistance or information, please contact your Ferno distributor. If you do not have a Ferno distributor, please contact Ferno Customer Relations:

Ferno-Washington, Inc.
70 Weil Way

Wilmington, Ohio 45177-9371, U.S.A.

Telephone	+1.937.382.1451
Fax	+1.937.382.6569
Internet	www.ferno.com

EUROPEAN REPRESENTATIVE

Ferno (UK) Limited

Stubs Beck Lane, Cleckheaton

West Yorkshire BD19 4TZ, United Kingdom

Telephone	+44 (0) 1274 851999
Fax	+44 (0) 1274 851111
Internet	www.ferno.co.uk

Disclaimer

This manual contains general instructions for the use, operation and care of this product. The instructions are not all-inclusive. Safe and proper use of this product is solely at the discretion of the user. Safety information is included as a service to the user. All other safety measures taken by the user should be within and under consideration of applicable regulations. It is recommended that training on the proper use of this product be provided before using this product in an actual situation.

Retain this manual for future reference. Include it with the product in the event of transfer to new users. Additional free copies are available upon request from Customer Relations.

Proprietary Notice

The information disclosed in this manual is the property of Ferno-Washington, Inc., Wilmington, Ohio, USA. Ferno-Washington, Inc. reserves all patent rights, proprietary design rights, manufacturing rights, reproduction use rights, and sales use rights thereto, and to any article disclosed therein except to the extent those rights are expressly granted to others or where not applicable to vendor proprietary parts.

Limited Warranty Statement

The products sold by Ferno are covered by a limited warranty, which is printed on all Ferno invoices. The complete terms and conditions of the limited warranty, and the limitations of liability and disclaimers, are also available upon request by calling Ferno at 1.800.733.3766 or 1.937.382.1451.

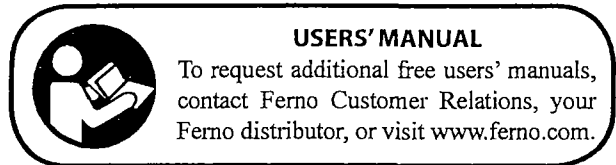



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1 - SAFETY INFORMATION

1.1 Warning

Warning notices indicate a potentially hazardous situation which, if not avoided, could result in injury or death.

 **WARNING**

Untrained operators can cause injury or be injured. Permit only trained personnel to operate the Pedi-Mate®.

Improper use of the Pedi-Mate® can cause injury. Use the Pedi-Mate® only for the purpose described in this manual.

Improper application can cause injury. Apply the Pedi-Mate® only as described in this manual.

An unattended patient can be injured. Stay with the patient at all times.

Secure and snug all straps. Unsecured or loose straps may allow movement and result in injury or death of the patient.

Improper maintenance can cause injury. Maintain the Pedi-Mate® only as described in this manual.

1.2 Important

Important notices emphasize important usage or maintenance information.

Important

1.3 Bloodborne Disease Notice

To reduce the risk of exposure to bloodborne diseases such as HIV-1 and hepatitis when using the Pedi-Mate®, follow the disinfecting and cleaning instructions in this manual.

1.4 Safety and Instruction Labels

Safety and instruction labels place important information from the Users' Manual on the Pedi-Mate®.

Read and follow label instructions. Illustrations showing how to attach the Pedi-Mate® to the cot are printed directly on the Pedi-Mate® base. For complete instructions, see Using the Pedi-Mate®, page 8-11.

1.5 Symbol Glossary

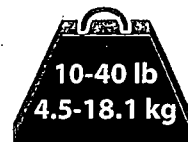
The symbols defined below are used on the Pedi-Mate® and/or in this users' manual. Ferno uses symbols recognized by the International Standards Organization (ISO), American National Standards Institute (ANSI) and the emergency medical services industry.



General Warning of Potential Injury



Read the Users' Manual



Load Limit



Operation Requires One Trained Operator

2 - OPERATOR SKILLS AND TRAINING

2.1 Skills

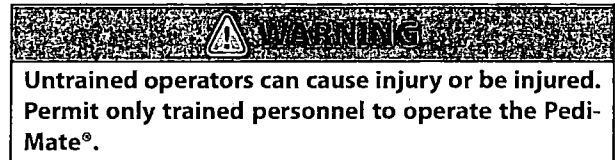
Operators using the Pedi-Mate® need:

- a working knowledge of emergency patient-handling procedures.
- the ability to assist the patient.

2.2 Training

Operator need to:

- read and understand this manual.
- be trained on the use of the Pedi-Mate®.
- practice with the Pedi-Mate® before using it with a patient.
- record their training information. A sample training record sheet is provided on page 13.



3 - ABOUT THE PEDI-MATE®

3.1 Description

The Pedi-Mate® is designed to secure infants and toddlers from 10 to 40 lbs (4.5 to 18.1 kg) on a Ferno cot.

USE

The Pedi-Mate® is designed for use only in an emergency setting and only by suitably trained personnel. Where child restraint is needed outside of this setting, the transport vehicle should be fitted with restraints in accordance with applicable local standards and regulations, including but not limited to, the United States Federal Motor Vehicle Safety Standards and Regulations.

The Pedi-Mate® is for professional use by one or more trained operators.

The Pedi-Mate® is not designed as an immobilization device and should not be used to immobilize the patient, or as part of an immobilization system.

FEATURES

The Pedi-Mate® blanket is soft, lightweight vinyl. One-piece webbing straps with quick-release buckles attach it to Ferno cot frames at three points.

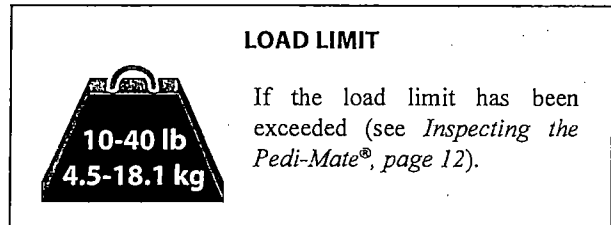
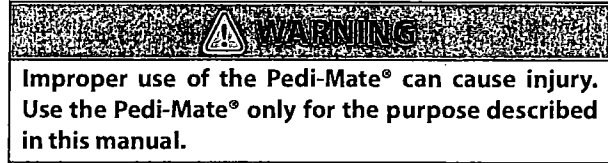
The five-point patient harness consists of two continuous-loop shoulder/torso straps and a crotch strap. All secure in a central, fast-release buckle and all are fully adjustable.

COMPATIBLE COTS

The Pedi-Mate® is designed for use with the following Ferno cot models:

26 Series	Mondial®RS2 Stretcher
28-Z PROFlexx®	Mondial®RS3 Stretcher
29-M	Mondial®RS4 Stretcher
30-SC	EFX 1 Stretcher Chair
35-A Series	EFX 2 Stretcher
35-A+Series	EFX 3 Stretcher
35-P PROFlexx® Series	EFX MonoBloc
35-X PROFlexx® Series	4140 Series Stretchers
93-ES Series	Falcon Range
93-EX Series	Hawk Range
93-P PROFlexx® Series	Pegasus Range
93-H PROFlexx® Series	CCT Range
POWERFlexx®	Megasus

Note: The Pedi-Mate® is not compatible with Models 28 or 2033 chair cots.



3.2 General Specifications

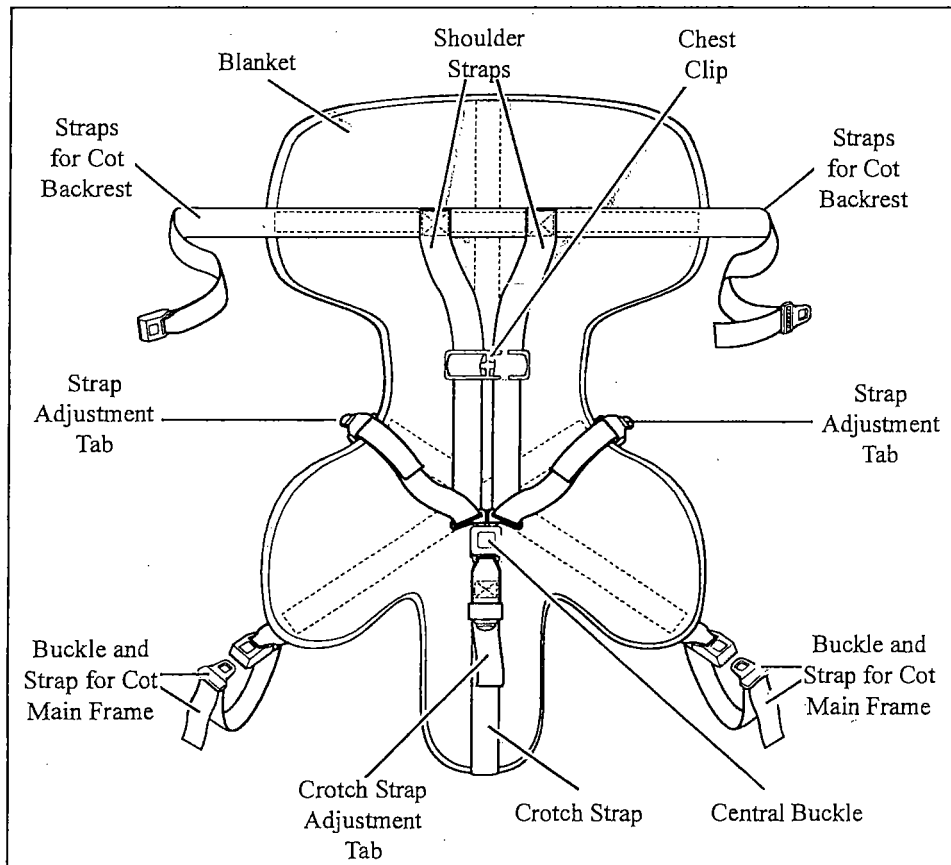
Open, Flat	
Width	19 in (483 mm)
Length	31 1/4 in (794 mm)
Rolled	
Diameter	4 1/2 in (114 mm)
Length	19 in (483 mm)
Weight	2.4 lb (1.09 kg)
Load Limit	
Minimum	10 lb (4.5 kg)
Maximum	40 lb (18.1 kg)
Webbing Rating	3500 lb (1.6 mt)

Most general specifications are rounded to the nearest whole number. Metric conversions are calculated before rounding the Imperial measurements.

For more information about the Pedi-Mate® contact Ferno Customer Relations (page 2) or your Ferno distributor.

Ferno reserves the right to change specifications without notice.

3.3 Components



Not Shown

Hook-and-loop storage straps on reverse surface of Pedi-Mate® are not visible in this view.

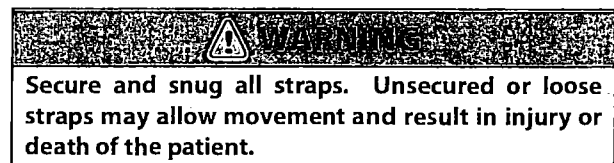
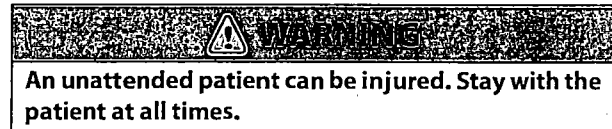
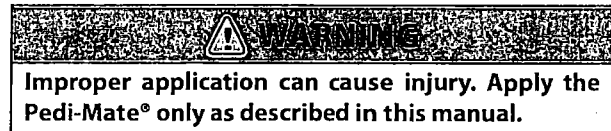
4 - USING THE PEDI-MATE®

4.1 Before Placing the Pedi-Mate® in Service

- Personnel who will work with the Pedi-Mate® need to read this manual and practice using the Pedi-Mate®.
- Confirm that the Pedi-Mate® operates properly. Follow instructions in *Inspecting the Pedi-Mate*, page 12.

4.2 General Guidelines for Use

- Medical advice is beyond the parameters of this manual.
- It is the Pedi-Mate® users' responsibility to ensure safe practices for the patient and themselves.
- It is the responsibility of the qualified Emergency Medical Service personnel to assess the patient's condition and determine the proper equipment and procedures to use.
- Follow standard emergency patient-handling procedures when using the Pedi-Mate®.
- Stay with the patient at all times.
- Always use the patient harness.
- Use the Pedi-Mate® only when all elements are in good working order.
- Use the Pedi-Mate® only with the approved cot models listed on page 6.
- Never use the Pedi-Mate® in a captain's chair or front seat of an ambulance.
- Never use the Pedi-Mate® as an immobilization device or as part of an immobilization system.
- If the Pedi-Mate® is in use at the time of a vehicular accident, remove the Pedi-Mate® from service and replace it.



4.3 Positioning the Pedi-Mate®

1. Remove any restraints attached to the cot.
2. Raise the cot backrest and lock in place at an angle between 15 and 45 degrees. This will keep the patient's shoulders higher than the pelvis and maintain the proper center of gravity.
3. Unroll the Pedi-Mate® and spread it flat on the cot mattress with all straps extended.
4. Center the blanket left to right on the mattress.
5. Position the blanket with the black backrest strap at the point where you expect the patient's shoulders to rest (Figure 1).

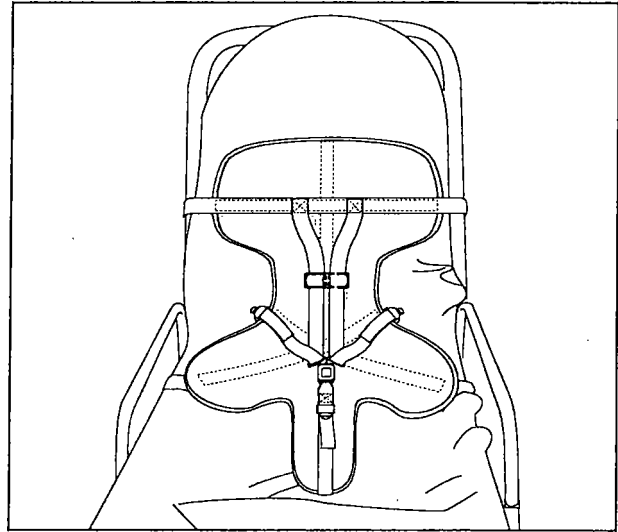


Figure 1 - Pedi-Mate® Positioned on a Cot

6. Run the ends of the backrest strap around the cot backrest until they meet in the back, then fasten the buckle (Figure 2). Leave some slack in the strap for final adjustment.

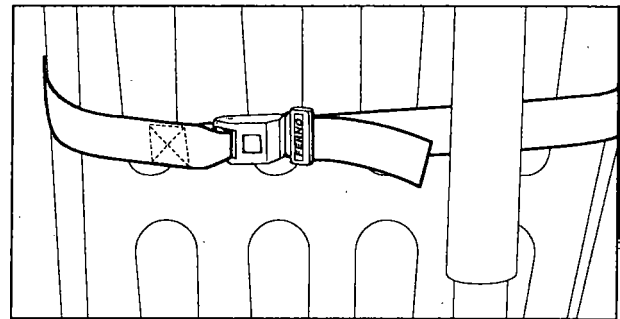


Figure 2 - Attach the Pedi-Mate® Backrest Strap

4.4 Securing the Pedi-Mate®

1. Place the patient on the Pedi-Mate®. If the black backrest strap is not at the patient's shoulder level, adjust the blanket position.
2. With the blanket properly positioned, tighten the backrest strap by pulling very firmly on the free end of the strap until the mattress is compressed.
3. Fasten a main frame strap by threading the free end downward between the cot main frame and the mattress next to the head-end sidearm casting.
4. Wrap the strap up around the cot main frame and fasten the buckle (Figure 3). Leave a little slack in the strap for final adjustment.
5. Repeat with the other main-frame strap.
6. Tighten each main frame strap by holding onto the buckle with one hand and pulling firmly on the free end of the strap.

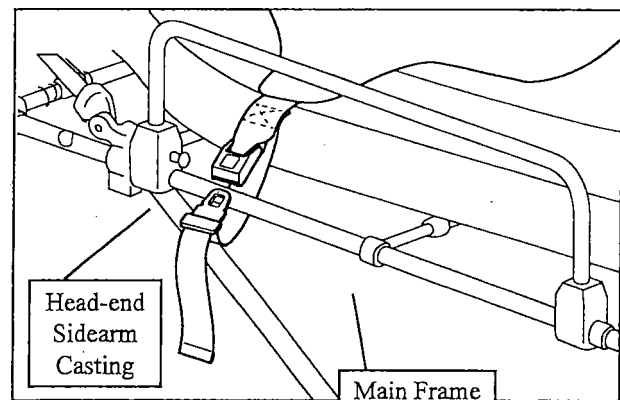


Figure 3 - Attach a Strap to the Cot Main Frame

Note: To loosen a main-frame strap, unfasten it, then grasp the buckle tang, and pull outward. Refasten the buckle.

4.5 Securing the Patient



WARNING

Secure and snug all straps. Unsecured or loose straps may allow movement and result in injury or death of the patient.

1. Pull the crotch strap buckle up between the patient's legs and lay the strap on the patient's abdomen.
2. Lift a shoulder strap over one shoulder of the patient. Place patient's arm through the strap, then lock the buckle half into the central buckle (Figure 4).
3. Repeat with the other shoulder strap.
4. Thread the shoulder strap on the patient's left side through the chest clip (Figure 5) and slide the chest clip to armpit level.

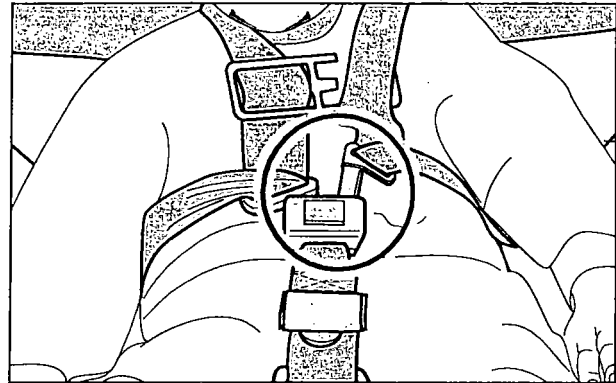


Figure 4 - Fastening a Shoulder Strap

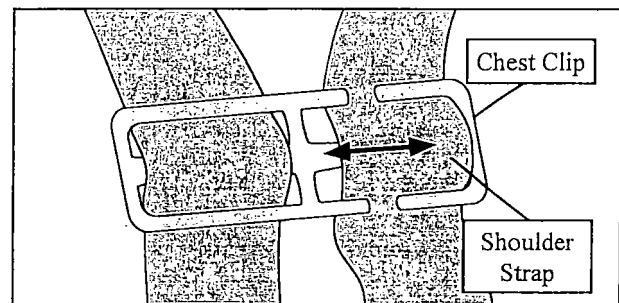


Figure 5 - Fastening a Shoulder Strap

5. To snug the shoulder/torso straps, refer to Figure 6 and use the following procedure:
 - o Snug the shoulder strap (A) against the shoulder and chest by pulling section B of the strap with one hand while steadying the central buckle with the other hand.
 - o Repeat with the other shoulder strap.
 - o Snug the torso strap (B) by pulling on section C with one hand while steadying the central buckle with the other hand.
 - o Repeat with the other torso strap.
6. Snug the crotch strap by pulling on the free end.

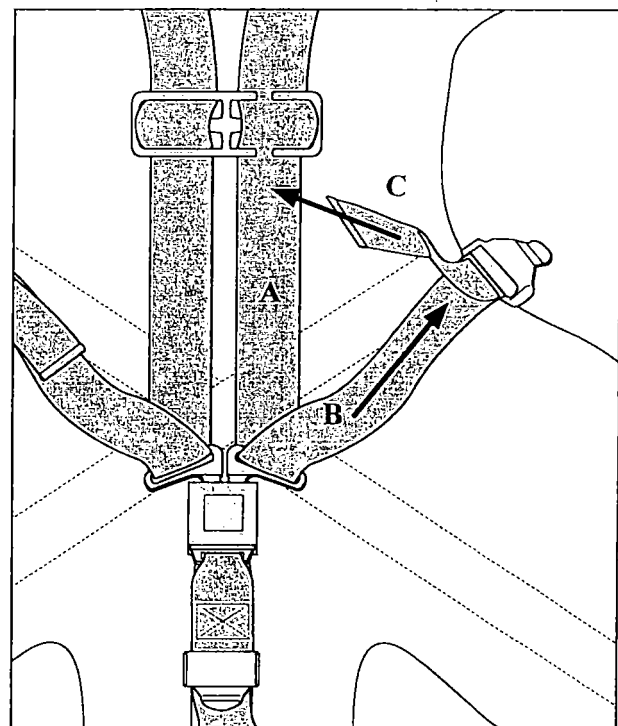


Figure 6 - Fastening a Shoulder Strap

LOOSENING THE HARNESS STRAPS

To loosen the straps, refer to Figures 7 and 8 and use the following procedures:

1. Grasp the adjustment tab (Figure 7) with one hand and pull the torso strap (B) back through the tab with your other hand.
2. Steady the central buckle with one hand and loosen the shoulder strap (A) by pulling it upward with the other hand.
3. Repeat with the other shoulder/torso strap.
4. Loosen the crotch strap by grasping the adjustment tab with one hand and pulling downward on the portion of the strap that rests against the body (Figure 8).

4.6 Releasing the Patient from the Pedi-Mate® Harness

1. Loosen the crotch strap.
2. Slide the chest clip down toward the central buckle and unthread the shoulder strap on the patient's left side from the clip.
3. Press the red release button in the central buckle and pull the buckle slightly downward to release the shoulder straps from the buckle.
4. Loosen the shoulder straps and slide them away from the patient's body.
5. Lift the patient from the Pedi-Mate® according to local protocols.

4.7 Storing the Pedi-Mate®

1. Detach the Pedi-Mate® from the cot and spread it flat on the cot mattress.
2. Attach the shoulder straps to the central buckle and adjust all straps to lay smoothly against the blanket.
3. Fold the backrest straps across the blanket.
4. Fold the crotch panel up toward the center of the blanket.
5. Fold the cot main-frame straps and the lower blanket panels across the center of the Pedi-Mate®.
6. Beginning at the crotch panel, roll the Pedi-Mate® upward. Secure the roll with the hook-and-loop straps.

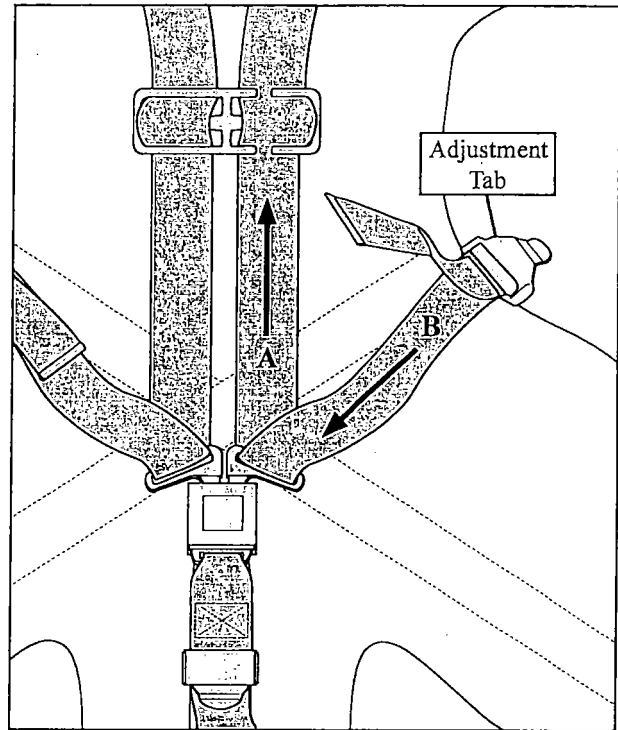


Figure 7 - Loosening the Strap

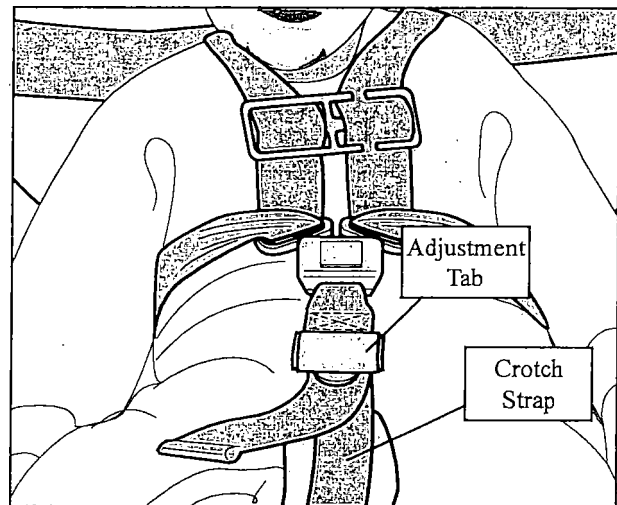


Figure 8 - Loosening the Crotch Strap

5 - MAINTENANCE

5.1 Maintenance Schedule

The Pedi-Mate® requires regular maintenance. Set up and follow a maintenance schedule (see maintenance record sheet on page 14). The table at right represents minimum intervals for maintenance.

When using maintenance products, follow the manufacturers' directions and read the manufacturers' material safety data sheets.

5.2 Disinfecting the Pedi-Mate®

Wipe or spray disinfectant on all Pedi-Mate® and surfaces and straps. Follow the disinfectant manufacturer's directions for application and contact time.

5.3 Cleaning the Pedi-Mate®

Hand wash the Pedi-Mate® blanket and straps with warm, soapy water and a clean cloth or soft brush. Rinse with clear water. Dry the blanket with a towel and allow the straps to air dry.

Do not immerse the buckles in water.

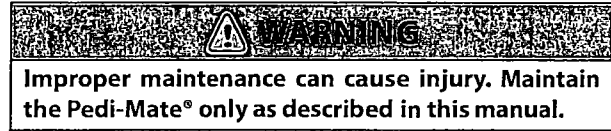
5.4 Inspecting the Pedi-Mate®

Have your services equipment maintenance personnel inspect the Pedi-Mate® regularly. Follow the inspection checklist.

If the inspection shows damage or excessive wear, remove the Pedi-Mate® from service. Ferno recommends that in addition to scheduled maintenance, operators perform a visual inspection each time the Pedi-Mate® is used. If damage is noted, remove the Pedi-Mate® from service immediately and replace it.

INSPECTION CHECKLIST

- Are all components present?
- Is the Pedi-Mate® free of excessive wear?
- Is all stitching secure?
- Do the central buckle and adjustment tabs operate properly and smoothly?
- Are there cuts or tears in the blanket or straps?



Minimum Maintenance Intervals	Each Use	As Needed	Each Month
Disinfecting (this page)	•		
Cleaning (this page)		•	
Inspecting (this page)		•	•

Important

Disinfectants and cleaners containing bleach, phenolics, or iodines can damage the Pedi-Mate®. Do not use products containing these chemicals.

Important

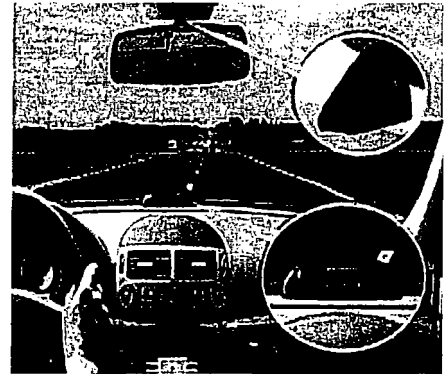
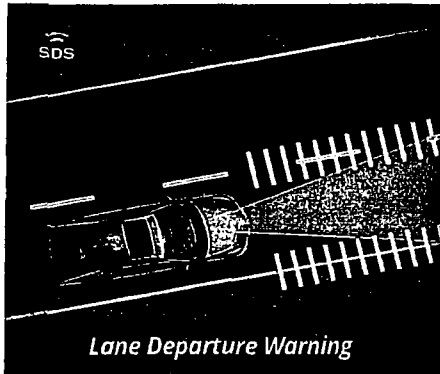
If the Pedi-Mate® is in use at the time of a vehicular accident, remove the Pedi-Mate® from service and replace it.

U.S.A. NOTICE

The cot is for use with ambulances that meet the requirements of the "Star of Life" certification via Federal Ambulance Specification KKK-A-1822. For information, contact:

Federal Supply Services, Specifications Section
 Suite 8100
 470 E. L'Enfant Plaza, SW
 Washington, DC 204

WHY SAFE DRIVE SYSTEMS' RD-140 FOR EMERGENCY RESPONSE:



- Provides advanced Forward Collision Warning (FCW) and Lane Departure Warning (LDW)
- Helps EMS vehicles reduce or eliminate cost and damages from the most common types of accidents; rear-end and lane departure accidents
- Prevents driver inattention in dangerous situations
- Acts as an extra pair of eyes that ALWAYS alerts to potential dangers on the road – even when the driver is distracted by other (required or not required) tasks
- Provides up to 5 seconds of early warning, allowing the driver to make corrective action in time to avoid an accident
- Provides accurate warnings, regardless of weather or lighting conditions

The Extra Time Gained with the RD-140 System can be the Difference Between a Close Call or a Fatal Accident!

The RD140 scans the road ahead 20 times per second and calculates the speed of your vehicle in relation to the speed of the vehicle ahead, along with the distance from the vehicle ahead, to provide a continuous safe driving distances. When the distance becomes too close, the system alerts the driver to slow down. If the distance becomes dangerous, the systems alerts the drive to brake.

In the U.S., the weather is constantly changing and there are too many different weather and atmospheric phenomena that can impede a camera-only based system's effectiveness. That's why more emergency responders are turning to the RD-140 from Safe Drive Systems.

CALL TODAY TO FIND OUT ABOUT OUR FLEET PRICING OPTIONS



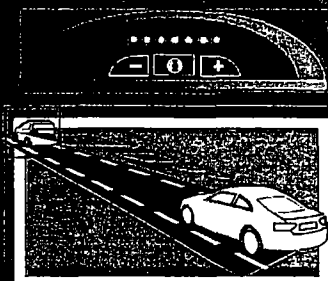
Distance and collision alert

The radar system warns of risk of head-on collision with the vehicle ahead of you and operates excellently under all weather conditions.

Once the radar detects a dangerous situation of failure to keep distance and of fast approaching the vehicle ahead, the lighting on the display will gradually increase, and turn from green to yellow and red, accompanied by an audio alert. In case of immediate danger of collision, the light on the display will change to flashing red and the driver will receive an audio alert.

Proper distance

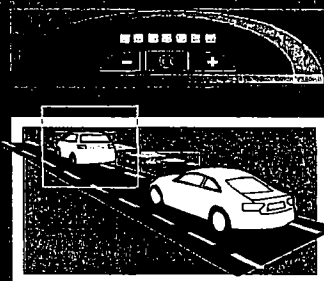
The display lights go green



Vehicle detected ahead at a safe distance.

Unsafe distance

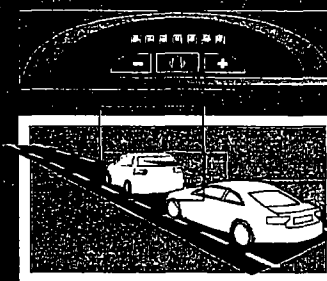
The display lights go orange



Slow down and keep a safe distance from the vehicle ahead.

Dangerous distance

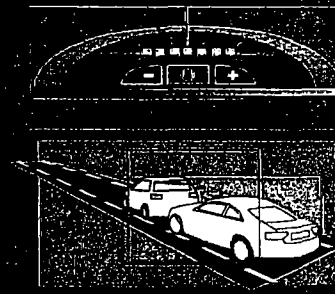
The display lights go red
A loud and high beep sounds



Driving too close and dangerous to the vehicle ahead. Stop and increase distance from the vehicle ahead!

Risk of collision!

The display flashes red
A sequence of shrill rapid beeps sound before a collision



Risk of immediate impact to the vehicle ahead and air bag deployment. Stop immediately or veer immediately off the lane!

- Up to a speed of 18 mph, the warning given is 3 seconds to collision.
- Between 18 mph and 50 mph, the warning given is up to 4 seconds to collision.
- From 50 mph and up, the warning given is up to 5 seconds to collision.

Note: The audio alert only will be shortened by half if the brake pedal is depressed or the signaling has been activated to switch between lanes.

Lane departure alert

The alert is active at speeds over 37 mph. The system alerts that you are about to unintentionally veer out of the lane of travel.

The system generates an alert up to 0.5 seconds before the vehicle crosses the lane marking.

In case you have signaled or if the brake pedal is depressed before switching lanes, no alert will be given.

The alert tone will sound for one second but, if the vehicle continues to travel close to the lane marking, the display will continue to flash until you return to the center of the lane or until completion of the lane change.

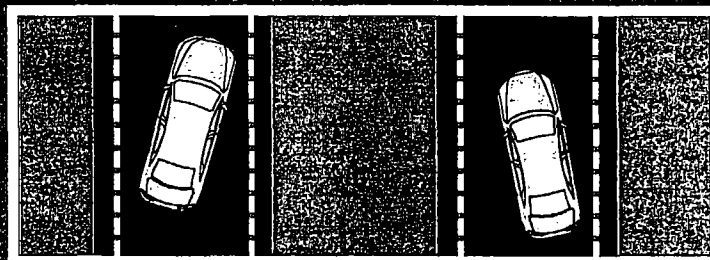
Please note: the alert is active only when traveling on a road with clearly marked boundaries and separation stripes and width not exceeding 4.8 meters.

Veering right

When the vehicle deviates dangerously off course, a tone that simulates driving over rumble strips lines will sound, and the separation lines at the sides of the display will blink white, respectively.



Veering left



For support and service please call: 800-737-2998

Please visit our website at: www.safedrivesystems.com

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EXHIBIT F

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Contract No. 2017-163 COS

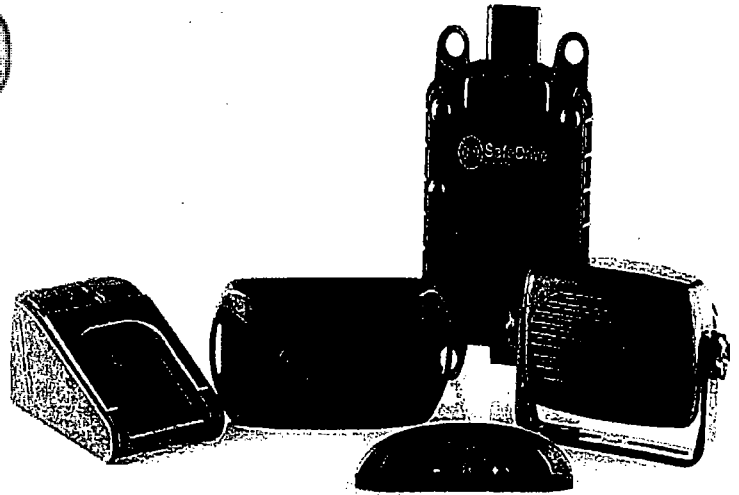
Important note: A collision risk alert is critical and cannot be neutralized or muted. However, if the system is turned off, no warnings will be given whatsoever, including head-on collision warning.

DRIVER ASSIST SYSTEM

ADAS - Safety Systems

RD 140 - RADAR AND Camera

SDS RD140 is an advanced driver assist system (ADAS) based on the latest radar and camera technology. The system quickly analyzes road conditions to give you advanced warning of adverse conditions and keep your attention on the road. using a single black and white camera module the system detects LDW and provides object recognition capabilities by using a state of the art radar module which alerts for HW and FCW.



The system includes 5 components:

- RADAR
- CAMERA
- ECU
- DISPLAY + Control Buttons
- SPEAKERS

Four audio and visual warnings

- Adjustable LDW - unintended lane departure warning (audio and visual for one second)
- Driving too close to lane boundaries (visual only when lanes are clearly marked)
- Adjustable Headway keeping (visual as long there is a detection + audio when too close)
- imminent FCW (Forward Collision Warning) up to 5 seconds (visual and audio as long as exist)

Specifications

Velocity range up to 260 kph

Radar Resolutions: ≤ 0.25 kph (0.07 m/s) (the resolution is the radar's ability to separate two targets traveling at roughly the same speed)

Camera field of view $\pm 21^\circ$

Detection range up to 140m

Features

- Lane Detection
- Object Detection - discrimination and classification of objects
- Motor vehicle & motorcycle detection
- Headway warning (driving too close to vehicle in front)
- Forward collision warning before imminent collision into vehicle in front
- Lane departure warning when deviating unintentionally out of lane

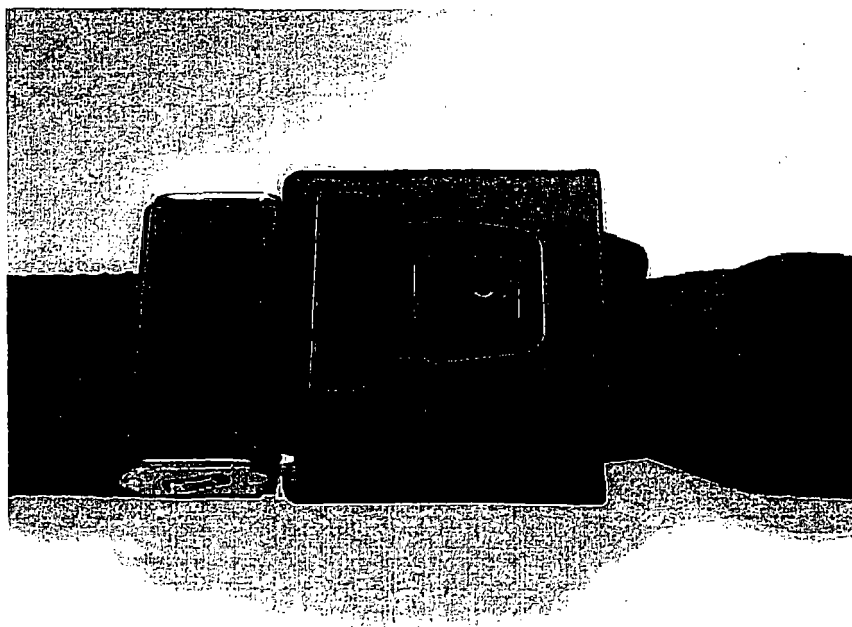
Benefits

- Working day and night
- Works in any weather condition - radar detects objects even in thick fog and heavy rain conditions



BuckleGarde

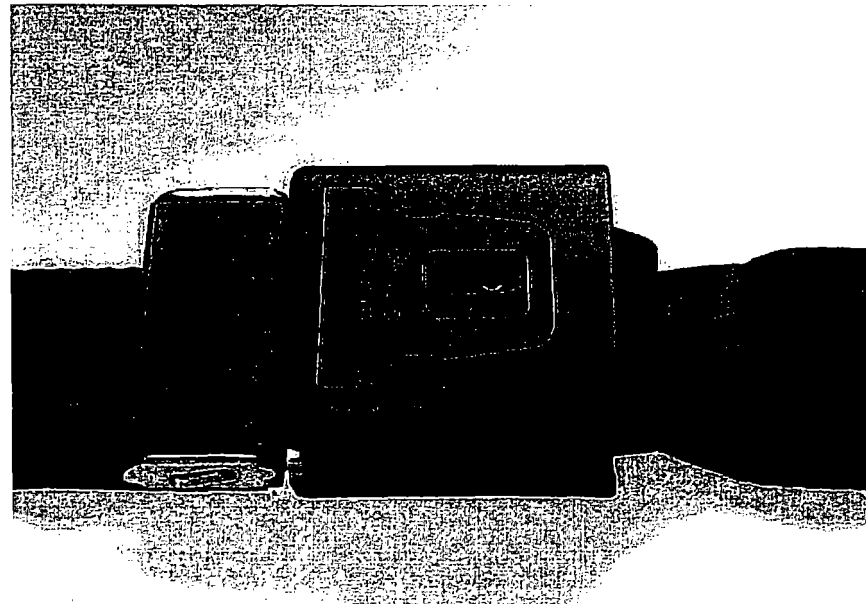
Creating A Safer Transport Environment





BuckleGarde

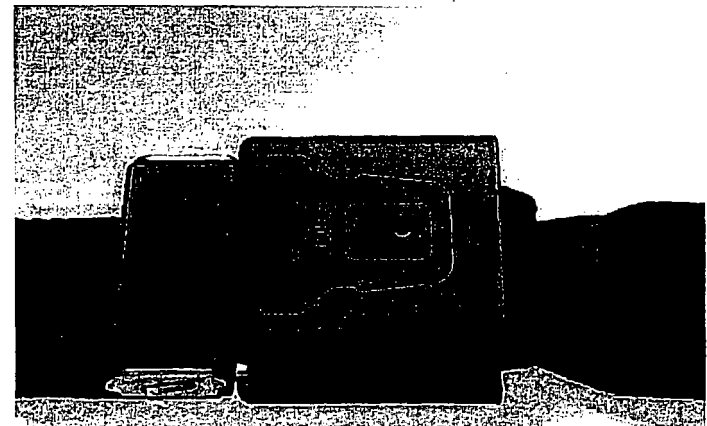
BuckleGarde is a security cover that surrounds the safety buckles used in medical and paramedical transport, deterring the patient from actuating the push button and releasing the buckle.





BuckleGarde

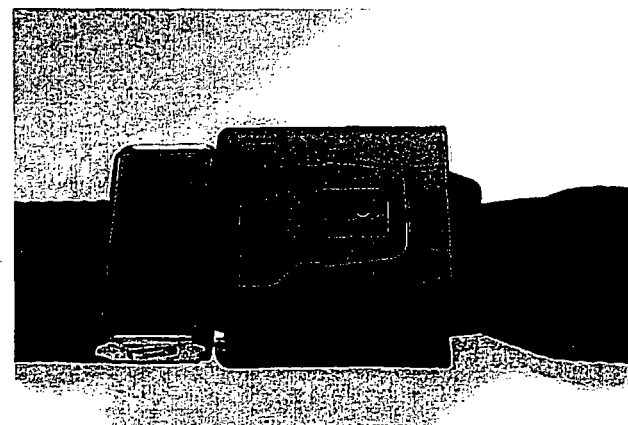
Some patients, because of confusion, intoxication or suicidal ideations, do not want to remain on their gurneys. Patients have removed their safety straps causing injury to themselves and medical personnel.





BuckleGarde

The BuckleGarde provides an added deterrent to safety buckles that is short of more aggressive two-point or four-point patient restraints. If the patient attempts to release the safety buckle, the BuckleGarde introduces enough of a delay for other interventions to be undertaken.





BuckleGarde Application

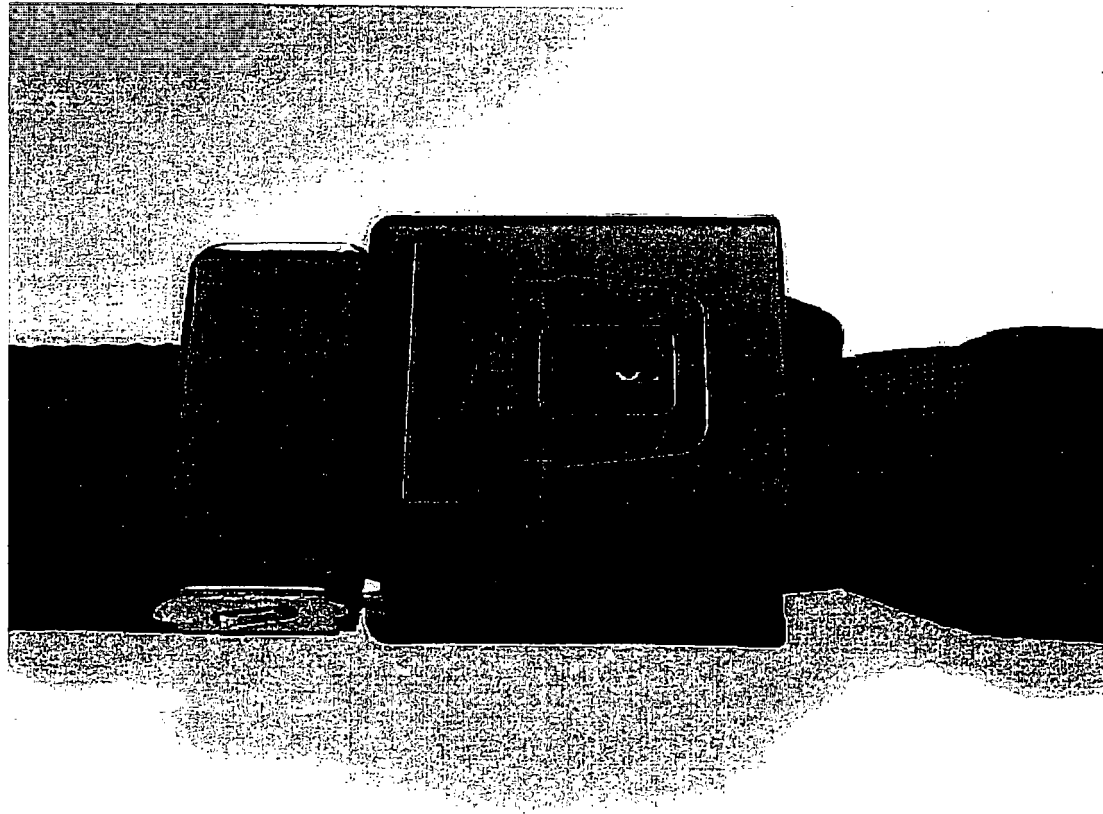
First cover the buckle.





BuckleGarde Application

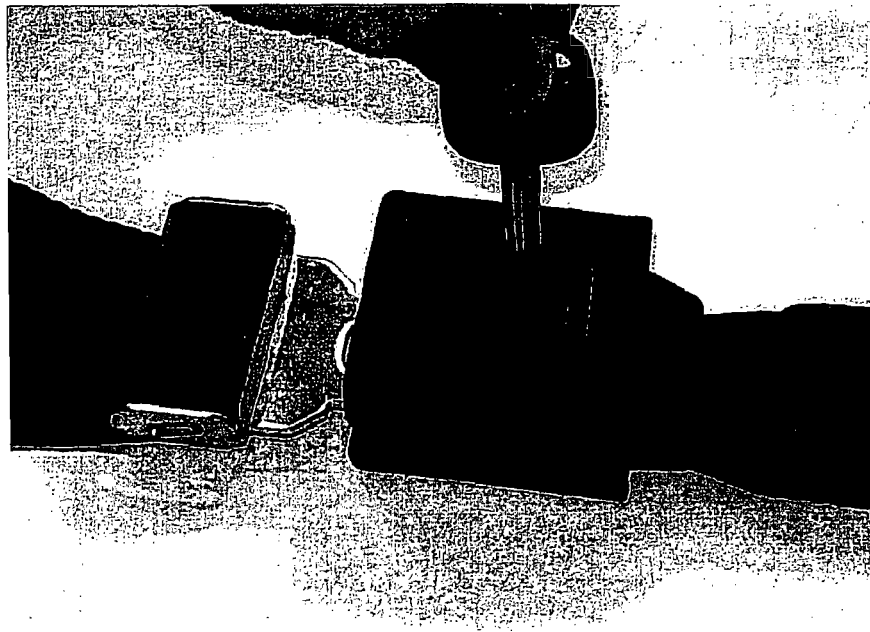
Press together to lock the buckle as usual.





BuckleGarde Application

To remove the BuckleGarde put a key or the open end of a trauma scissor into the slot to actuate the push button of the safety buckle.



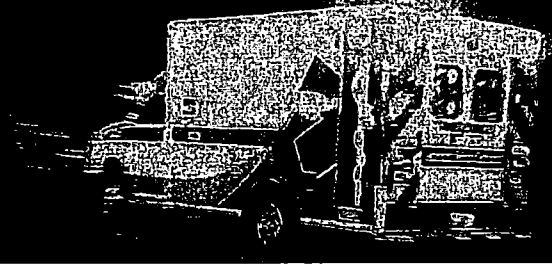


BuckleGarde

Creating a safer transport environment

The BuckleGarde provides a safer transport environment for patients and paramedic personnel by deterring patients from releasing their safety buckles during transport.

Please visit www.GardeSystems.com for more information.



Mobile Data Solutions for EMS

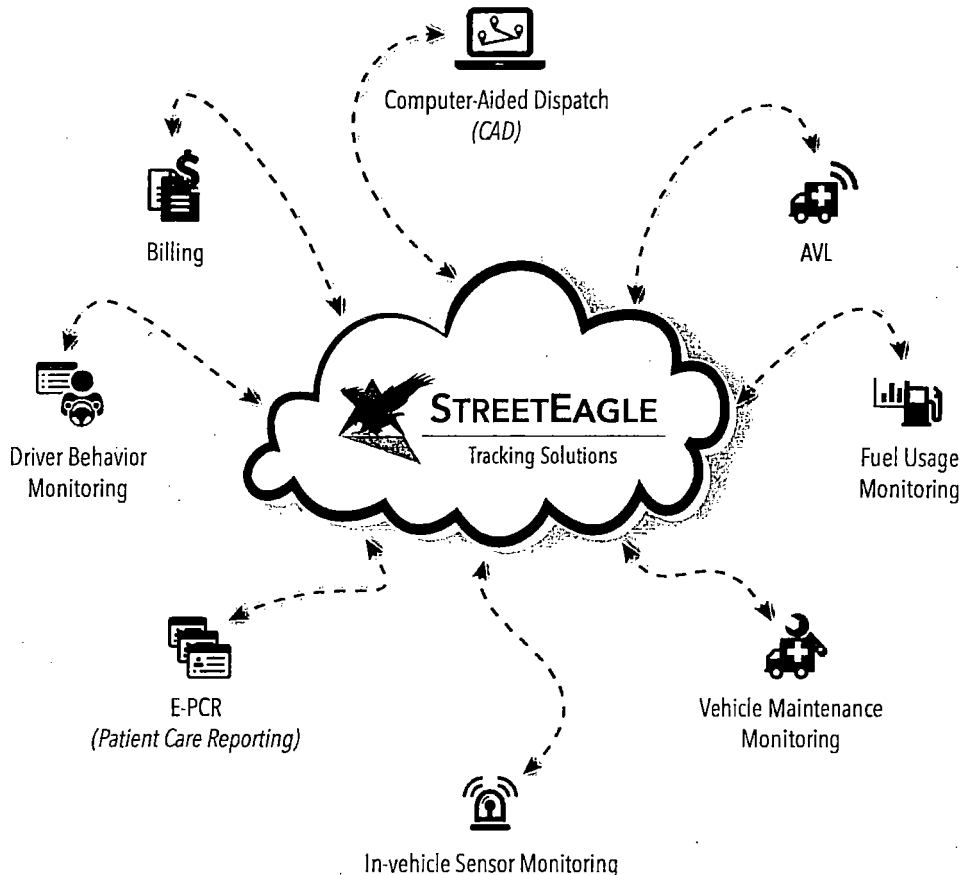
Fleet data that's real-time, rapid response, and revealing to help you run a more efficient EMS operation

Your customers entrust you with their safety, and sometimes their very lives, when an emergency strikes. In order to provide the rapid response times and reliability they depend upon, who do YOU entrust your fleet activity data to? Your data needs to be as responsive and dependable as your service if you're going to operate at maximum efficiency and effectiveness.

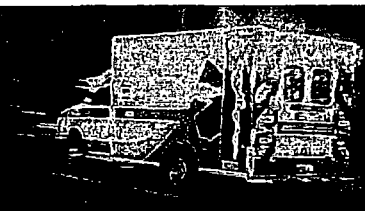
InSight Mobile Data delivers that reliability through a single platform for computer-aided dispatch (CAD), E-PCR, billing reconciliation, driver behavior monitoring and AVL/mobile communications – all at an affordable price with customizable packages that match your unique needs.



ONE PLATFORM FOR TOTAL MISSION-CRITICAL CONNECTIVITY



Mobile Data Solutions for EMS



Let InSight Mobile Data Help You Pull it All Together:

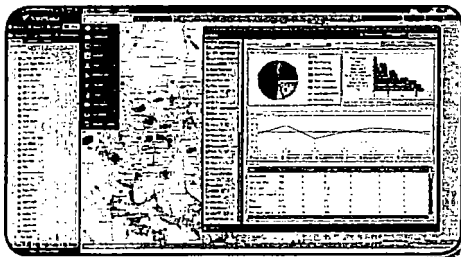


A Fully Integrated Dispatch Solution

StreetEagle allows your dispatchers and supervisors to access real-time vehicle location and transport call data seamlessly from within their CAD software. Multiple MDT options allow mission-critical data to be communicated between dispatch and crews including time-stamped status updates, and pushing calls with turn-by-turn directions. Using one platform integrated around common databases and business processes results in tremendous cost savings and improved business productivity.

Driver Performance and Safety Monitoring

StreetEagle helps mitigate the risks and costs of crashes through tools that monitor and manage driver behavior. When this data is integrated with CAD, it eliminates nuisance alerts and allows supervisors to distinguish driver behavior events by call type (i.e., speeding during emergency response calls, idling when vehicle is assigned post, etc.). By monitoring driving performance, some of our customers in the private ambulance industry have reduced accidents by as much as 80%.

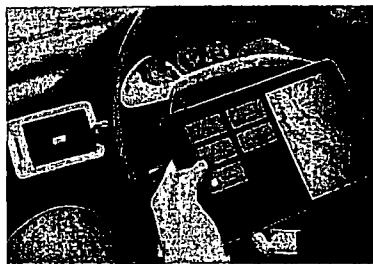


Real-Time Vehicle Tracking, Alerts and Historical Analysis

The platform delivers "mission critical connectivity" between your vehicles, drivers and dispatchers in real-time – including immediate location updates, real-time traffic and weather and a KPI performance dashboard that displays driving data in several key areas. Managers can also improve billing reconciliation accuracy by accessing vehicle odometer mileage for each call or transport.

Managing Vehicle Costs (Maintenance and Fuel)

StreetEagle also gives managers and owners real insight into what their vehicles are costing them in maintenance and fuel usage – and monitor both, to stay on top of necessary repairs and protect themselves from fuel fraud and wasteful practices such as engine idling. Additionally, fuel card integration (in partnership with US Bank) is offered for validating and reconciling fuel purchases.



InSight Mobile Data develops innovative, flexible fleet management, asset tracking and mobility solutions that provide real-time visibility into the mobile work environment. Our solutions deliver the ability to capture, analyze and integrate business-critical data from ALL mobile resources – vehicles, equipment and mobile employees – through one fully configurable and user-friendly platform.