

EAST GREENWICH FIRE DEPARTMENT

284 MAIN STREET, EAST GREENWICH, RHODE ISLAND 02818

TELEPHONE: 886-8690 • FAX: 886-8692



November 6 – November 30, 2017 • Fire Report for December Town Council Meeting

- Monthly Activities, Call Log, see report from FD Manager

New Business

- Personnel
 - Six personnel on IOD, two on FMLA
 - Budget Planning FY 2019, plan for capital expenditures
 - Above scheduled percentages: Overtime at 46%, projecting to \$800,841.67
 - Did not find any plan for capital expenditures, other than schedule vehicles to be replaced
- Apparatus
 - Engine 3 is out of service at station 2, waiting for insurance company funds for repairs
 - Ladder 1 is out of service at the DPW garage, waiting for maintenance to be completed
 - Marine 1 is out of service at station 2, on the trailer (seasonal)
 - C2 Chevy Tahoe out of service at station 2
 - Rescue 1,2,3, Engine 1,2, C1, C7 are all in service
 - Car 5, bucket truck scheduled for replacement FY 2019
- Maintenance to Station One and Two
 - Many deficiencies have been found in both buildings that need to be addressed
 - Station One
 - Looking to finish sealing the floor within the apparatus bays
 - General maintenance continues, more lighting would improve visibility by Engine 1
 - Looking into painting of hallways, leading to staircase
 - Station Two
 - Repair two leaks in the roof
 - Encase the HVAC unit in the bedroom
 - Mitigate the mold issue in the bathroom, by HVAC ductwork in ceiling
 - Replace bathroom stalls with new stalls
 - Properly exhaust drier vent to outside wall
 - Properly connect the 275 gallon oil tank for the generator

- Dispatch-problems with staffing leading higher cost, looking into other solutions
- Documentation of Fire Department Records and Reports
 - After going through the records held within the Chief's Office, there is an apparent lack of documentation across the board, including that which is in the FD Manager software system. It is easily determined that there is a culture which lacks any importance given to documentation and record keeping for such an important service to the community. It has been my observation that members within this fire department need to be held more accountable for their actions. The lack of employee training records and recent evaluations is astounding!
 - No documentation of any Pre-plans done within the last five years
 - No three, five year strategic plan
 - Lack of training Records for personnel
 - Not available since last entry in 2013 in FD Manager software
 - Only 1 entry for 2013, only 6 entries from 2012, only 2 from 2010, only 1 from 2009
 - Documentation of FF1 and FF2 Training, and Hazmat Training for all not completed or not in personnel files
 - Lack of proper descriptive details within FD Manager reports for structure fires
 - Requests for structure fire reports, resulted in verbal notes given from the Fire Marshal
 - Lack of documentation in Promotional Lists
 - Still searching for documentation for personnel evaluations
 - Dates represent an evaluation conducted while one firefighter was out on LOD
 - No consistency with timelines of evaluations for new hires, or other employees
 - Plan of correction for deficiencies of the state's rescue inspection
 - The ISO report acknowledges a lack of documentation for training. If training is being done on a regular basis, than it should be properly documented, and that documentation should be easily accessible. Changes in leadership should not interfere with the ability to locate and verify documentation, especially documentation related to regular Department operation.
 - Another concern that needs to be addressed is simply following our standard operating guidelines or polices, such as wearing the correct uniform while on duty. We are similar to a paramilitary organization and we need follow the rules and regulations written by this department. The social media policy is not followed by some members of the department, nor is the code of conduct. Communications with the public are unclear as to who authorized the message, the Department or the Union. This could be construed as a deliberate attempt to mislead the public.

- Chain of Command

- I have noticed a general lack of professionalism and an environment that does not respect the existence of the chain of command. Inquiries made to key department personnel for information failed to yield responsive answers or important documents. (Training records, plan of correction report)
- After completing only four weeks, it appears members of the department have been misdirected by fellow members for a while now, in terms of who they need to follow as a leader. Once again the chain of command is not being followed by many members, causing disruption throughout the department. Documentation, training, following policies, professionalism and communication need to be corrected and accountability will play a major part in the solution. The focus needs to be on all employees, with an emphasis on providing services in a professional manner within the station, as well as out in the community. A plan of action will be developed in an attempt to change the atmosphere within the department. The plan of action will be backed up by detailed documentation. I will begin to follow the plan of action, within my time remaining with this department, but it will be up to the next Fire Chief to see it through to completion.

Respectfully submitted by

Christopher J. Olsen, Interim Fire Chief

cc: Town Manager
File

East Greenwich Fire Department
Monthly Report Summary - Calender Year
November 2017

	Total for Month		Total Year To Date	
	Nov 2017	Nov 2016	Jan 2017 To Nov 2017	Jan 2016 To Nov 2016
Fires				
Structure	1	1	19	16
Brush	0	1	9	10
Vehicle	1	0	11	7
<u>Other</u>	<u>2</u>	<u>2</u>	<u>22</u>	<u>10</u>
Total Fires	4	4	61	43
EMS				
Medical	199	130	2053	1852
<u>MVA</u>	<u>26</u>	<u>18</u>	<u>226</u>	<u>222</u>
Total EMS	225	148	2279	2074
Box Alarms				
System Malfunction	18	12	207	132
<u>Malicious/Accidental/Other</u>	<u>25</u>	<u>14</u>	<u>247</u>	<u>201</u>
Total Box Alarms	43	26	454	333
Other				
Hazardous Condition	12	8	104	74
Service Calls/Good Inten	50	35	729	648
<u>Other</u>	<u>12</u>	<u>11</u>	<u>138</u>	<u>204</u>
Total Other Calls	74	54	971	926
Total Incidents	346	232	3765	3376

Mutual Aid Summary

Incidents Mutual Aid Given:	32	14	325	274
Incidents Mutual Aid Received:	41	13	338	173

Incident Detail Summary

Fire Service Injuries	1	2	15	8
Fire Service Deaths	0	0	0	0
Civilian Injuries	0	0	4	1
Civilian Deaths	0	0	0	0
Acres Burned	0	0	0	0
Property Loss Total	\$40,000.00	\$175,000.00	\$1,555,000.00	\$875,000.00
Content Loss Total	\$0.00	\$50,000.00	\$355,000.00	\$100,000.00

Town of East Greenwich Fire Department FY18 Overtime - YTD November 30, 2017

DESCRIPTION	YEAR	PER	EFF DATE	AMOUNT
'OVERTIME	2018	'05	'11/30/2017	19,544.63
'OVERTIME	2018	'05	'11/22/2017	26,523.70
'OVERTIME	2018	'05	'11/16/2017	22,347.71
'OVERTIME	2018	'05	'11/09/2017	13,473.30
'OVERTIME	2018	'05	'11/02/2017	15,931.40
'OVERTIME	2018	'04	'10/26/2017	7,310.69
'OVERTIME	2018	'04	'10/19/2017	402.30
'OVERTIME	2018	'04	'10/19/2017	9,626.85
'OVERTIME	2018	'04	'10/12/2017	16,000.89
'OVERTIME	2018	'04	'10/05/2017	14,010.05
'OVERTIME	2018	'03	'09/28/2017	13,629.41
'OVERTIME	2018	'03	'09/21/2017	13,009.00
'OVERTIME	2018	'03	'09/14/2017	688.62
'OVERTIME	2018	'03	'09/14/2017	14,644.18
'OVERTIME	2018	'03	'09/07/2017	11,522.46
'OVERTIME	2018	'02	'08/31/2017	15,195.15
'OVERTIME	2018	'02	'08/24/2017	18,219.52
'OVERTIME	2018	'02	'08/17/2017	18,472.82
'OVERTIME	2018	'02	'08/10/2017	16,352.47
'OVERTIME	2018	'02	'08/03/2017	15,168.16
'OVERTIME	2018	'01	'07/27/2017	13,674.87
'OVERTIME	2018	'01	'07/20/2017	10,615.67
'OVERTIME	2018	'01	'07/13/2017	17,052.98
21 weeks				\$ 323,416.83
Weekly average				\$ 15,400.80
Annualized				\$ 800,841.67

East Greenwich Fire Department

Training Report

Class ID: 217

Date: 02/01/13 Time: 1330 Platoon: A Hours: 1.5 Expiration:

Subject:

Instructor: Capt Montville, Kenneth (D)

Companies:

Description of Training:

Vehicle Extracation with hand and power tools

Comments:

Accountability

FF Archambault, Seth
FF Monaghan, Michael
FF O'Donnell, Peter
FF Phelan, Brendan
Lt Bailey, Thomas
Lt Richardson, Joseph
Prob-FF Klein, Stanley

East Greenwich Fire Department

Incident Report

Incident Incident Date AlarmTime Exposure

Incident Type

Incident Location

Incident Address Apt

City State Zip

Arrival Time
Controlled Time
Last Unit Cleared Time CensusTract

Mutual Aid

Property Use

Person Involved

Business Name

Person Involve

Phone

Address

City State Zip

Owner

Business Name

Owner

Phone

Address

City State Zip

Shift Alarms District # Personnel # Engines # Aerial Other Apparatus

App	Dispatch	Respond	On Scene	Transport	Hospital	In Service
E1	13:16	13:17	13:19			14:27
E2	13:16	13:18	13:25			14:17
R1	13:16	13:18	13:19			14:27
R2	13:16	13:18	13:25			14:17
WWK L1	13:18	13:25	13:31			14:17
WWK E1	13:25	13:25	13:32			14:17
WWK E2	13:25	13:25	13:32			14:17
WWK E4	13:25	13:25	13:32			14:17
WW Bat 1	13:25	13:25	13:32			14:17
C7	13:28	13:33	14:27			14:34

Officer in charge ID Name Rank Assignment Date
 FF making report ID Name Rank Assignment Date

East Greenwich Fire Department

Incident Report

Incident Incident Date AlarmTime Exposure

Incident Type

Remarks

Call for building fire, on scene heavy smoke coming from house, flames on exterior siding on Side A front, owner advised us he had a fire going on 2nd floor fireplace earlier, flames coming from exterior 2nd floor behind fireplace, handline pulled to exterior to begin extinguishment, upper floors and attic ventilated ,W Warwick FD contacted for Ladder truck and responded with full compliment, WW Ladder set up front of building fire extinguished and exterior salvaged and overhauled, gas and electric shut off at house, C-7 and building inspector responded, providence canteen on scene

East Greenwich Fire Department

Incident Report

Incident 3689 Incident Date Thursday, November 23, 2017 AlarmTime 13:16 Exposure 0

111 Building fire
Incident Type

A	0900 FDID	RI State	11/23/2017 Incident Date	 Station	3689 Incident Number	0 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> INFRS. 2 File </div>
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B Property Details B1 1 <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin whether or not all units became involved B2 <input type="checkbox"/> Buildings not involve Number of buildings involved B3 <input type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">On-site Material (1)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">On-site Material (2)</div> <div style="border: 1px solid black; padding: 2px;">On-site Material (3)</div>
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D Ignition D1 21 Bedroom - < 5 persons; included are jail or prison Area of fire origin D2 60 Heat from other open flame or smoking materials Heat source D3 12 Exterior wall covering or finish Item First Ignited <input type="checkbox"/> Fire spread was confined to object of origin D4 60 Wood or paper, processed, other Type of material first Ignited	E1 Cause of Ignition <input type="checkbox"/> Exposure Report <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3 Failure of equipment or heat source Cause of Ignition</div> E2 Factors Contributing to Ignition <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">NN None Factor contributing to ignition(1)</div> <div style="border: 1px solid black; padding: 2px;">Factor contributing to ignition(2)</div>	E3 Human Factors Contributing To Ignition <div style="border: 1px solid black; padding: 2px; height: 80px; margin-bottom: 5px;">None</div> <input checked="" type="checkbox"/> Age was a factor Gender: <input type="checkbox"/> Estimated Age of person involved
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F1 Equipment Involved In Ignition <input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Equipment Involved <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Brand <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Model <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Serial Number <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Year <div style="border: 1px solid black; padding: 2px;"></div>	F2 Equipment Power <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Equipment Power Source F2 Equipment Portability <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.	G Fire Suppression Factors <input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Fire suppression factor (1) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Fire suppression factor (2) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Fire suppression factor (3)
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H1 Mobile Property Involved <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Mobile Property Involved <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Mobile Property Model <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> License Plate Number State VIN Number 	H2 Mobile Property Type & Make <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Mobile Property Type <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Mobile Property Make <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Year 	Local Use <input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input checked="" type="checkbox"/> Other reports attached <div style="border: 1px solid black; padding: 2px; height: 60px; margin-top: 5px;"></div>
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AMBULANCE INSPECTION WORKSHEET

☐ New ☒ Annual ☐ Spot

Service East Greenwich Fire Vehicle Plate 65 VIN 4P1CACA69A009401 Vehicle Name Engine 1

Primary License Class ☐ A-1 ☐ A-1A ☐ A-2 ☐ C-1 ☐ C-1A ☐ C-2 Reserve Only ☐ Yes ☒ No ☒ = Meets Standard ☒ = Deficient ☒ = Not Applicable

GENERAL REQUIREMENTS

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Complete Tool Kit..... 10 days | <input checked="" type="checkbox"/> Exhaust System..... 10 days | <input checked="" type="checkbox"/> Non-Emerg. Ext. Lighting..... 2 days | <input checked="" type="checkbox"/> Comm. with Hospital..... Immediate |
| <input checked="" type="checkbox"/> DOT Inspection Sticker... (1) RI Only | <input checked="" type="checkbox"/> Fire Extinguishers..... (2) | <input checked="" type="checkbox"/> Paint/Markings..... 10 days | <input checked="" type="checkbox"/> Siren..... Immediate |
| <input checked="" type="checkbox"/> DOT Registration..... (1) RI Only | <input checked="" type="checkbox"/> Free from Rust/Dents..... 10 days | <input checked="" type="checkbox"/> Patient Care Protocols..... 2 days | <input checked="" type="checkbox"/> Triangular Reflectors/Cones..... (3) |
| <input checked="" type="checkbox"/> Emergency Lights..... Immediate | <input checked="" type="checkbox"/> Patient Compt. Lighting..... 24 hours | <input checked="" type="checkbox"/> Comm. with Dispatcher..... Immediate | |
| <input checked="" type="checkbox"/> Compliance with Federal KKK specifications per year of manufacture..... Correction period to be determined by Inspector based on nature of deficiency | | | |

BLS SUPPLIES/EQUIPMENT

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Adhesive Tape..... Assortment | <input checked="" type="checkbox"/> Sterile Gauze..... Assortment | <input checked="" type="checkbox"/> Sterile Burn Sheets..... (2) | <input checked="" type="checkbox"/> Needles..... (2) 1.5" IM Suitable |
| <input checked="" type="checkbox"/> Blood Glucose Meter... (1) + (5) Strips | <input checked="" type="checkbox"/> Obstetrics Kit..... (1) | <input checked="" type="checkbox"/> Stethoscope..... (1) Adult (1) Pedi | <input checked="" type="checkbox"/> Mylar Blankets..... (2) |
| <input checked="" type="checkbox"/> Atomizer Device (MAD)..... (2) | <input checked="" type="checkbox"/> Pediatric Dosing Device..... (1) | <input checked="" type="checkbox"/> Trauma Dressings..... (3) | <input checked="" type="checkbox"/> Chest Seal Dressing..... (2) |
| <input checked="" type="checkbox"/> Blood Pressure Cuffs.... (L) (A) (C) (I) | <input checked="" type="checkbox"/> Thermometer..... (1) Oral (1) Rectal | <input checked="" type="checkbox"/> Irrigation Supplies..... (1) L | <input checked="" type="checkbox"/> Tourniquet..... (1) |
| <input checked="" type="checkbox"/> Cold Packs..... (3) | <input checked="" type="checkbox"/> Trauma Shears..... (1) | <input checked="" type="checkbox"/> Triangular Bandages..... (3) | |
| <input checked="" type="checkbox"/> Conforming Bandages... (6) Assorted | <input checked="" type="checkbox"/> Splints..... (2) | <input checked="" type="checkbox"/> Syringes..... (2) 10cc 5cc 1cc + (1) 60cc | |

EXTRICATION/TRANSPORT

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Cervical Collars..... Infant-Tall Adult | <input checked="" type="checkbox"/> Long Spine Board..... (1) Adult | <input checked="" type="checkbox"/> Straps for Boards..... (4) 7-9 feet | <input checked="" type="checkbox"/> Stairchair..... (1) Comm prepared |
| <input checked="" type="checkbox"/> Cervical Immob. Device..... (1) | <input checked="" type="checkbox"/> Pt Movement Dev (1) Rew/Scoop/Mega | <input checked="" type="checkbox"/> Stretcher/Straps/Mattress..... (1) | <input checked="" type="checkbox"/> Pt Tracking System..... (1) |
| <input checked="" type="checkbox"/> Child Seat..... (1) 20-40 Lbs | <input checked="" type="checkbox"/> Pelvic Binder (Adult)..... (1) Sam/T-Pod | <input checked="" type="checkbox"/> Traction Splint (Adult)..... (1) Adult | |

AIRWAY/VENTILATION

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Bag-Valve-Masks..... (A) (P) (I) | <input checked="" type="checkbox"/> Main Oxygen..... (1) + (2) Flowmeters | <input checked="" type="checkbox"/> Oxygen Masks..... (2) (A) + (2) (P) | <input checked="" type="checkbox"/> Suction Cath..... (1) 6-10Fr + (1) 12-16Fr |
| <input checked="" type="checkbox"/> Tongue Depressor..... (1) | <input checked="" type="checkbox"/> On-Board Suction..... Immediate | <input checked="" type="checkbox"/> Oxygen Nebulizer..... (2) | <input checked="" type="checkbox"/> Water Soluble Lubricant... (3) Packets |
| <input checked="" type="checkbox"/> CPAP Device... (1) + (5) (M) (A) Masks | <input checked="" type="checkbox"/> Oxygen Cannulas..... (A) (P) | <input checked="" type="checkbox"/> Portable Oxygen... (1) Size D or Larger | |
| <input checked="" type="checkbox"/> Endotracheal Intubation Kit..... (1) | <input checked="" type="checkbox"/> NPA..... (4) In Sizes 16-34 Fr | <input checked="" type="checkbox"/> Portable Suction Unit..... (1) Powered | |
| <input checked="" type="checkbox"/> Advanced Airway LMA-gel/Air-Q/King | <input checked="" type="checkbox"/> OPA..... (3) In Sizes 40mm-120mm | <input checked="" type="checkbox"/> Pulse Oximeter..... (1) | |

INFECTION CONTROL

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Biohazard Container..... (1) + (1) Liner | <input checked="" type="checkbox"/> Latex-Free Gloves..... Multiple Sizes | <input checked="" type="checkbox"/> Sharps Receptacle..... (1) Must not be full |
| <input checked="" type="checkbox"/> Body Sub Iso Kits (1) Per crew member | <input checked="" type="checkbox"/> N95 Masks..... (1) Per crew member | |

CARDIAC CARE

- | | |
|--|---|
| <input checked="" type="checkbox"/> AED..... Adult and Pedi Pads x (1) | <input checked="" type="checkbox"/> Monitor..... +Adult and Pedi Pads x (1) |
|--|---|

IV SUPPLIES/EQUIPMENT

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Antiseptic Wipes..... (6) | <input checked="" type="checkbox"/> IV Catheters . 14, 16, 18, 20, 22, 24 x (2) | <input checked="" type="checkbox"/> Volumetric Burette..... (1) 100cc |
| <input checked="" type="checkbox"/> Constricting Bands..... (2) | <input checked="" type="checkbox"/> Padded Arm Boards..... (A) (P) | <input checked="" type="checkbox"/> IO Kit... (1) Driver + (2) (A) and (P) Cann. |
| <input checked="" type="checkbox"/> Drip Sets (10-15gtts)..... (2) | <input checked="" type="checkbox"/> Stopcock..... (1) 3 or 4 way | |

MEDICATIONS BASIC

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> APAP Oral..... (4) x500mg Tablet | <input checked="" type="checkbox"/> Albuterol solution.. 10 mg (2.5mg units) | <input checked="" type="checkbox"/> Glucose (oral)..... (2) 15g Gel | <input checked="" type="checkbox"/> Oxymetazoline..... 10ml Bottle |
| <input checked="" type="checkbox"/> APAP Oral Supp..... (1) 20ml bottle | <input checked="" type="checkbox"/> Aspirin..... (20) 81mg tabs | <input checked="" type="checkbox"/> Ibuprofen (oral)..... (8) 200mg Tabs | |
| <input checked="" type="checkbox"/> APAP Supp... (3) x325mg or (5) x120mg | <input checked="" type="checkbox"/> Epi 1:1000 (amp/vial) ...3mg Auto/Vial | <input checked="" type="checkbox"/> Ibuprofen (Susp) 200mg/5ml (400mg/5ml) | |
| <input checked="" type="checkbox"/> Activated Charcoal..... 50g | <input checked="" type="checkbox"/> Glucagon..... 1mg Vial | <input checked="" type="checkbox"/> Naloxone..... 10mg Syr/Vial/Amp | |

MEDICATIONS CARDIAC

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Adenosine (inj)..... 24mg | <input checked="" type="checkbox"/> Diphenhydramine (inj) .50mg Vial/Amp | <input checked="" type="checkbox"/> Atropium Bro (inh)..... 0.5mg Dose | <input checked="" type="checkbox"/> Sodium Bicarbonate.. 150meq Prefilled |
| <input checked="" type="checkbox"/> Amiodarone (inj)..... 450mg | <input checked="" type="checkbox"/> Diphenhydramine (oral)..... 50mg | <input checked="" type="checkbox"/> Lactated Ringer's... (3) x1000ml Bag | <input checked="" type="checkbox"/> Terbutaline..... 1mg Vial/Amp |
| <input checked="" type="checkbox"/> Atropine (inj)..... 3mg | <input checked="" type="checkbox"/> Epi 1:10,000..... 8mg | <input checked="" type="checkbox"/> Lidocaine (inj)..... 300mg prefilled | <input checked="" type="checkbox"/> Thiamine..... 100mg Vial/Amp |
| <input checked="" type="checkbox"/> Calcium Chloride 10%..... 2g Vial/Amp | <input checked="" type="checkbox"/> Epi 2.5% (inh)..... (2) x0.5ml Bulb | <input checked="" type="checkbox"/> Midazolam..... 20mg Syr/Vial | <input checked="" type="checkbox"/> Contr. Sub. Log... Hrd Cvr/Bound/NbrPg |
| <input checked="" type="checkbox"/> Dextrose 10% (inj)..... (1) 400mg/250ml bags | <input checked="" type="checkbox"/> Fentanyl..... 300mcg Vial/Amp | <input checked="" type="checkbox"/> Nitroglycerin..... 4mg Tab/Spray/Powder | <input checked="" type="checkbox"/> Contr. Sub. Security..... (2) Locks |
| <input checked="" type="checkbox"/> Dextrose 50%..... 25g Prefill Syr/Vial | <input checked="" type="checkbox"/> Furosemide..... 80mg Vial/Amp | <input checked="" type="checkbox"/> Ondansetron..... 8mg Vial/Amp/Prefill | |
| <input checked="" type="checkbox"/> Diltiazem..... 50mg Prefill Syr/Vial | <input checked="" type="checkbox"/> Hydro. Sodium Succ..... 100mg Vial | <input checked="" type="checkbox"/> Saline 0.9% (inj)..... (1) 1000ml Bag | |

MEDICATIONS PARAMEDIC

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Amiodarone (inj)..... 360mg/200ml Bag | <input checked="" type="checkbox"/> Haloperidol..... 20mg Vial/Amp | <input checked="" type="checkbox"/> Nitroglycerin (inj)..... 50mg Premix/Vial | <input checked="" type="checkbox"/> Procainamide (inj)..... (2) 1g Vial/Amp |
| <input checked="" type="checkbox"/> Cefazolin..... (2) 1g Premix/Vial/Amp | <input checked="" type="checkbox"/> 20% Fat Emulsion (inj)..... 50ml Bott | <input checked="" type="checkbox"/> Norepinephrine (inj)..... 4mg Vial/Amp | <input checked="" type="checkbox"/> Promethazine (inj) (1) 12.5mg Vial/Amp |
| <input checked="" type="checkbox"/> Dexamethasone..... 10mg Vial/Amp | <input checked="" type="checkbox"/> Ketamine (inj)..... (1) 10ml (50mg/ml) Vial | <input checked="" type="checkbox"/> Pitocin (inj)..... (2) 200 Vial/Amp | <input checked="" type="checkbox"/> Rocuronium (inj)..... 200mg Vial/Amp |
| <input checked="" type="checkbox"/> Dextrose 5%..... (1) 250ml + (1) 500ml Bags | <input checked="" type="checkbox"/> Ketamine (inj)..... (1) 20ml (10mg/ml) Vial | <input checked="" type="checkbox"/> Phenylephrine (inj)..... 1mg/ml Prefill | <input checked="" type="checkbox"/> Saline 0.9% 500ml + 250ml + 100ml + 50ml (2) each |
| <input checked="" type="checkbox"/> Dopamine (inj)..... (1) 400mg/250ml bags | <input checked="" type="checkbox"/> Ketorolac (inj)..... 60mg Syr/Amp | <input checked="" type="checkbox"/> Phenylephrine (inj)..... 10mg Vial/Amp | <input checked="" type="checkbox"/> Saline 3%..... (1) 500ml Bag |
| <input checked="" type="checkbox"/> Enalapril (inj)..... 1.25mg Vial/Amp | <input checked="" type="checkbox"/> Lidocaine (inj)..... (1) 1g/250ml | <input checked="" type="checkbox"/> Phenylephrine (nasal)..... 15ml Bott | <input checked="" type="checkbox"/> Tetracaine 0.5% (ophth)..... 2ml Bott |
| <input checked="" type="checkbox"/> Famotidine (oral)..... (2) 20mg Tabs | <input checked="" type="checkbox"/> Magnesium Sulfate..... 4g Vial/Amp | <input checked="" type="checkbox"/> Prednisolone (syr)..... (1) 120ml Bott | <input checked="" type="checkbox"/> Tranexamic Acid (inj) 1g/10ml Vial/Amp |
| <input checked="" type="checkbox"/> Fentanyl (inj)..... 50mcg Vial/Amp | <input checked="" type="checkbox"/> Metoprolol..... 15mg Vial | <input checked="" type="checkbox"/> Prednisolone (oral)..... (3) 20mg Tabs | |



AMBULANCE INSPECTION REPORT

☒ Annual ☐ Spot

108 East Greenwich Fire Vehicle Plate 65 Inspection Date 11/2/14 Inspector Rossini

☐ **PASSED** Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

☒ **NOTICE OF DEFICIENCY** Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Outweston 8 mg ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
2. Dextrose 10 % 2X 250 ml bags ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
3. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
4. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
5. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
6. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
7. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
8. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
9. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
10. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days

☐ **IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.

☒ **CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

☐ **REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a re-inspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name

Signature

Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Rossini 11/2/14
Inspector Signature Date

Rossini 11/2/2017
Service Representative Signature Date



AMBULANCE INSPECTION WORKSHEET

☐ New ☒ Annual ☐ Spot

Service East Greenwich Fire Vehicle Plate 604 VIN 3HVNAAABL360535 Vehicle Name Rescue 3

Primary License Class ☐ A-1 ☒ A-1A ☐ A-2 ☐ C-1 ☐ C-1A ☐ C-2 Reserve Only ☐ Yes ☒ No ☒ = Meets Standard * = Deficient - = Not Applicable

GENERAL REQUIREMENTS

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Complete Tool Kit..... 10 days | <input checked="" type="checkbox"/> Exhaust System..... 10 days | <input checked="" type="checkbox"/> Non-Emerg. Ext. Lighting..... 2 days | <input checked="" type="checkbox"/> Comm. with Hospital..... Immediate |
| <input checked="" type="checkbox"/> DOT Inspection Sticker... (1) RI Only | <input checked="" type="checkbox"/> Fire Extinguishers..... (2) | <input checked="" type="checkbox"/> Paint/Markings..... 10 days | <input checked="" type="checkbox"/> Siren..... Immediate |
| <input checked="" type="checkbox"/> DOT Registration..... (1) RI Only | <input checked="" type="checkbox"/> Free from Rust/Dents..... 10 days | <input checked="" type="checkbox"/> Patient Care Protocols..... 2 days | <input checked="" type="checkbox"/> Triangular Reflectors/Cones..... (3) |
| <input checked="" type="checkbox"/> Emergency Lights..... Immediate | <input checked="" type="checkbox"/> Patient Compt. Lighting..... 24 hours | <input checked="" type="checkbox"/> Comm. with Dispatcher..... Immediate | |
| <input checked="" type="checkbox"/> Compliance with Federal KKK specifications per year of manufacture..... Correction period to be determined by Inspector based on nature of deficiency | | | |

BLS SUPPLIES/EQUIPMENT

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Adhesive Tape..... Assortment | <input checked="" type="checkbox"/> Sterile Gauze..... Assortment | <input checked="" type="checkbox"/> Sterile Burn Sheets..... (2) | <input checked="" type="checkbox"/> Needles..... (2) 1.5" IM Sullable |
| <input checked="" type="checkbox"/> Blood Glucose Meter... (1) + (5) Strips | <input checked="" type="checkbox"/> Obstetrics Kit..... (1) | <input checked="" type="checkbox"/> Stethoscope..... (1) Adult (1) Pedi | <input checked="" type="checkbox"/> Mylar Blankets..... (2) |
| <input checked="" type="checkbox"/> Atomizer Device (MAD)..... (2) | <input checked="" type="checkbox"/> Pediatric Dosing Device..... (1) | <input checked="" type="checkbox"/> Trauma Dressings..... (3) | <input checked="" type="checkbox"/> Chest Seal Dressing..... (2) |
| <input checked="" type="checkbox"/> Blood Pressure Cuffs... (L) (A) (C) (I) | <input checked="" type="checkbox"/> Thermometer..... (1) Oral (1) Rectal | <input checked="" type="checkbox"/> Irrigation Supplies..... (1) L | <input checked="" type="checkbox"/> Tourniquet..... (1) |
| <input checked="" type="checkbox"/> Cold Packs..... (3) | <input checked="" type="checkbox"/> Trauma Shears..... (1) | <input checked="" type="checkbox"/> Triangular Bandages..... (3) | |
| <input checked="" type="checkbox"/> Conforming Bandages... (6) Assorted | <input checked="" type="checkbox"/> Splints..... (2) | <input checked="" type="checkbox"/> Syringes..... (2) 10cc 5cc 1cc + (1) 60cc | |

EXTRICATION/TRANSPORT

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Cervical Collars..... Infant-Tall Adult | <input checked="" type="checkbox"/> Long Spine Board..... (1) Adult | <input checked="" type="checkbox"/> Straps for Boards..... (4) 7-9 feet | <input checked="" type="checkbox"/> Stairchair..... (1) Comm prepared |
| <input checked="" type="checkbox"/> Cervical Immob. Device..... (1) | <input checked="" type="checkbox"/> Pt Movement Dev (1) Rev/Scoop/Mega | <input checked="" type="checkbox"/> Stretcher/Straps/Mattress..... (1) | <input checked="" type="checkbox"/> Pt Tracking System..... (1) |
| <input checked="" type="checkbox"/> Child Seat..... (1) 20-40 Lbs | <input checked="" type="checkbox"/> Pelvic Binder (Adult)..... (1) Sam/T-Pod | <input checked="" type="checkbox"/> Traction Splint (Adult)..... (1) Adult | |

AIRWAY/VENTILATION

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Bag-Valve-Masks..... (A) (P) (I) | <input checked="" type="checkbox"/> Main Oxygen..... (1) + (2) Flowmeters | <input checked="" type="checkbox"/> Oxygen Masks..... (2) (A) + (2) (P) | <input checked="" type="checkbox"/> Suction Cath..... (1) 6-10Fr + (1) 12-16Fr |
| <input checked="" type="checkbox"/> Tongue Depressor..... (1) | <input checked="" type="checkbox"/> On-Board Suction..... Immediate | <input checked="" type="checkbox"/> Oxygen Nebulizer..... (2) | <input checked="" type="checkbox"/> Water Soluble Lubricant... (3) Packets |
| <input checked="" type="checkbox"/> CPAP Device... (1) + (S) (M) (A) Masks | <input checked="" type="checkbox"/> Oxygen Cannulas..... (A) (P) | <input checked="" type="checkbox"/> Portable Oxygen... (1) Size D or Larger | |
| <input checked="" type="checkbox"/> Endotracheal Intubation Kit..... (1) | <input checked="" type="checkbox"/> NPA..... (4) In Sizes 16-34 Fr | <input checked="" type="checkbox"/> Portable Suction Unit..... (1) Powered | |
| <input checked="" type="checkbox"/> Advanced Airway LMAN-gel/AirQ/King | <input checked="" type="checkbox"/> OPA..... (3) In Sizes 40mm-120mm | <input checked="" type="checkbox"/> Pulse Oximeter..... (1) | |

INFECTION CONTROL

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Biohazard Container..... (1) + (1) Liner | <input checked="" type="checkbox"/> Latex-Free Gloves..... Multiple Sizes | <input checked="" type="checkbox"/> Sharps Receptacle..... (1) Must not be full |
| <input checked="" type="checkbox"/> Body Sub Iso Kits (1) Per crew member | <input checked="" type="checkbox"/> N95 Masks..... (1) Per crew member | |

CARDIAC CARE

- | | |
|--|---|
| <input checked="" type="checkbox"/> AED..... Adult and Pedi Pads x (1) | <input checked="" type="checkbox"/> Monitor..... +Adult and Pedi Pads x (1) |
|--|---|

IV SUPPLIES/EQUIPMENT

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Antiseptic Wipes..... (6) | <input checked="" type="checkbox"/> IV Catheters . 14, 16, 18, 20, 22, 24 (2) | <input checked="" type="checkbox"/> Volumetric Burette..... (1) 100cc |
| <input checked="" type="checkbox"/> Constricting Bands..... (2) | <input checked="" type="checkbox"/> Padded Arm Boards..... (A) (P) | <input checked="" type="checkbox"/> IO Kit... (1) Driver + (2) (A) and (P) Cann. |
| <input checked="" type="checkbox"/> Drip Sets (10-15gtts)..... (2) | <input checked="" type="checkbox"/> Stopcock..... (1) 3 or 4 way | |

MEDICATIONS BASIC

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> APAP Oral..... (4)x500mg Tablet | <input checked="" type="checkbox"/> Albuterol solution.. 10 mg (2.5mg units) | <input checked="" type="checkbox"/> Glucose (oral)..... (2) 15g Gel | <input checked="" type="checkbox"/> Oxymetazoline..... 10ml Bottle |
| <input checked="" type="checkbox"/> APAP Oral Sus..... (1) 20ml bottle | <input checked="" type="checkbox"/> Aspirin..... (20) 81mg tabs | <input checked="" type="checkbox"/> Ibuprofen (oral)..... (8) 200mg Tabs | |
| <input checked="" type="checkbox"/> APAP Supp... (3)x325mg or (5)x120mg | <input checked="" type="checkbox"/> Epi 1:1000 (amp/vial) ...3mg Auto/Vial | <input checked="" type="checkbox"/> Ibuprofen (Susp) 20ml Bott (100mg/5ml) | |
| <input checked="" type="checkbox"/> Activated Charcoal..... 50g | <input checked="" type="checkbox"/> Glucagon..... 1mg Vial | <input checked="" type="checkbox"/> Naloxone..... 10mg Syr/Vial/Amp | |

MEDICATIONS CARDIAC

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Adenosine (inj)..... 24mg | <input checked="" type="checkbox"/> Diphenhydramine (inj) 50mg Vial/Amp | <input checked="" type="checkbox"/> Ipratropium Bro (inh)..... 0.5mg Dose | <input checked="" type="checkbox"/> Sodium Bicarbonate . 150meq Prefilled |
| <input checked="" type="checkbox"/> Amiodarone (inj)..... 450mg | <input checked="" type="checkbox"/> Diphenhydramine (oral)..... 50mg | <input checked="" type="checkbox"/> Lactated Ringer's... (3)x1000ml Bag | <input checked="" type="checkbox"/> Terbutaline..... 1mg Vial/Amp |
| <input checked="" type="checkbox"/> Atropine (inj)..... 3mg | <input checked="" type="checkbox"/> Epi 1:10,000..... 8mg | <input checked="" type="checkbox"/> Lidocaine (inj)..... 300mg prefilled | <input checked="" type="checkbox"/> Thiamine..... 100mg Vial/Amp |
| <input checked="" type="checkbox"/> Calcium Chloride 10%..... 2g Vial/Amp | <input checked="" type="checkbox"/> Epi 2.5% (inh)..... (2)x0.5ml Bullet | <input checked="" type="checkbox"/> Midazolam..... 20mg Syr/Vial | <input checked="" type="checkbox"/> Contr. Sub. Log.. Hrd Cvr/Bound/NbrPg |
| <input checked="" type="checkbox"/> Dextrose 10% (inj)..... (2)x250ml bags | <input checked="" type="checkbox"/> Fentanyl..... 300mcg Vial/Amp | <input checked="" type="checkbox"/> Nitroglycerin..... 4mg Tab/Spray? Powder | <input checked="" type="checkbox"/> Contr. Sub. Security..... (2) Locks |
| <input checked="" type="checkbox"/> Dextrose 50%..... 25g Prefill Syr/Vial | <input checked="" type="checkbox"/> Furosemide..... 80mg Vial/Amp | <input checked="" type="checkbox"/> Ondansetron..... 8mg Vial/Amp/Prefill | |
| <input checked="" type="checkbox"/> Diltiazem..... 50mg Prefill Syr/Vial | <input checked="" type="checkbox"/> Hydro. Sodium Succ..... 100mg Vial | <input checked="" type="checkbox"/> Saline 0.9% (inj)..... (1) 1000ml Bag | |

MEDICATIONS PARAMEDIC

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Amlodarone (inf)..... 360mg/200ml Bag | <input type="checkbox"/> Haloperidol..... 20mg Vial/Amp | <input type="checkbox"/> Nitroglycerin (inf)..... 50mg Premix/Vial | <input type="checkbox"/> Procainamide (inj)..... (2) 1g Vial/Amp |
| <input type="checkbox"/> Cefazolin..... (2) 1g Premix/Vial/Amp | <input type="checkbox"/> 20% Fat Emulsion (inf)..... 250ml Bott | <input type="checkbox"/> Norepinephrine (inf)..... 4mg Vial/Amp | <input type="checkbox"/> Promethazine (inj) (1) 12.5mg Vial/Amp |
| <input type="checkbox"/> Dexamethasone..... 10mg Vial/Amp | <input type="checkbox"/> Ketamine (inj)..... (1) 100mg/50mg/ml Vial | <input type="checkbox"/> Pitocin (inj)..... (2) 20U Vial/Amp | <input type="checkbox"/> Rocuronium (inj)..... 200mg Vial/Amp |
| <input type="checkbox"/> Dextrose 5%..... (1) 250ml + (1) 500ml Bags | <input type="checkbox"/> Ketamine (inj)..... (1) 20ml (10mg/ml) Vial | <input type="checkbox"/> Phenylephrine (inj)..... 1mg/ml Prefill | <input type="checkbox"/> Saline 0.9% 500ml + 100ml + 50ml (2) each |
| <input type="checkbox"/> Dopamine (inf)..... (1) 400mg/250ml Bag | <input type="checkbox"/> Ketolorac (inj)..... 60mg Syr/Amp | <input type="checkbox"/> Phenylephrine (inf)..... 10mg Vial/Amp | <input type="checkbox"/> Saline 3%..... (1) 500ml Bag |
| <input type="checkbox"/> Enalapril (inj)..... 1.25mg Vial/Amp | <input type="checkbox"/> Lidocaine (inf)..... (1) 1g/250ml | <input type="checkbox"/> Phenylephrine (nasal)..... 15ml Bott | <input type="checkbox"/> Tetracaine 0.5% (ophth)..... 2ml Bott |
| <input type="checkbox"/> Famotidine (oral)..... (2) 20mg Tabs | <input type="checkbox"/> Magnesium Sulfate..... 4g Vial/Amp | <input type="checkbox"/> Prednisolone (syr)..... (1) 120ml bott | <input type="checkbox"/> Tranexamic Acid (inj) 1g/10ml Vial/Amp |
| <input type="checkbox"/> Famotidine (inj)..... 40mg Premix/Vial | <input type="checkbox"/> Metoprolol..... 15mg Vial | <input type="checkbox"/> Prednisolone (oral)..... (3) 20mg Tabs | |

AMBULANCE INSPECTION REPORT

☒ Annual ☐ Spot

St. of Health
East Greenwich Fire Vehicle Plate 604 Inspection Date 11/2/17 Inspector Prosser

☐ **PASSED** Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

☒ **NOTICE OF DEFICIENCY** Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Portable Suction ☒ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
2. Stretcher Straps ☒ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
3. Ringers 1000 cc ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
4. Dextrose 10 ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
5. Lidocaine 100 mg ☐ Immediate ☒ 24 hours ☐ 2 bus. days ☐ 10 bus. days
6. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
7. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
8. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
9. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
10. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days

☒ **IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.

☒ **CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

☐ **REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a re-inspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name

Signature

Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Service Representative Signature

Date



AMBULANCE INSPECTION WORKSHEET

☐ New ☒ Annual ☐ Spot

Service East Greenwich Fire Vehicle Plate 930 VIN 1HTJ5SKKEH458046 Vehicle Name Rescue 7

Primary License Class ☐ A-1 ☒ A-1A ☐ A-2 ☐ C-1 ☐ C-1A ☐ C-2 Reserve Only ☐ Yes ☒ No ☒ = Meets Standard * = Deficient = Not Applicable

GENERAL REQUIREMENTS

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Complete Tool Kit..... 10 days | <input checked="" type="checkbox"/> Exhaust System 10 days | <input checked="" type="checkbox"/> Non-Emerg. Ext. Lighting 2 days | <input checked="" type="checkbox"/> Comm. with Hospital Immediate |
| <input checked="" type="checkbox"/> DOT Inspection Sticker ... (1) RI Only | <input checked="" type="checkbox"/> Fire Extinguishers (2) | <input checked="" type="checkbox"/> Paint/Markings 10 days | <input checked="" type="checkbox"/> Siren Immediate |
| <input checked="" type="checkbox"/> DOT Registration (1) RI Only | <input checked="" type="checkbox"/> Free from Rust/Dents 10 days | <input checked="" type="checkbox"/> Patient Care Protocols 2 days | <input checked="" type="checkbox"/> Triangular Reflectors/Cones (3) |
| <input checked="" type="checkbox"/> Emergency Lights Immediate | <input checked="" type="checkbox"/> Patient Compl. Lighting 24 hours | <input checked="" type="checkbox"/> Comm. with Dispatcher Immediate | |
| <input checked="" type="checkbox"/> Compliance with Federal KKK specifications per year of manufacture Correction period to be determined by Inspector based on nature of deficiency | | | |

BLS SUPPLIES/EQUIPMENT

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Adhesive Tape Assortment | <input checked="" type="checkbox"/> Sterile Gauze Assortment | <input checked="" type="checkbox"/> Sterile Burn Sheets (2) | <input checked="" type="checkbox"/> Needles (2) 1.5" IM Suitable |
| <input checked="" type="checkbox"/> Blood Glucose Meter... (1) + (5) Strips | <input checked="" type="checkbox"/> Obstetrics Kit (1) | <input checked="" type="checkbox"/> Stethoscope (1) Adult (1) Pedi | <input checked="" type="checkbox"/> Mylar Blankets (2) |
| <input checked="" type="checkbox"/> Atomizer Device (MAD) (2) | <input checked="" type="checkbox"/> Pediatric Dosing Device (1) | <input checked="" type="checkbox"/> Trauma Dressings (3) | <input checked="" type="checkbox"/> Chest Seal Dressing (2) |
| <input checked="" type="checkbox"/> Blood Pressure Cuffs (L) (A) (C) (I) | <input checked="" type="checkbox"/> Thermometer (1) Oral (1) Rectal | <input checked="" type="checkbox"/> Irrigation Supplies (1) L | <input checked="" type="checkbox"/> Tourniquet (1) |
| <input checked="" type="checkbox"/> Cold Packs (3) | <input checked="" type="checkbox"/> Trauma Shears (1) | <input checked="" type="checkbox"/> Triangular Bandages (3) | |
| <input checked="" type="checkbox"/> Conforming Bandages ... (6) Assorted | <input checked="" type="checkbox"/> Splints (2) | <input checked="" type="checkbox"/> Syringes (2) 10cc 5cc 1cc + (1) 60cc | |

EXTRICATION/TRANSPORT

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Cervical Collars Infant-Tall Adult | <input checked="" type="checkbox"/> Long Spine Board (1) Adult | <input checked="" type="checkbox"/> Straps for Boards (4) 7-9 feet | <input checked="" type="checkbox"/> Stairchair (1) Comm prepared |
| <input checked="" type="checkbox"/> Cervical Immob. Device (1) | <input checked="" type="checkbox"/> Pt Movement Dev (1) Rev/Scoop/Mega | <input checked="" type="checkbox"/> Stretcher/Straps/Mattress (1) | <input checked="" type="checkbox"/> Pt Tracking System (1) |
| <input checked="" type="checkbox"/> Child Seat (1) 20-40 Lbs | <input checked="" type="checkbox"/> Pelvic Binder (Adult)..... (1) Sam/T-Pod | <input checked="" type="checkbox"/> Traction Splint (Adult)..... (1) Adult | |

AIRWAY/VENTILATION

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Bag-Valve-Masks (A) (P) (I) | <input checked="" type="checkbox"/> Main Oxygen (1) + (2) Flowmeters | <input checked="" type="checkbox"/> Oxygen Masks (2) (A) + (2) (P) | <input checked="" type="checkbox"/> Suction Cath (1) 6-10Fr + (1) 12-16Fr |
| <input checked="" type="checkbox"/> Tongue Depressor (1) | <input checked="" type="checkbox"/> On-Board Suction Immediate | <input checked="" type="checkbox"/> Oxygen Nebulizer (2) | <input checked="" type="checkbox"/> Water Soluble Lubricant... (3) Packets |
| <input checked="" type="checkbox"/> OPAP Device ... (1) + (S) (M) (A) Masks | <input checked="" type="checkbox"/> Oxygen Cannulas (A) (P) | <input checked="" type="checkbox"/> Portable Oxygen... (1) Size D or Larger | |
| <input checked="" type="checkbox"/> Endotracheal Intubation Kit (1) | <input checked="" type="checkbox"/> NPA (4) In Sizes 16-34 Fr | <input checked="" type="checkbox"/> Portable Suction Unit (1) Powered | |
| <input checked="" type="checkbox"/> Advanced Airway LMA/Inf-gel/AirQ/King | <input checked="" type="checkbox"/> OPA (3) In Sizes 40mm-120mm | <input checked="" type="checkbox"/> Pulse Oximeter (1) | |

INFECTION CONTROL

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Biohazard Container (1) + (1) Liner | <input checked="" type="checkbox"/> Latex-Free Gloves Multiple Sizes | <input checked="" type="checkbox"/> Sharps Receptacle (1) Must not be full |
| <input checked="" type="checkbox"/> Body Sub Iso Kits (1) Per crew member | <input checked="" type="checkbox"/> N95 Masks (1) Per crew member | |

CARDIAC CARE

- | | |
|---|--|
| <input checked="" type="checkbox"/> AED Adult and Pedi Pads x (1) | <input checked="" type="checkbox"/> Monitor +Adult and Pedi Pads x (1) |
|---|--|

IV SUPPLIES/EQUIPMENT

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Antiseptic Wipes (6) | <input checked="" type="checkbox"/> IV Catheters . 14, 16, 18, 20, 22, 24 x (2) | <input checked="" type="checkbox"/> Volumetric Burette (1) 100cc |
| <input checked="" type="checkbox"/> Constricting Bands (2) | <input checked="" type="checkbox"/> Padded Arm Boards (A) (P) | <input checked="" type="checkbox"/> IO Kit ... (1) Driver + (2) (A) and (P) Cann. |
| <input checked="" type="checkbox"/> Drip Sets (10-15gtts) (2) | <input checked="" type="checkbox"/> Stopcock (1) 3 or 4 way | |

MEDICATIONS BASIC

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> APAP Oral (4)x500mg Tablet | <input checked="" type="checkbox"/> Albuterol solution.. 10 mg (2.5mg units) | <input checked="" type="checkbox"/> Glucose (oral) (2) 15g Gel | <input checked="" type="checkbox"/> Oxymetazoline 10ml Bottle |
| <input checked="" type="checkbox"/> APAP Oral Sus. (1) 20ml bottle | <input checked="" type="checkbox"/> Aspirin (20) 81mg tabs | <input checked="" type="checkbox"/> Ibuprofen (oral) (8) 200mg Tabs | |
| <input checked="" type="checkbox"/> APAP Supp. ... (3)x325mg or (5)x120mg | <input checked="" type="checkbox"/> Epi 1:1000 (amp/vial) ... 3mg Auto/Vial | <input checked="" type="checkbox"/> Ibuprofen (Susp) 20ml Bott (100mg/5ml) | |
| <input checked="" type="checkbox"/> Activated Charcoal 50g | <input checked="" type="checkbox"/> Glucagon 1mg Vial | <input checked="" type="checkbox"/> Naloxone 10mg Syr/Vial/Amp | |

MEDICATIONS CARDIAC

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Adenosine (inj) 24mg | <input checked="" type="checkbox"/> Diphenhydramine (inj) 50mg Vial/Amp | <input checked="" type="checkbox"/> Ipratropium Bro (iph) 0.5mg Dose | <input checked="" type="checkbox"/> Sodium Bicarbonate . 150meq Prefilled |
| <input checked="" type="checkbox"/> Amiodarone (inj) 450mg | <input checked="" type="checkbox"/> Diphenhydramine (oral) 50mg | <input checked="" type="checkbox"/> IV Lactated Ringers (3)x1000ml Bag | <input checked="" type="checkbox"/> Terbutaline 1mg Vial/Amp |
| <input checked="" type="checkbox"/> Atropine (inj) 3mg | <input checked="" type="checkbox"/> Epi 1:10,000 8mg | <input checked="" type="checkbox"/> Lidocaine (inj) 300mg prefilled | <input checked="" type="checkbox"/> Thiamine 100mg Vial/Amp |
| <input checked="" type="checkbox"/> Calcium Chloride 10% 2g Vial/Amp | <input checked="" type="checkbox"/> Epi 2.5% (inh) (2)x0.5ml Bullet | <input checked="" type="checkbox"/> Midazolam 20mg Syr/Vial | <input checked="" type="checkbox"/> Contr. Sub. Log .. Hrd Ctr/Bound/NbrPg |
| <input checked="" type="checkbox"/> Dextrose 10% (inj) (2)x250ml bags | <input checked="" type="checkbox"/> Fentanyl 300mcg Vial/Amp | <input checked="" type="checkbox"/> Nitroglycerin 4mg Tab/Spray? Powder | <input checked="" type="checkbox"/> Contr. Sub. Security (2) Locks |
| <input checked="" type="checkbox"/> Dextrose 50% 25g Prefill Syr/Vial | <input checked="" type="checkbox"/> Furosemide 80mg Vial/Amp | <input checked="" type="checkbox"/> Ondansetron 8mg Vial/Amp/Prefill | |
| <input checked="" type="checkbox"/> Diltiazem 50mg Prefill Syr/Vial | <input checked="" type="checkbox"/> Hydro. Sodium Succ. 100mg Vial | <input checked="" type="checkbox"/> Saline 0.9% (inj) (1) 1000ml Bag | |

MEDICATIONS PARAMEDIC

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Amiodarone (Inf.) 360mg/200ml Bag | <input checked="" type="checkbox"/> Haloperidol 20mg Vial/Amp | <input checked="" type="checkbox"/> Nitroglycerin (inf) 50mg Premix/Vial | <input checked="" type="checkbox"/> Procainamide (inj) (2) 1g Vial/Amp |
| <input checked="" type="checkbox"/> Cefazolin (2) 1g Premix/Vial/Amp | <input checked="" type="checkbox"/> 20% Fat Emulsion (inf) 250ml Bott | <input checked="" type="checkbox"/> Norepinephrine (inf) 4mg Vial/Amp | <input checked="" type="checkbox"/> Promethazine (inj) (1) 12.5mg Vial/Amp |
| <input checked="" type="checkbox"/> Dexamethasone 10mg Vial/Amp | <input checked="" type="checkbox"/> Ketamine (inj) (1) 10ml (50mg/ml) Vial | <input checked="" type="checkbox"/> Pitocin (inj) 200mg Vial/Amp | <input checked="" type="checkbox"/> Rocuronium (inj) 200mg Vial/Amp |
| <input checked="" type="checkbox"/> Dextrose 5% (1) 250ml + (1) 500ml Bags | <input checked="" type="checkbox"/> Ketamine (inj) (1) 20ml (10mg/ml) Vial | <input checked="" type="checkbox"/> Phenylephrine (inj) 1mg/ml Prefill | <input checked="" type="checkbox"/> Saline 0.9% 500ml + 250ml + 100ml + 50ml (2) each |
| <input checked="" type="checkbox"/> Dopamine (inf) (1) 400mg/250ml Bag | <input checked="" type="checkbox"/> Ketorolac (inj) 60mg Syr/Amp | <input checked="" type="checkbox"/> Phenylephrine (inf) 10mg Vial/Amp | <input checked="" type="checkbox"/> Saline 3% (1) 500ml Bag |
| <input checked="" type="checkbox"/> Enalapril (inj) 1.25mg Vial/Amp | <input checked="" type="checkbox"/> Lidocaine (inf) (1) 1g/250ml | <input checked="" type="checkbox"/> Phenylephrine (nasal) 15ml Bott | <input checked="" type="checkbox"/> Tetracaine 0.5% (ophth) 2ml Bott |
| <input checked="" type="checkbox"/> Fentanyl (oral) (2) 20mg Tabs | <input checked="" type="checkbox"/> Magnesium Sulfate 4g Vial/Amp | <input checked="" type="checkbox"/> Prednisolone (syr) (1) 120ml bott | <input checked="" type="checkbox"/> Tranexamic Acid (inj) 1g/10ml Vial/Amp |
| <input checked="" type="checkbox"/> Famotidine (inj) 40mg Premix/Vial | <input checked="" type="checkbox"/> Metoprolol 15mg Vial | <input checked="" type="checkbox"/> Prednisolone (oral) (3) 20mg Tabs | |

AMBULANCE INSPECTION REPORT

☒ Annual ☐ Spot

East Greenwich

Vehicle Plate 930

Inspection Date 11/2/14

Inspector Rossini

PASSED

Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.



NOTICE OF DEFICIENCY

Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Stretcher Straps ☒ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
2. 1000 CC Bactated Ringers ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
3. Pitavac 20 mg XR ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
4. 1 G Mag Sulfate ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
5. 150 mg Amiodarone ☐ Immediate ☒ 24 hours ☐ 2 bus. days ☐ 10 bus. days
6. Phenylephrine Tab + Inst. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
7. Pseudoephedrine 20 mg Tabs ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
8. TXA ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
9. Pneumal Decompression Kit ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
10. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days

- ☒ **IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- ☒ **CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- ☐ **REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a re-inspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name

Signature

Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Service Representative Signature

Date



AMBULANCE INSPECTION WORKSHEET

☐ New ☒ Annual ☐ Spot

Service East Greenwich Fire Vehicle Plate 66 VIN 4HFT42C2WW21866 Vehicle Name Engine 3

Primary License Class ☐ A-1 ☐ A-1A ☐ A-2 ☐ C-1 ☐ C-1A ☒ C-2 Reserve Only ☒ Yes ☐ No ✓ = Meets Standard * = Deficient - = Not Applicable

GENERAL REQUIREMENTS

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Complete Tool Kit 10 days | <input checked="" type="checkbox"/> Exhaust System 10 days | <input checked="" type="checkbox"/> Non-Emerg. Ext. Lighting 2 days | <input checked="" type="checkbox"/> Comm. with Hospital Immediate |
| <input checked="" type="checkbox"/> DOT Inspection Sticker ... (1) RI Only | <input checked="" type="checkbox"/> Fire Extinguishers (2) | <input checked="" type="checkbox"/> Paint/Markings 10 days | <input checked="" type="checkbox"/> Siren Immediate |
| <input checked="" type="checkbox"/> DOT Registration (1) RI Only | <input checked="" type="checkbox"/> Free from Rust/Dents 10 days | <input checked="" type="checkbox"/> Patient Care Protocols 2 days | <input checked="" type="checkbox"/> Triangular Reflectors/Cones (3) |
| <input checked="" type="checkbox"/> Emergency Lights Immediate | <input checked="" type="checkbox"/> Patient Compt. Lighting 24 hours | <input checked="" type="checkbox"/> Comm. with Dispatcher Immediate | |
| <input checked="" type="checkbox"/> Compliance with Federal KKK specifications per year of manufacture Correction period to be determined by Inspector based on nature of deficiency | | | |

BLS SUPPLIES/EQUIPMENT

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adhesive Tape Assortment | <input type="checkbox"/> Sterile Gauze Assortment | <input type="checkbox"/> Sterile Burn Sheets (2) | <input type="checkbox"/> Needles (2) 1.5" IM Suitable |
| <input type="checkbox"/> Blood Glucose Meter... (1) + (5) Strips | <input type="checkbox"/> Obstetrics Kit (1) | <input type="checkbox"/> Stethoscope (1) Adult (1) Pedi | <input type="checkbox"/> Mylar Blankets (2) |
| <input type="checkbox"/> Atomizer Device (MAD) (2) | <input type="checkbox"/> Pediatric Dosing Device (1) | <input type="checkbox"/> Trauma Dressings (3) | <input type="checkbox"/> Chest Seal Dressing (2) |
| <input type="checkbox"/> Blood Pressure Cuffs (1) (A) (G) (I) | <input type="checkbox"/> Thermometer (1) Oral (1) Rectal | <input type="checkbox"/> Irrigation Supplies (1) L | <input type="checkbox"/> Tourniquet (1) |
| <input type="checkbox"/> Cold Packs (3) | <input type="checkbox"/> Trauma Shears (1) | <input type="checkbox"/> Triangular Bandages (3) | |
| <input type="checkbox"/> Conforming Bandages ... (6) Assorted | <input type="checkbox"/> Splints (2) | <input type="checkbox"/> Syringes (2) 10cc 5cc 1cc + (1) 60cc | |

EXTRICATION/TRANSPORT

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Cervical Collars Infant-Tall Adult | <input type="checkbox"/> Long Spine Board (1) Adult | <input type="checkbox"/> Straps for Boards (4) 7-9 feet | <input type="checkbox"/> Stairchair (1) Comm prepared |
| <input type="checkbox"/> Cervical Immob. Device (1) | <input type="checkbox"/> Pt Movement Dev (1) Rev/Scoop/Mega | <input type="checkbox"/> Stretcher/Straps/Mattress (1) | <input type="checkbox"/> Pt Tracking System (1) |
| <input type="checkbox"/> Child Seat (1) 20-40 Lbs | <input type="checkbox"/> Pelvic Binder (Adult) (1) Sam/T-Pod | <input type="checkbox"/> Traction Splint (Adult) (1) Adult | |

AIRWAY/VENTILATION

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Bag-Valve-Masks (A) (P) (I) | <input type="checkbox"/> Main Oxygen (1) + (2) Flowmeters | <input type="checkbox"/> Oxygen Masks (2) (A) + (2) (P) | <input type="checkbox"/> Suction Cath (1) 6-10Fr + (1) 12-16Fr |
| <input type="checkbox"/> Tongue Depressor (1) | <input type="checkbox"/> On-Board Suction Immediate | <input type="checkbox"/> Oxygen Nebulizer (2) | <input type="checkbox"/> Water Soluble Lubricant... (3) Packets |
| <input type="checkbox"/> CPAP Device ... (1) + (S) (M) (A) Masks | <input type="checkbox"/> Oxygen Cannulas (A) (P) | <input type="checkbox"/> Portable Oxygen... (1) Size D or Larger | |
| <input type="checkbox"/> Endotracheal Intubation Kit (1) | <input type="checkbox"/> NPA (4) In Sizes 16-34 Fr | <input type="checkbox"/> Portable Suction Unit (1) Powered | |
| <input type="checkbox"/> Advanced Airway LMA/i-gel/AirQ/King | <input type="checkbox"/> OPA (3) In Sizes 40mm-120mm | <input type="checkbox"/> Pulse Oximeter (1) | |

INFECTION CONTROL

- | | | |
|---|---|---|
| <input type="checkbox"/> Biohazard Container (1) + (1) Liner | <input type="checkbox"/> Latex-Free Gloves Multiple Sizes | <input type="checkbox"/> Sharps Receptacle (1) Must not be full |
| <input type="checkbox"/> Body Sub Iso Kits (1) Per crew member | <input type="checkbox"/> N95 Masks (1) Per crew member | |

CARDIAC CARE

- | | |
|--|---|
| <input type="checkbox"/> AED Adult and Pedi Pads x (1) | <input type="checkbox"/> Monitor +Adult and Pedi Pads x (1) |
|--|---|

IV SUPPLIES/EQUIPMENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Antiseptic Wipes (6) | <input type="checkbox"/> IV Catheters . 14, 16, 18, 20, 22, 24 x (2) | <input type="checkbox"/> Volumetric Burette (1) 100cc |
| <input type="checkbox"/> Constricting Bands (2) | <input type="checkbox"/> Padded Arm Boards (A) (P) | <input type="checkbox"/> IO Kit ... (1) Driver + (2) (A) and (P) Cann. |
| <input type="checkbox"/> Drip Sets (10-15gtts) (2) | <input type="checkbox"/> Stopcock (1) 3 or 4 way | |

MEDICATIONS BASIC

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> APAP Oral (4)x500mg Tablet | <input type="checkbox"/> Albuterol solution.. 10 mg (2.5mg units) | <input type="checkbox"/> Glucose (oral) (2) 15g Gel | <input type="checkbox"/> Oxymetazoline 10ml Bottle |
| <input type="checkbox"/> APAP Oral Sus (1) 20ml bottle | <input type="checkbox"/> Aspirin (20) 81mg tabs | <input type="checkbox"/> Ibuprofen (oral) (8) 200mg Tabs | |
| <input type="checkbox"/> APAP Supp. ... (3)x325mg or (5)x120mg | <input type="checkbox"/> Epi 1:1000 (amp/vial) ... 3mg Auto/Vial | <input type="checkbox"/> Ibuprofen (Susp) 200ml Bott (100mg/5ml) | |
| <input type="checkbox"/> Activated Charcoal 50g | <input type="checkbox"/> Glucagon 1mg Vial | <input type="checkbox"/> Naloxone 10mg Syr/Vial/Amp | |

MEDICATIONS CARDIAC

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Adenosine (inj) 24mg | <input type="checkbox"/> Diphenhydramine (inj) 50mg Vial/Amp | <input type="checkbox"/> Ipratropium Bro (inh) 0.5mg Dose | <input type="checkbox"/> Sodium Bicarbonate . 150meq Prefilled |
| <input type="checkbox"/> Amiodarone (inj) 450mg | <input type="checkbox"/> Diphenhydramine (oral) 50mg | <input type="checkbox"/> IV Lactated Ringer's ... (3)x1000ml Bag | <input type="checkbox"/> Terbutaline 1mg Vial/Amp |
| <input type="checkbox"/> Atropine (inj) 3mg | <input type="checkbox"/> Epi 1:10,000 8mg | <input type="checkbox"/> Lidocaine (inj) 300mg prefilled | <input type="checkbox"/> Thiamine 100mg Vial/Amp |
| <input type="checkbox"/> Calcium Chloride 10% 2g Vial/Amp | <input type="checkbox"/> Epi 2.5% (inh) (2)x0.5ml Bullet | <input type="checkbox"/> Midazolam 20mg Syr/Vial | <input type="checkbox"/> Contr. Sub. Log .. Hrd Cvr/Bound/NbrPg |
| <input type="checkbox"/> Dextrose 10% (inj) (2)x250ml bags | <input type="checkbox"/> Fentanyl 300mcg Vial/Amp | <input type="checkbox"/> Nitroglycerin 4mg Tabl/Spray? Powder | <input type="checkbox"/> Contr. Sub. Security (2) Locks |
| <input type="checkbox"/> Dextrose 50% 25g Prefill Syr/Vial | <input type="checkbox"/> Furosemide 80mg Vial/Amp | <input type="checkbox"/> Ondansetron 8mg Vial/Amp/Prefill | |
| <input type="checkbox"/> Diltiazem 50mg Prefill Syr/Vial | <input type="checkbox"/> Hydro. Sodium Succ. 100mg Vial | <input type="checkbox"/> Saline 0.9% (inj) (1) 1000ml Bag | |

MEDICATIONS PARAMEDIC

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Amiodarone (inf.) 360mg/200ml Bag | <input type="checkbox"/> Haloperidol 20mg Vial/Amp | <input type="checkbox"/> Nitroglycerin (inf) 50mg Premix/Vial | <input type="checkbox"/> Procainamide (inj) (2) 1g Vial/Amp |
| <input type="checkbox"/> Cefazolin (2) 1g Premix/Vial/Amp | <input type="checkbox"/> 20% Fat Emulsion (inf) 250ml Bott | <input type="checkbox"/> Norepinephrine (inf) ... 4mg Vial/Amp | <input type="checkbox"/> Promethazine (inj) (1) 12.5mg Vial/Amp |
| <input type="checkbox"/> Dexamethasone 10mg Vial/Amp | <input type="checkbox"/> Ketamine (inj) ... (1) 10ml (50mg/ml) Vial | <input type="checkbox"/> Pitocin (inj) (2) 20U Vial/Amp | <input type="checkbox"/> Rocuronium (inj) 200mg Vial/Amp |
| <input type="checkbox"/> Dextrose 5% ... (1) 250ml + (1) 500ml Bags | <input type="checkbox"/> Ketamine (inj) ... (1) 20ml (10mg/ml) Vial | <input type="checkbox"/> Phenylephrine (inj) 1mg/ml Prefill | <input type="checkbox"/> Saline 0.9% 500ml + 250ml + 100ml + 50ml (2) each |
| <input type="checkbox"/> Dopamine (inf) (1) 400mg/250ml Bag | <input type="checkbox"/> Ketolorac (inj) 60mg Syr/Amp | <input type="checkbox"/> Phenylephrine (inf) 10mg Vial/Amp | <input type="checkbox"/> Saline 3% (1) 500ml Bag |
| <input type="checkbox"/> Enalapril (inj) 1.25mg Vial/Amp | <input type="checkbox"/> Lidocaine (inf) (1) 1g/250ml | <input type="checkbox"/> Phenylephrine (nasal) 15ml Bott | <input type="checkbox"/> Tetracaine 0.5% (ophth) 2ml Bott |
| <input type="checkbox"/> Famotidine (oral) (2) 20mg Tabs | <input type="checkbox"/> Magnesium Sulfate 4g Vial/Amp | <input type="checkbox"/> Prednisolone (syr) (1) 120ml bott | <input type="checkbox"/> Tranexamic Acid (inj) 1g/10ml Vial/Amp |
| <input type="checkbox"/> Famotidine (inj) 40mg Premix/Vial | <input type="checkbox"/> Metoprolol 15mg Vial | <input type="checkbox"/> Prednisolone (oral) (3) 20mg Tabs | |

AMBULANCE INSPECTION REPORT

☒ Annual ☐ Spot

2nd Greenwich Fire Vehicle Plate 66 Inspection Date 11/2/12 Inspector Possner

☒ **PASSED** Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

☐ **NOTICE OF DEFICIENCY** Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
2. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
3. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
4. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
5. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
6. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
7. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
8. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
9. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
10. _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days

- ☐ **IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- ☐ **CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- ☐ **REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a re-inspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name

Signature

Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Service Representative Signature

Date



AMBULANCE INSPECTION WORKSHEET

☐ New ☒ Annual ☐ Spot

Service East Greenwich Fire Vehicle Plate 1405 VIN 4P1C1201A44A006914 Vehicle Name Engine 2

Primary License Class ☒ A-1 ☐ A-1A ☐ A-2 ☐ C-1 ☐ C-1A ☐ C-2 Reserve Only ☐ Yes ☒ No ☒ Meets Standard ☐ Deficient ☐ Not Applicable

GENERAL REQUIREMENTS

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Complete Tool Kit..... 10 days | <input checked="" type="checkbox"/> Exhaust System..... 10 days | <input checked="" type="checkbox"/> Non-Emerg. Ext. Lighting..... 2 days | <input checked="" type="checkbox"/> Comm. with Hospital..... Immediate |
| <input checked="" type="checkbox"/> DOT Inspection Sticker... (1) RI Only | <input checked="" type="checkbox"/> Fire Extinguishers..... (2) | <input checked="" type="checkbox"/> Paint/Markings..... 10 days | <input checked="" type="checkbox"/> Siren..... Immediate |
| <input checked="" type="checkbox"/> DOT Registration..... (1) RI Only | <input checked="" type="checkbox"/> Free from Rust/Dents..... 10 days | <input checked="" type="checkbox"/> Patient Care Protocols..... 2 days | <input checked="" type="checkbox"/> Triangular Reflectors/Cones..... (3) |
| <input checked="" type="checkbox"/> Emergency Lights..... Immediate | <input checked="" type="checkbox"/> Patient Compt. Lighting..... 24 hours | <input checked="" type="checkbox"/> Comm. with Dispatcher..... Immediate | |
| <input checked="" type="checkbox"/> Compliance with Federal KKK specifications per year of manufacture..... Correction period to be determined by Inspector based on nature of deficiency | | | |

BLS SUPPLIES/EQUIPMENT

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Adhesive Tape..... Assortment | <input checked="" type="checkbox"/> Sterile Gauze..... Assortment | <input checked="" type="checkbox"/> Sterile Burn Sheets..... (2) | <input checked="" type="checkbox"/> Needles..... (2) 1.5" IM Suitable |
| <input checked="" type="checkbox"/> Blood Glucose Meter... (1) + (5) Strips | <input checked="" type="checkbox"/> Obstetrics Kit..... (1) | <input checked="" type="checkbox"/> Stethoscope..... (1) Adult (1) Pedi | <input checked="" type="checkbox"/> Mylar Blankets..... (2) |
| <input checked="" type="checkbox"/> Atomizer Device (MAD)..... (2) | <input checked="" type="checkbox"/> Pediatric Dosing Device..... (1) | <input checked="" type="checkbox"/> Trauma Dressings..... (3) | <input checked="" type="checkbox"/> Chest Seal Dressing..... (2) |
| <input checked="" type="checkbox"/> Blood Pressure Cuffs... (L) (A) (C) (I) | <input checked="" type="checkbox"/> Thermometer..... (1) Oral (1) Rectal | <input checked="" type="checkbox"/> Irrigation Supplies..... (1) L | <input checked="" type="checkbox"/> Tourniquet..... (1) |
| <input checked="" type="checkbox"/> Cold Packs..... (3) | <input checked="" type="checkbox"/> Trauma Shears..... (1) | <input checked="" type="checkbox"/> Triangular Bandages..... (3) | |
| <input checked="" type="checkbox"/> Conforming Bandages... (6) Assorted | <input checked="" type="checkbox"/> Splints..... (2) | <input checked="" type="checkbox"/> Syringes..... (2) 10cc 5cc 1cc + (1) 60cc | |

EXTRICATION/TRANSPORT

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Cervical Collars..... Infant-Tall Adult | <input checked="" type="checkbox"/> Long Spine Board..... (1) Adult | <input checked="" type="checkbox"/> Straps for Boards..... (4) 7-9 feet | <input type="checkbox"/> Stairchair..... (1) Comm prepared |
| <input checked="" type="checkbox"/> Cervical Immob. Device..... (1) | <input checked="" type="checkbox"/> Pt Movement Dev (1) Rev/Scoop/Mega | <input checked="" type="checkbox"/> Stretcher/Straps/Mattress..... (1) | <input type="checkbox"/> Pt Tracking System..... (1) |
| <input checked="" type="checkbox"/> Child Seat..... (1) 20-40 Lbs | <input checked="" type="checkbox"/> Pelvic Binder (Adult)..... (1) Sam/T-Pod | <input checked="" type="checkbox"/> Traction Splint (Adult)..... (1) Adult | |

AIRWAY/VENTILATION

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Bag-Valve-Masks..... (A) (P) (I) | <input checked="" type="checkbox"/> Main Oxygen..... (1) + (2) Flowmeters | <input checked="" type="checkbox"/> Oxygen Masks..... (2) (A) + (2) (P) | <input checked="" type="checkbox"/> Suction Cath..... (1) 6-10Fr + (1) 12-16Fr |
| <input checked="" type="checkbox"/> Tongue Depressor..... (1) | <input checked="" type="checkbox"/> On-Board Suction..... Immediate | <input checked="" type="checkbox"/> Oxygen Nebulizer..... (2) | <input checked="" type="checkbox"/> Water Soluble Lubricant... (3) Packets |
| <input checked="" type="checkbox"/> CPAP Device... (1) + (5) (M) (A) Masks | <input checked="" type="checkbox"/> Oxygen Cannulas..... (A) (P) | <input checked="" type="checkbox"/> Portable Oxygen... (1) Size D or Larger | |
| <input checked="" type="checkbox"/> Endotracheal Intubation Kit..... (1) | <input checked="" type="checkbox"/> NPA..... (4) In Sizes 16-34 Fr | <input checked="" type="checkbox"/> Portable Suction Unit..... (1) Powered | |
| <input checked="" type="checkbox"/> Advanced Airway LMA-gel/AirQ/King | <input checked="" type="checkbox"/> OPA..... (3) In Sizes 40mm-120mm | <input checked="" type="checkbox"/> Pulse Oximeter..... (1) | |

INFECTION CONTROL

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Biohazard Container..... (1) + (1) Liner | <input checked="" type="checkbox"/> Latex-Free Gloves..... Multiple Sizes | <input checked="" type="checkbox"/> Sharps Receptacle..... (1) Must not be full |
| <input checked="" type="checkbox"/> Body Sub Iso Kits (1) Per crew member | <input checked="" type="checkbox"/> N95 Masks..... (1) Per crew member | |

CARDIAC CARE

- | | |
|--|---|
| <input checked="" type="checkbox"/> AED..... Adult and Pedi Pads x (1) | <input checked="" type="checkbox"/> Monitor..... +Adult and Pedi Pads x (1) |
|--|---|

IV SUPPLIES/EQUIPMENT

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Antiseptic Wipes..... (6) | <input checked="" type="checkbox"/> IV Catheters . 14, 16, 18, 20, 22, 24 x (2) | <input checked="" type="checkbox"/> Volumetric Burette..... (1) 100cc |
| <input checked="" type="checkbox"/> Constricting Bands..... (2) | <input checked="" type="checkbox"/> Padded Arm Boards..... (A) (P) | <input checked="" type="checkbox"/> IO Kit... (1) Driver + (2) (A) and (P) Cann. |
| <input checked="" type="checkbox"/> Drip Sets (10-15gts)..... (2) | <input checked="" type="checkbox"/> Stopcock..... (1) 3 or 4 way | |

MEDICATIONS BASIC

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> APAP Oral..... (4)x500mg Tablet | <input checked="" type="checkbox"/> Albuterol solution.. 10 mg (2.5mg units) | <input checked="" type="checkbox"/> Glucose (oral)..... (2) 15g Gel | <input checked="" type="checkbox"/> Oxymetazoline..... 10ml Bottle |
| <input checked="" type="checkbox"/> APAP Oral Sus..... (1) 20ml bottle | <input checked="" type="checkbox"/> Aspirin..... (20) 81mg tabs | <input checked="" type="checkbox"/> Ibuprofen (oral)..... (8) 200mg Tabs | |
| <input checked="" type="checkbox"/> APAP Supp. ... (3)x325mg or (5)x120mg | <input checked="" type="checkbox"/> Epi 1:1000 (amp/vial) ...3mg Auto/Vial | <input checked="" type="checkbox"/> Ibuprofen (Susp)20ml Bott (100mg/5ml) | |
| <input checked="" type="checkbox"/> Activated Charcoal..... 50g | <input checked="" type="checkbox"/> Glucagon..... 1mg Vial | <input checked="" type="checkbox"/> Naloxone..... 10mg Syr/Vial/Amp | |

MEDICATIONS CARDIAC

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Adenosine (inj)..... 24mg | <input checked="" type="checkbox"/> Diphenhydramine (inj.)50mg Vial/Amp | <input checked="" type="checkbox"/> Isoproterenol Bro (inh)..... 0.5mg Dose | <input checked="" type="checkbox"/> Sodium Bicarbonate . 150meq Prefilled |
| <input checked="" type="checkbox"/> Amiodarone (inj)..... 450mg | <input checked="" type="checkbox"/> Diphenhydramine (oral)..... 50mg | <input checked="" type="checkbox"/> IV diluted Ringer's .. (3)x1000ml Bag | <input checked="" type="checkbox"/> Terbutaline..... 1mg Vial/Amp |
| <input checked="" type="checkbox"/> Atropine (inj)..... 3mg | <input checked="" type="checkbox"/> Epi 1:10,000..... 8mg | <input checked="" type="checkbox"/> Lidocaine (inj)..... 300mg prefilled | <input checked="" type="checkbox"/> Thiamine..... 100mg Vial/Amp |
| <input checked="" type="checkbox"/> Calcium Chloride 10%..... 2g Vial/Amp | <input checked="" type="checkbox"/> Epi 2.5% (inh)..... (2)x0.5ml Bulb | <input checked="" type="checkbox"/> Midazolam..... 20mg Syr/Vial | <input checked="" type="checkbox"/> Contr. Sub. Log.. Hrd Cvr/Bound/NbrPg |
| <input checked="" type="checkbox"/> Dextrose 10% (inj)..... (2)x250ml bags | <input checked="" type="checkbox"/> Fentanyl..... 300mcg Vial/Amp | <input checked="" type="checkbox"/> Nitroglycerin4mg Tab/Spray?Powder | <input checked="" type="checkbox"/> Contr. Sub. Security..... (2) Locks |
| <input checked="" type="checkbox"/> Dextrose 50%..... 25g Prefill Syr/Vial | <input checked="" type="checkbox"/> Furosemide..... 80mg Vial/Amp | <input checked="" type="checkbox"/> Ondansetron..... 8mg Vial/Amp/Prefill | |
| <input checked="" type="checkbox"/> Diltiazem..... 50mg Prefill Syr/Vial | <input checked="" type="checkbox"/> Hydro. Sodium Succ..... 100mg Vial | <input checked="" type="checkbox"/> Saline 0.9% (inj)..... (1) 1000ml Bag | |

MEDICATIONS PARAMEDIC

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Amiodarone (inf)..... 360mg/200ml Bag | <input type="checkbox"/> Haloperidol..... 20mg Vial/Amp | <input type="checkbox"/> Nitroglycerin (inf)..... 50mg Premix/Vial | <input type="checkbox"/> Procainamide (inj)..... (2)1g Vial/Amp |
| <input type="checkbox"/> Cefazolin..... (2) 1g Premix Vial/Amp | <input type="checkbox"/> 20% Fat Emulsion (inf)..... 250ml Bott | <input type="checkbox"/> Norepinephrine (inf).... 4mg Vial/Amp | <input type="checkbox"/> Promethazine (inj) (1)12.5mg Vial/Amp |
| <input type="checkbox"/> Dexamethasone..... 10mg Vial/Amp | <input type="checkbox"/> Ketamine (inj).... (1)10ml(50mg/ml) Vial | <input type="checkbox"/> Pitocin (inj)..... (2)20U Vial/Amp | <input type="checkbox"/> Rocuronium (inj)..... 200mg Vial/Amp |
| <input type="checkbox"/> Dextrose 5%... (1)250ml+(1)500ml Bags | <input type="checkbox"/> Ketamine (inj).... (1)20ml(10mg/ml) Vial | <input type="checkbox"/> Phenylephrine (inj)..... 1mg/ml Prefill | <input type="checkbox"/> Saline 0.9%500ml+250ml+100ml+50ml(2)each |
| <input type="checkbox"/> Dopamine (inf)..... (1)400mg/250ml Bag | <input type="checkbox"/> Ketorolac (inj)..... 60mg Syr/Amp | <input type="checkbox"/> Phenylephrine (inf)..... 10mg Vial/Amp | <input type="checkbox"/> Saline 3%..... (1)500ml Bag |
| <input type="checkbox"/> Enalapril (inj)..... 1.25mg Vial/Amp | <input type="checkbox"/> Lidocaine (inf)..... (1)1g/250ml | <input type="checkbox"/> Phenylephrine (nasal)..... 15ml Bott | <input type="checkbox"/> Tetracaine 0.5% (ophth)..... 2ml Bott |
| <input type="checkbox"/> Fentanyl (oral)..... (2) 20mg Tabs | <input type="checkbox"/> Magnesium Sulfate..... 4g Vial/Amp | <input type="checkbox"/> Prednisolone (syr)..... (1)120ml bott | <input type="checkbox"/> Tranexamic Acid (inj)1g/10ml Vial/Amp |
| <input type="checkbox"/> Famotidine (inj)..... 40mg Premix/Vial | <input type="checkbox"/> Metoprolol..... 15mg Vial | <input type="checkbox"/> Prednisolone (oral)..... (3)20mg Tabs | |



AMBULANCE INSPECTION REPORT

☒ Annual ☐ Spot

Service East Greenwich Fire Vehicle Plate 1405 Inspection Date 11/2/14 Inspector Rossini

☐ **PASSED** Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

☒ **NOTICE OF DEFICIENCY** Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. No EMT Training, Hates Ambulance or SM ☐ Immediate ☒ 24 hours ☐ 2 bus. days ☐ 10 bus. days
2. King 200 ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
3. Zofran ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
4. APAP Susp ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
5. IBP Susp ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☒ 10 bus. days
6. Dextrose 10 250 cc x 2 ☐ Immediate ☐ 24 hours ☒ 2 bus. days ☐ 10 bus. days
7. Ringers 3000 cc ☐ Immediate ☒ 24 hours ☐ 2 bus. days ☐ 10 bus. days
8. Section 2 Vent Portable ☐ Immediate ☒ 24 hours ☐ 2 bus. days ☐ 10 bus. days
9. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
10. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days

☒ **IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.

☒ **CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

☐ **REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a re-inspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name	Signature	Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature [Signature] Date 11/2/14

Service Representative Signature [Signature] Date



1000 Bishops Gate Blvd. Ste 300
Mt. Laurel, NJ 08054-5404

t1.800.444.4554 Opt.2
f1.800.777.3929

April 24, 2017

Mr. Thomas Coyle, Manager
East Greenwich
284 Main Street
East Greenwich, Rhode Island, 02818

RE: East Greenwich, Kent County, Rhode Island
Public Protection Classification: 04/4X
Effective Date: August 01, 2017

Dear Mr. Thomas Coyle,

We wish to thank you and Chief Russell McGillivaray for your cooperation during our recent Public Protection Classification (PPC) survey. ISO has completed its analysis of the structural fire suppression delivery system provided in your community. The resulting classification is indicated above.

If you would like to know more about your community's PPC classification, or if you would like to learn about the potential effect of proposed changes to your fire suppression delivery system, please call us at the phone number listed below.

ISO's Public Protection Classification Program (PPC) plays an important role in the underwriting process at insurance companies. In fact, most U.S. insurers – including the largest ones – use PPC information as part of their decision-making when deciding what business to write, coverage's to offer or prices to charge for personal or commercial property insurance.

Each insurance company independently determines the premiums it charges its policyholders. The way an insurer uses ISO's information on public fire protection may depend on several things – the company's fire-loss experience, ratemaking methodology, underwriting guidelines, and its marketing strategy.

Through ongoing research and loss experience analysis, we identified additional differentiation in fire loss experience within our PPC program, which resulted in the revised classifications. We based the differing fire loss experience on the fire suppression capabilities of each community. The new classifications will improve the predictive value for insurers while benefiting both commercial and residential property owners. We've published the new classifications as "X" and "Y" — formerly the "9" and "8B" portion of the split classification, respectively. For example:

- A community currently graded as a split 6/9 classification will now be a split 6/6X classification; with the "6X" denoting what was formerly classified as "9."
- Similarly, a community currently graded as a split 6/8B classification will now be a split 6/6Y classification, the "6Y" denoting what was formerly classified as "8B."

- Communities graded with single "9" or "8B" classifications will remain intact.
- Properties over 5 road miles from a recognized fire station would receive a class 10.

PPC is important to communities and fire departments as well. Communities whose PPC improves may get lower insurance prices. PPC also provides fire departments with a valuable benchmark, and is used by many departments as a valuable tool when planning, budgeting and justifying fire protection improvements.

ISO appreciates the high level of cooperation extended by local officials during the entire PPC survey process. The community protection baseline information gathered by ISO is an essential foundation upon which determination of the relative level of fire protection is made using the Fire Suppression Rating Schedule.

The classification is a direct result of the information gathered, and is dependent on the resource levels devoted to fire protection in existence at the time of survey. Material changes in those resources that occur after the survey is completed may affect the classification. Although ISO maintains a pro-active process to keep baseline information as current as possible, in the event of changes please call us at 1-800-444-4554, option 2 to expedite the update activity.

ISO is the leading supplier of data and analytics for the property/casualty insurance industry. Most insurers use PPC classifications for underwriting and calculating premiums for residential, commercial and industrial properties. The PPC program is not intended to analyze all aspects of a comprehensive structural fire suppression delivery system program. It is not for purposes of determining compliance with any state or local law, nor is it for making loss prevention or life safety recommendations.

If you have any questions about your classification, please let us know.

Sincerely,

Alex Shubert

Alex Shubert

Manager -National Processing Center

cc: Chief Russell McGillivaray, Chief, East Greenwich Fire Department
Lieutenant Robert Warner, III, Communications Supervisor, East Greenwich Communications Divi:
Mr. Gregory Scungio, Manager, RI State 911
Mr. Timothy Brown, Water Superintendent, Kent County Water Authority

**Public Protection Classification
(PPC™)
Summary Report**

East Greenwich

RHODE ISLAND

Prepared by

**Insurance Services Office, Inc.
1000 Bishops Gate Blvd., Ste. 300
P.O. Box 5404
Mt. Laurel, New Jersey 08054-5404
1-800-444-4554**

**Report Created April 2017
Effective August 1, 2017**

Background Information

Introduction

ISO collects and evaluates information from communities in the United States on their structure fire suppression capabilities. The data is analyzed using our Fire Suppression Rating Schedule (FSRS) and then a Public Protection Classification (PPC™) grade is assigned to the community. The surveys are conducted whenever it appears that there is a possibility of a PPC change. As such, the PPC program provides important, up-to-date information about fire protection services throughout the country.

The FSRS recognizes fire protection features only as they relate to suppression of first alarm structure fires. In many communities, fire suppression may be only a small part of the fire department's overall responsibility. ISO recognizes the dynamic and comprehensive duties of a community's fire service, and understands the complex decisions a community must make in planning and delivering emergency services. However, in developing a community's PPC grade, only features related to reducing property losses from structural fires are evaluated. Multiple alarms, simultaneous incidents and life safety are not considered in this evaluation. The PPC program evaluates the fire protection for small to average size buildings. Specific properties with a Needed Fire Flow in excess of 3,500 gpm are evaluated separately and assigned an individual PPC grade.

A community's investment in fire mitigation is a proven and reliable predictor of future fire losses. Statistical data on insurance losses bears out the relationship between excellent fire protection – as measured by the PPC program – and low fire losses. So, insurance companies use PPC information for marketing, underwriting, and to help establish fair premiums for homeowners and commercial fire insurance. In general, the price of fire insurance in a community with a good PPC grade is substantially lower than in a community with a poor PPC grade, assuming all other factors are equal.

ISO is an independent company that serves insurance companies, communities, fire departments, insurance regulators, and others by providing information about risk. ISO's expert staff collects information about municipal fire suppression efforts in communities throughout the United States. In each of those communities, ISO analyzes the relevant data and assigns a PPC grade – a number from 1 to 10. Class 1 represents an exemplary fire suppression program, and Class 10 indicates that the area's fire suppression program does not meet ISO's minimum criteria.

ISO's PPC program evaluates communities according to a uniform set of criteria, incorporating nationally recognized standards developed by the National Fire Protection Association and the American Water Works Association. A community's PPC grade depends on:

- **Needed Fire Flows**, which are representative building locations used to determine the theoretical amount of water necessary for fire suppression purposes.
- **Emergency Communications**, including emergency reporting, telecommunicators, and dispatching systems.
- **Fire Department**, including equipment, staffing, training, geographic distribution of fire companies, operational considerations, and community risk reduction.
- **Water Supply**, including inspection and flow testing of hydrants, alternative water supply operations, and a careful evaluation of the amount of available water compared with the amount needed to suppress fires up to 3,500 gpm.

Data Collection and Analysis

ISO has evaluated and classified over 46,000 fire protection areas across the United States using its FSRS. A combination of meetings between trained ISO field representatives and the dispatch center coordinator, community fire official, and water superintendent is used in conjunction with a comprehensive questionnaire to collect the data necessary to determine the PPC grade. In order for a community to obtain a grade better than a Class 9, three elements of fire suppression features are reviewed. These three elements are Emergency Communications, Fire Department, and Water Supply.

A review of the **Emergency Communications** accounts for 10% of the total classification. This section is weighted at **10 points**, as follows:

- Emergency Reporting 3 points
- Telecommunicators 4 points
- Dispatch Circuits 3 points

A review of the **Fire Department** accounts for 50% of the total classification. ISO focuses on a fire department's first alarm response and initial attack to minimize potential loss. The fire department section is weighted at **50 points**, as follows:

- Engine Companies 6 points
- Reserve Pumpers 0.5 points
- Pump Capacity 3 points
- Ladder/Service Companies 4 points
- Reserve Ladder/Service Trucks 0.5 points
- Deployment Analysis 10 points
- Company Personnel 15 points
- Training 9 points
- Operational considerations 2 points
- Community Risk Reduction 5.5 points (in addition to the 50 points above)

A review of the **Water Supply** system accounts for 40% of the total classification. ISO reviews the water supply a community uses to determine the adequacy for fire suppression purposes. The water supply system is weighted at **40 points**, as follows:

- Credit for Supply System 30 points
- Hydrant Size, Type & Installation 3 points
- Inspection & Flow Testing of Hydrants 7 points

There is one additional factor considered in calculating the final score – **Divergence**.

Even the best fire department will be less than fully effective if it has an inadequate water supply. Similarly, even a superior water supply will be less than fully effective if the fire department lacks the equipment or personnel to use the water. The FSRs score is subject to modification by a divergence factor, which recognizes disparity between the effectiveness of the fire department and the water supply.

The Divergence factor mathematically reduces the score based upon the relative difference between the fire department and water supply scores. The factor is introduced in the final equation.

PPC Grade

The PPC grade assigned to the community will depend on the community's score on a 100-point scale:

PPC	Points
1	90.00 or more
2	80.00 to 89.99
3	70.00 to 79.99
4	60.00 to 69.99
5	50.00 to 59.99
6	40.00 to 49.99
7	30.00 to 39.99
8	20.00 to 29.99
9	10.00 to 19.99
10	0.00 to 9.99

The classification numbers are interpreted as follows:

- Class 1 through (and including) Class 8 represents a fire suppression system that includes an FSRs creditable dispatch center, fire department, and water supply.
- Class 8B is a special classification that recognizes a superior level of fire protection in otherwise Class 9 areas. It is designed to represent a fire protection delivery system that is superior except for a lack of a water supply system capable of the minimum FSRs fire flow criteria of 250 gpm for 2 hours.
- Class 9 is a fire suppression system that includes a creditable dispatch center, fire department but no FSRs creditable water supply.
- Class 10 does not meet minimum FSRs criteria for recognition, including areas that are beyond five road miles of a recognized fire station.

New PPC program changes effective July 1, 2014

We have revised the PPC program to capture the effects of enhanced fire protection capabilities that reduce fire loss and fire severity in Split Class 9 and Split Class 8B areas (as outlined below). This new structure benefits the fire service, community, and property owner.

New classifications

Through ongoing research and loss experience analysis, we identified additional differentiation in fire loss experience within our PPC program, which resulted in the revised classifications. We based the differing fire loss experience on the fire suppression capabilities of each community. The new PPC classes will improve the predictive value for insurers while benefiting both commercial and residential property owners. Here are the new classifications and what they mean.

Split classifications

When we develop a split classification for a community — for example 5/9 — the first number is the class that applies to properties within 5 road miles of the responding fire station and 1,000 feet of a creditable water supply, such as a fire hydrant, suction point, or dry hydrant. The second number is the class that applies to properties within 5 road miles of a fire station but beyond 1,000 feet of a creditable water supply. We have revised the classification to reflect more precisely the risk of loss in a community, replacing Class 9 and 8B in the second part of a split classification with revised designations.

What's changed with the new classifications?

We've published the new classifications as "X" and "Y" — formerly the "9" and "8B" portion of the split classification, respectively. For example:

- A community currently displayed as a split 6/9 classification will now be a split 6/6X classification; with the "6X" denoting what was formerly classified as "9".
- Similarly, a community currently graded as a split 6/8B classification will now be a split 6/6Y classification, the "6Y" denoting what was formerly classified as "8B".
- Communities graded with single "9" or "8B" classifications will remain intact.

Prior Classification	New Classification
1/9	1/1X
2/9	2/2X
3/9	3/3X
4/9	4/4X
5/9	5/5X
6/9	6/6X
7/9	7/7X
8/9	8/8X
9	9

Prior Classification	New Classification
1/8B	1/1Y
2/8B	2/2Y
3/8B	3/3Y
4/8B	4/4Y
5/8B	5/5Y
6/8B	6/6Y
7/8B	7/7Y
8/8B	8/8Y
8B	8B

What's changed?

As you can see, we're still maintaining split classes, but it's how we represent them to insurers that's changed. The new designations reflect a reduction in fire severity and loss and have the potential to reduce property insurance premiums.

Benefits of the revised split class designations

- To the fire service, the revised designations identify enhanced fire suppression capabilities used throughout the fire protection area
- To the community, the new classes reward a community's fire suppression efforts by showing a more reflective designation
- To the individual property owner, the revisions offer the potential for decreased property insurance premiums

New water class

Our data also shows that risks located more than 5 but less than 7 road miles from a responding fire station with a creditable water source within 1,000 feet had better loss experience than those farther than 5 road miles from a responding fire station with no creditable water source. We've introduced a new classification —10W— to recognize the reduced loss potential of such properties.

What's changed with Class 10W?

Class 10W is property-specific. Not all properties in the 5-to-7-mile area around the responding fire station will qualify. The difference between Class 10 and 10W is that the 10W-graded risk or property is within 1,000 feet of a creditable water supply. Creditable water supplies include fire protection systems using hauled water in any of the split classification areas.

What's the benefit of Class 10W?

10W gives credit to risks within 5 to 7 road miles of the responding fire station and within 1,000 feet of a creditable water supply. That's reflective of the potential for reduced property insurance premiums.

What does the fire chief have to do?

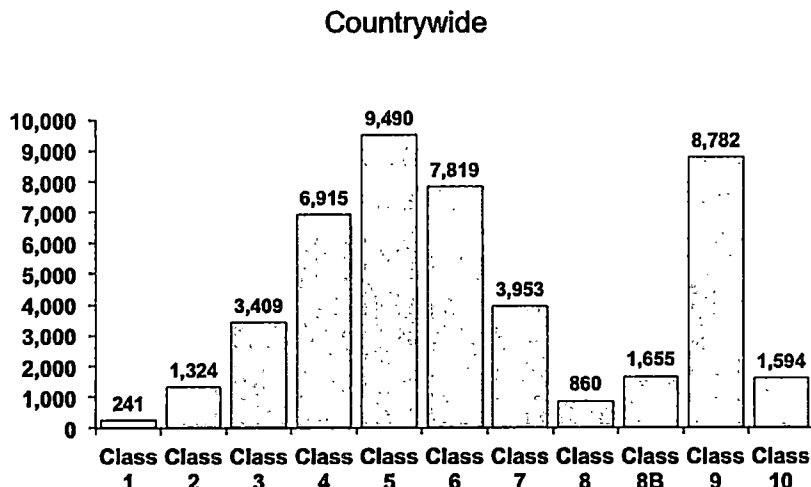
Fire chiefs don't have to do anything at all. The revised classifications went in place automatically effective July 1, 2014 (July 1, 2015 for Texas).

What if I have additional questions?

Feel free to contact ISO at 800.444.4554 or email us at PPC-Cust-Serv@iso.com.

Distribution of PPC Grades

The 2017 published countrywide distribution of communities by the PPC grade is as follows:



Assistance

The PPC program offers help to communities, fire departments, and other public officials as they plan for, budget, and justify improvements. ISO is also available to assist in the understanding of the details of this evaluation.

The PPC program representatives can be reached by telephone at (800) 444-4554. The technical specialists at this telephone number have access to the details of this evaluation and can effectively speak with you about your questions regarding the PPC program. What's more, we can be reached via the internet at www.isomitigation.com/talk/.

We also have a website dedicated to our Community Hazard Mitigation Classification programs at www.isomitigation.com. Here, fire chiefs, building code officials, community leaders and other interested citizens can access a wealth of data describing the criteria used in evaluating how cities and towns are protecting residents from fire and other natural hazards. This website will allow you to learn more about the PPC program. The website provides important background information, insights about the PPC grading processes and technical documents. ISO is also pleased to offer Fire Chiefs Online — a special, secured website with information and features that can help improve your PPC grade, including a list of the Needed Fire Flows for all the commercial occupancies ISO has on file for your community. Visitors to the site can download information, see statistical results and also contact ISO for assistance.

In addition, on-line access to the FSRS and its commentaries is available to registered customers for a fee. However, fire chiefs and community chief administrative officials are given access privileges to this information without charge.

To become a registered fire chief or community chief administrative official, register at www.isomitigation.com.

PPC Review

ISO concluded its review of the fire suppression features being provided for East Greenwich. The resulting community classification is **Class 04/4X**.

If the classification is a single class, the classification applies to properties with a Needed Fire Flow of 3,500 gpm or less in the community. If the classification is a split class (e.g., 6/XX):

- The first class (e.g., "6" in a 6/XX) applies to properties within 5 road miles of a recognized fire station and within 1,000 feet of a fire hydrant or alternate water supply.
- The second class (XX or XY) applies to properties beyond 1,000 feet of a fire hydrant but within 5 road miles of a recognized fire station.
- Alternative Water Supply: The first class (e.g., "6" in a 6/10) applies to properties within 5 road miles of a recognized fire station with no hydrant distance requirement.
- Class 10 applies to properties over 5 road miles of a recognized fire station.
- Class 10W applies to properties within 5 to 7 road miles of a recognized fire station with a recognized water supply within 1,000 feet.
- Specific properties with a Needed Fire Flow in excess of 3,500 gpm are evaluated separately and assigned an individual classification.

FSRS Feature	Earned Credit	Credit Available
Emergency Communications		
414. Credit for Emergency Reporting	1.95	3
422. Credit for Telecommunicators	3.20	4
432. Credit for Dispatch Circuits	1.64	3
440. Credit for Emergency Communications	6.79	10
Fire Department		
513. Credit for Engine Companies	5.93	6
523. Credit for Reserve Pumpers	0.00	0.50
532. Credit for Pump Capacity	3.00	3
549. Credit for Ladder Service	2.73	4
553. Credit for Reserve Ladder and Service Trucks	0.00	0.50
561. Credit for Deployment Analysis	4.71	10
571. Credit for Company Personnel	6.03	15
581. Credit for Training	4.54	9
730. Credit for Operational Considerations	2.00	2
590. Credit for Fire Department	28.94	50
Water Supply		
616. Credit for Supply System	27.87	30
621. Credit for Hydrants	3.00	3
631. Credit for Inspection and Flow Testing	4.80	7
640. Credit for Water Supply	35.67	40
Divergence	-6.26	—
1050. Community Risk Reduction	4.38	5.50
Total Credit	69.52	105.50

Emergency Communications

Ten percent of a community's overall score is based on how well the communications center receives and dispatches fire alarms. Our field representative evaluated:

- Communications facilities provided for the general public to report structure fires
- Enhanced 9-1-1 Telephone Service including wireless
- Computer-aided dispatch (CAD) facilities
- Alarm receipt and processing at the communication center
- Training and certification of telecommunicators
- Facilities used to dispatch fire department companies to reported structure fires

	Earned Credit	Credit Available
414. Credit Emergency Reporting	1.95	3
422. Credit for Telecommunicators	3.20	4
432. Credit for Dispatch Circuits	1.64	3
Item 440. Credit for Emergency Communications:	6.79	10

Item 414 - Credit for Emergency Reporting (3 points)

The first item reviewed is Item 414 "Credit for Emergency Reporting (CER)". This item reviews the emergency communication center facilities provided for the public to report fires including 911 systems (Basic or Enhanced), Wireless Phase I and Phase II, Voice over Internet Protocol, Computer Aided Dispatch and Geographic Information Systems for automatic vehicle location. ISO uses National Fire Protection Association (NFPA) 1221, *Standard for the Installation, Maintenance and Use of Emergency Services Communications Systems* as the reference for this section.

Item 410. Emergency Reporting (CER)	Earned Credit	Credit Available
A./B. Basic 9-1-1, Enhanced 9-1-1 or No 9-1-1 For maximum credit, there should be an Enhanced 9-1-1 system, Basic 9-1-1 and No 9-1-1 will receive partial credit.	20.00	20
1. E9-1-1 Wireless Wireless Phase I using Static ALI (automatic location identification) Functionality (10 points); Wireless Phase II using Dynamic ALI Functionality (15 points); Both available will be 25 points	10.00	25
2. E9-1-1 Voice over Internet Protocol (VoIP) Static VoIP using Static ALI Functionality (10 points); Nomadic VoIP using Dynamic ALI Functionality (15 points); Both available will be 25 points	25.00	25
3. Computer Aided Dispatch Basic CAD (5 points); CAD with Management Information System (5 points); CAD with Interoperability (5 points)	10.00	15
4. Geographic Information System (GIS/AVL) <u>The PSAP uses a fully integrated CAD/GIS management system with automatic vehicle location (AVL) integrated with a CAD system providing dispatch assignments.</u> The individual fire departments being dispatched <u>do not</u> need GIS/AVL capability to obtain this credit.	0.00	15
Review of Emergency Reporting total:	65.00	100

Item 422- Credit for Telecommunicators (4 points)

The second item reviewed is Item 422 "Credit for Telecommunicators (TC)". This item reviews the number of Telecommunicators on duty at the center to handle fire calls and other emergencies. All emergency calls including those calls that do not require fire department action are reviewed to determine the proper staffing to answer emergency calls and dispatch the appropriate emergency response. NFPA 1221, *Standard for the Installation, Maintenance and Use of Emergency Services Communications Systems*, recommends that ninety-five percent of emergency calls shall be answered within 15 seconds and ninety-nine percent of emergency calls shall be answered within 40 seconds. In addition, NFPA recommends that ninety percent of emergency alarm processing shall be completed within 60 seconds and ninety-nine percent of alarm processing shall be completed within 90 seconds of answering the call.

To receive full credit for operators on duty, ISO must review documentation to show that the communication center meets NFPA 1221 call answering and dispatch time performance measurement standards. This documentation may be in the form of performance statistics or other performance measurements compiled by the 9-1-1 software or other software programs that are currently in use such as Computer Aided Dispatch (CAD) or Management Information System (MIS).

Item 420. Telecommunicators (CTC)	Earned Credit	Credit Available
A1. Alarm Receipt (AR) Receipt of alarms shall meet the requirements in accordance with the criteria of NFPA 1221	20.00	20
A2. Alarm Processing (AP) Processing of alarms shall meet the requirements in accordance with the criteria of NFPA 1221	20.00	20
B. Emergency Dispatch Protocols (EDP) Telecommunicators have emergency dispatch protocols (EDP) containing questions and a decision-support process to facilitate correct call categorization and prioritization.	20.00	20
C. Telecommunicator Training and Certification (TTC) Telecommunicators meet the qualification requirements referenced in NFPA 1061, <i>Standard for Professional Qualifications for Public Safety Telecommunicator</i> , and/or the Association of Public-Safety Communications Officials - International (APCO) <i>Project 33</i> . Telecommunicators are certified in the knowledge, skills, and abilities corresponding to their job functions.	20.00	20
D. Telecommunicator Continuing Education and Quality Assurance (TQA) Telecommunicators participate in continuing education and/or in-service training and quality-assurance programs as appropriate for their positions	0.00	20
Review of Telecommunicators total:	80.00	100

Item 432 - Credit for Dispatch Circuits (3 points)

The third item reviewed is Item 432 "Credit for Dispatch Circuits (CDC)". This item reviews the dispatch circuit facilities used to transmit alarms to fire department members. A "Dispatch Circuit" is defined in NFPA 1221 as "A circuit over which an alarm is transmitted from the communications center to an emergency response facility (ERF) or emergency response units (ERUs) to notify ERUs to respond to an emergency". All fire departments (except single fire station departments with full-time firefighter personnel receiving alarms directly at the fire station) need adequate means of notifying all firefighter personnel of the location of reported structure fires. The dispatch circuit facilities should be in accordance with the general criteria of NFPA 1221. "Alarms" are defined in this Standard as "A signal or message from a person or device indicating the existence of an emergency or other situation that requires action by an emergency response agency".

There are two different levels of dispatch circuit facilities provided for in the Standard – a primary dispatch circuit and a secondary dispatch circuit. In jurisdictions that receive 730 alarms or more per year (average of two alarms per 24-hour period), two separate and dedicated dispatch circuits, a primary and a secondary, are needed. In jurisdictions receiving fewer than 730 alarms per year, a second dedicated dispatch circuit is not needed. Dispatch circuit facilities installed but not used or tested (in accordance with the NFPA Standard) receive no credit.

The score for Credit for Dispatch Circuits (CDC) is influenced by monitoring for integrity of the primary dispatch circuit. There are up to 0.90 points available for this item. Monitoring for integrity involves installing automatic systems that will detect faults and failures and send visual and audible indications to appropriate communications center (or dispatch center) personnel. ISO uses NFPA 1221 to guide the evaluation of this item. ISO's evaluation also includes a review of the communication system's emergency power supplies.

Item 432 "Credit for Dispatch Circuits (CDC)" = 1.64 points

Fire Department

Fifty percent of a community's overall score is based upon the fire department's structure fire suppression system. ISO's field representative evaluated:

- Engine and ladder/service vehicles including reserve apparatus
- Equipment carried
- Response to reported structure fires
- Deployment analysis of companies
- Available and/or responding firefighters
- Training

	Earned Credit	Credit Available
513. Credit for Engine Companies	5.93	6
523. Credit for Reserve Pumpers	0.00	0.5
532. Credit for Pumper Capacity	3.00	3
549. Credit for Ladder Service	2.73	4
553. Credit for Reserve Ladder and Service Trucks	0.00	0.5
561. Credit for Deployment Analysis	4.71	10
571. Credit for Company Personnel	6.03	15
581. Credit for Training	4.54	9
730. Credit for Operational Considerations	2.00	2
Item 590. Credit for Fire Department:	28.94	50

Basic Fire Flow

The Basic Fire Flow for the community is determined by the review of the Needed Fire Flows for selected buildings in the community. The fifth largest Needed Fire Flow is determined to be the Basic Fire Flow. The Basic Fire Flow has been determined to be 3000 gpm.

Item 513 - Credit for Engine Companies (6 points)

The first item reviewed is Item 513 "Credit for Engine Companies (CEC)". This item reviews the number of engine companies, their pump capacity, hose testing, pump testing and the equipment carried on the in-service pumpers. To be recognized, pumper apparatus must meet the general criteria of NFPA 1901, *Standard for Automotive Fire Apparatus* which include a minimum 250 gpm pump, an emergency warning system, a 300 gallon water tank, and hose. At least 1 apparatus must have a permanently mounted pump rated at 750 gpm or more at 150 psi.

The review of the number of needed pumpers considers the response distance to built-upon areas; the Basic Fire Flow; and the method of operation. Multiple alarms, simultaneous incidents, and life safety are not considered.

The greatest value of A, B, or C below is needed in the fire district to suppress fires in structures with a Needed Fire Flow of 3,500 gpm or less: **3 engine companies**

- a) **2 engine companies** to provide fire suppression services to areas to meet NFPA 1710 criteria or within 1½ miles.
- b) **3 engine companies** to support a Basic Fire Flow of 3000 gpm.
- c) **3 engine companies** based upon the fire department's method of operation to provide a minimum two engine response to all first alarm structure fires.

The FSRs recognizes that there are **3 engine companies** in service.

The FSRs also reviews Automatic Aid. Automatic Aid is considered in the review as assistance dispatched automatically by contractual agreement between two communities or fire districts. That differs from mutual aid or assistance arranged case by case. ISO will recognize an Automatic Aid plan under the following conditions:

- It must be prearranged for first alarm response according to a definite plan. It is preferable to have a written agreement, but ISO may recognize demonstrated performance.
- The aid must be dispatched to all reported structure fires on the initial alarm.
- The aid must be provided 24 hours a day, 365 days a year.

FSRS Item 512.D "Automatic Aid Engine Companies" responding on first alarm and meeting the needs of the city for basic fire flow and/or distribution of companies are factored based upon the value of the Automatic Aid plan (up to 1.00 can be used as the factor). The Automatic Aid factor is determined by a review of the Automatic Aid provider's communication facilities, how they receive alarms from the graded area, inter-department training between fire departments, and the fire ground communications capability between departments.

For each engine company, the credited Pump Capacity (PC), the Hose Carried (HC), the Equipment Carried (EC) all contribute to the calculation for the percent of credit the FSRs provides to that engine company.

Item 513 "Credit for Engine Companies (CEC)" = 5.93 points

Item 523 - Credit for Reserve Pumpers (0.50 points)

The item is Item 523 "Credit for Reserve Pumpers (CRP)". This item reviews the number and adequacy of the pumpers and their equipment. The number of needed reserve pumpers is 1 for each 8 needed engine companies determined in Item 513, or any fraction thereof.

Item 523 "Credit for Reserve Pumpers (CRP)" = 0.00 points

Item 532 - Credit for Pumper Capacity (3 points)

The next item reviewed is Item 532 "Credit for Pumper Capacity (CPC)". The total pump capacity available should be sufficient for the Basic Fire Flow of 3000 gpm. The maximum needed pump capacity credited is the Basic Fire Flow of the community.

Item 532 "Credit for Pumper Capacity (CPC)" = 3.00 points

Item 549 - Credit for Ladder Service (4 points)

The next item reviewed is Item 549 "Credit for Ladder Service (CLS)". This item reviews the number of response areas within the city with 5 buildings that are 3 or more stories or 35 feet or more in height, or with 5 buildings that have a Needed Fire Flow greater than 3,500 gpm, or any combination of these criteria. The height of all buildings in the city, including those protected by automatic sprinklers, is considered when determining the number of needed ladder companies. Response areas not needing a ladder company should have a service company. Ladders, tools and equipment normally carried on ladder trucks are needed not only for ladder operations but also for forcible entry, ventilation, salvage, overhaul, lighting and utility control.

The number of ladder or service companies, the height of the aerial ladder, aerial ladder testing and the equipment carried on the in-service ladder trucks and service trucks is compared with the number of needed ladder trucks and service trucks and an FSRS equipment list. Ladder trucks must meet the general criteria of NFPA 1901, *Standard for Automotive Fire Apparatus* to be recognized.

The number of needed ladder-service trucks is dependent upon the number of buildings 3 stories or 35 feet or more in height, buildings with a Needed Fire Flow greater than 3,500 gpm, and the method of operation.

The FSRS recognizes that there are **1 ladder companies** in service. These companies are needed to provide fire suppression services to areas to meet NFPA 1710 criteria or within 2½ miles and the number of buildings with a Needed Fire Flow over 3,500 gpm or 3 stories or more in height, or the method of operation.

The FSRS recognizes that there are **1 service companies** in service.

Item 549 "Credit for Ladder Service (CLS)" = 2.73 points

Item 553 – Credit for Reserve Ladder and Service Trucks (0.50 points)

The next item reviewed is Item 553 "Credit for Reserve Ladder and Service Trucks (CRLS)". This item considers the adequacy of ladder and service apparatus when one (or more in larger communities) of these apparatus are out of service. The number of needed reserve ladder and service trucks is 1 for each 8 needed ladder and service companies that were determined to be needed in Item 540, or any fraction thereof.

Item 553 "Credit for Reserve Ladder and Service Trucks (CRLS)" = 0.00 points

Item 561 – Deployment Analysis (10 points)

Next, Item 561 "Deployment Analysis (DA)" is reviewed. This Item examines the number and adequacy of existing engine and ladder-service companies to cover built-upon areas of the city.

To determine the Credit for Distribution, first the Existing Engine Company (EC) points and the Existing Engine Companies (EE) determined in Item 513 are considered along with Ladder Company Equipment (LCE) points, Service Company Equipment (SCE) points, Engine-Ladder Company Equipment (ELCE) points, and Engine-Service Company Equipment (ESCE) points determined in Item 549.

Secondly, as an alternative to determining the number of needed engine and ladder/service companies through the road-mile analysis, a fire protection area may use the results of a systematic performance evaluation. This type of evaluation analyzes computer-aided dispatch (CAD) history to demonstrate that, with its current deployment of companies, the fire department meets the time constraints for initial arriving engine and initial full alarm assignment in accordance with the general criteria of in NFPA 1710, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*.

A determination is made of the percentage of built upon area within 1½ miles of a first-due engine company and within 2½ miles of a first-due ladder-service company.

Item 561 "Credit Deployment Analysis (DA)" = 4.71 points

Item 571 – Credit for Company Personnel (15 points)

Item 571 "Credit for Company Personnel (CCP)" reviews the average number of existing firefighters and company officers available to respond to reported first alarm structure fires in the city.

The on-duty strength is determined by the yearly average of total firefighters and company officers on-duty considering vacations, sick leave, holidays, "Kelley" days and other absences. When a fire department operates under a minimum staffing policy, this may be used in lieu of determining the yearly average of on-duty company personnel.

Firefighters on apparatus not credited under Items 513 and 549 that regularly respond to reported first alarms to aid engine, ladder, and service companies are included in this item as increasing the total company strength.

Firefighters staffing ambulances or other units serving the general public are credited if they participate in fire-fighting operations, the number depending upon the extent to which they are available and are used for response to first alarms of fire.

On-Call members are credited on the basis of the average number staffing apparatus on first alarms. Off-shift career firefighters and company officers responding on first alarms are considered on the same basis as on-call personnel. For personnel not normally at the fire station, the number of responding firefighters and company officers is divided by 3 to reflect the time needed to assemble at the fire scene and the reduced ability to act as a team due to the various arrival times at the fire location when compared to the personnel on-duty at the fire station during the receipt of an alarm.

The number of Public Safety Officers who are positioned in emergency vehicles within the jurisdiction boundaries may be credited based on availability to respond to first alarm structure fires. In recognition of this increased response capability the number of responding Public Safety Officers is divided by 2.

The average number of firefighters and company officers responding with those companies credited as Automatic Aid under Items 513 and 549 are considered for either on-duty or on-call company personnel as is appropriate. The actual number is calculated as the average number of company personnel responding multiplied by the value of AA Plan determined in Item 512.D.

The maximum creditable response of on-duty and on-call firefighters is 12, including company officers, for each existing engine and ladder company and 6 for each existing service company.

Chief Officers are not creditable except when more than one chief officer responds to alarms; then extra chief officers may be credited as firefighters if they perform company duties.

The FSRS recognizes **8.00 on-duty personnel** and an average of **8.55 on-call personnel** responding on first alarm structure fires.

Item 571 "Credit for Company Personnel (CCP)" = 6.03 points

Item 581 – Credit for Training (9 points)

Training	Earned Credit	Credit Available
A. Facilities, and Use For maximum credit, each firefighter should receive 18 hours per year in structure fire related subjects as outlined in NFPA 1001.	7.92	35
B. Company Training For maximum credit, each firefighter should receive 16 hours per month in structure fire related subjects as outlined in NFPA 1001.	9.38	25
C. Classes for Officers For maximum credit, each officer should be certified in accordance with the general criteria of NFPA 1021. Additionally, each officer should receive 12 hours of continuing education on or off site.	7.33	12
D. New Driver and Operator Training For maximum credit, each new driver and operator should receive 60 hours of driver/operator training per year in accordance with NFPA 1002 and NFPA 1451.	3.33	5
E. Existing Driver and Operator Training For maximum credit, each existing driver and operator should receive 12 hours of driver/operator training per year in accordance with NFPA 1002 and NFPA 1451.	5.00	5
F. Training on Hazardous Materials For maximum credit, each firefighter should receive 6 hours of training for incidents involving hazardous materials in accordance with NFPA 472.	0.50	1
G. Recruit Training For maximum credit, each firefighter should receive 240 hours of structure fire related training in accordance with NFPA 1001 within the first year of employment or tenure.	5.00	5
H. Pre-Fire Planning Inspections For maximum credit, pre-fire planning inspections of each commercial, industrial, institutional, and other similar type building (all buildings except 1-4 family dwellings) should be made annually by company members. Records of inspections should include up-to date notes and sketches.	12.00	12

Item 580 “Credit for Training (CT)” = 4.54 points

Item 730 – Operational Considerations (2 points)

Item 730 "Credit for Operational Considerations (COC)" evaluates fire department standard operating procedures and incident management systems for emergency operations involving structure fires.

Operational Considerations	Earned Credit	Credit Available
Standard Operating Procedures The department should have established SOPs for fire department general emergency operations	50	50
Incident Management Systems The department should use an established incident management system (IMS)	50	50
Operational Considerations total:	100	100

Item 730 "Credit for Operational Considerations (COC)" = 2.00 points

Water Supply

Forty percent of a community's overall score is based on the adequacy of the water supply system. The ISO field representative evaluated:

- the capability of the water distribution system to meet the Needed Fire Flows at selected locations up to 3,500 gpm.
- size, type and installation of fire hydrants.
- inspection and flow testing of fire hydrants.

	Earned Credit	Credit Available
616. Credit for Supply System	27.87	30
621. Credit for Hydrants	3.00	3
631. Credit for Inspection and Flow Testing	4.80	7
Item 640. Credit for Water Supply:	35.67	40

Item 616 – Credit for Supply System (30 points)

The first item reviewed is Item 616 "Credit for Supply System (CSS)". This item reviews the rate of flow that can be credited at each of the Needed Fire Flow test locations considering the supply works capacity, the main capacity and the hydrant distribution. The lowest flow rate of these items is credited for each representative location. A water system capable of delivering 250 gpm or more for a period of two hours plus consumption at the maximum daily rate at the fire location is considered minimum in the ISO review.

Where there are 2 or more systems or services distributing water at the same location, credit is given on the basis of the joint protection provided by all systems and services available.

The supply works capacity is calculated for each representative Needed Fire Flow test location, considering a variety of water supply sources. These include public water supplies, emergency supplies (usually accessed from neighboring water systems), suction supplies (usually evidenced by dry hydrant installations near a river, lake or other body of water), and supplies developed by a fire department using large diameter hose or vehicles to shuttle water from a source of supply to a fire site. The result is expressed in gallons per minute (gpm).

The normal ability of the distribution system to deliver Needed Fire Flows at the selected building locations is reviewed. The results of a flow test at a representative test location will indicate the ability of the water mains (or fire department in the case of fire department supplies) to carry water to that location.

The hydrant distribution is reviewed within 1,000 feet of representative test locations measured as hose can be laid by apparatus.

For maximum credit, the Needed Fire Flows should be available at each location in the district. Needed Fire Flows of 2,500 gpm or less should be available for 2 hours; and Needed Fire Flows of 3,000 and 3,500 gpm should be obtainable for 3 hours.

Item 616 "Credit for Supply System (CSS)" = 27.87 points

Item 621 – Credit for Hydrants (3 points)

The second item reviewed is Item 621 "Credit for Hydrants (CH)". This item reviews the number of fire hydrants of each type compared with the total number of hydrants.

There are a total of 395 hydrants in the graded area.

620. Hydrants, - Size, Type and Installation	Number of Hydrants
A. With a 6 -inch or larger branch and a pumper outlet with or without 2½ -inch outlets	395
B. With a 6 -inch or larger branch and no pumper outlet but two or more 2½ -inch outlets, or with a small foot valve, or with a small barrel	0
C/D. With only a 2½ -inch outlet or with less than a 6 -inch branch	0
E/F. Flush Type, Cistern, or Suction Point	0

Item 621 "Credit for Hydrants (CH)" = 3.00 points

Item 630 – Credit for Inspection and Flow Testing (7 points)

The third item reviewed is Item 630 "Credit for Inspection and Flow Testing (CIT)". This item reviews the fire hydrant inspection frequency, and the completeness of the inspections. Inspection of hydrants should be in accordance with AWWA M-17, *Installation, Field Testing and Maintenance of Fire Hydrants*.

Frequency of Inspection (FI): Average interval between the 3 most recent inspections.

Frequency	Points
1 year	30
2 years	20
3 years	10
4 years	5
5 years or more	No Credit

Note: The points for inspection frequency are reduced by 10 points if the inspections are incomplete or do not include a flushing program. An additional reduction of 10 points are made if hydrants are not subjected to full system pressure during inspections. If the inspection of cisterns or suction points does not include actual drafting with a pumper, or back-flushing for dry hydrants, 20 points are deducted.

Total points for Inspections = 2.40 points

Frequency of Fire Flow Testing (FF): Average interval between the 3 most recent inspections.

Frequency	Points
5 years	40
6 years	30
7 years	20
8 years	10
9 years	5
10 years or more	No Credit

Total points for Fire Flow Testing = 2.40 points

Item 631 "Credit for Inspection and Fire Flow Testing (CIT)" = 4.80 points

Divergence = -6.26

The Divergence factor mathematically reduces the score based upon the relative difference between the fire department and water supply scores. The factor is introduced in the final equation.

Community Risk Reduction

	Earned Credit	Credit Available
1025. Credit for Fire Prevention and Code Enforcement (CPCE)	2.16	2.2
1033. Credit for Public Fire Safety Education (CFSE)	1.68	2.2
1044. Credit for Fire Investigation Programs (CIP)	0.54	1.1
Item 1050. Credit for Community Risk Reduction	4.38	5.50

Item 1025 – Credit for Fire Prevention Code Adoption and Enforcement (2.2 points)	Earned Credit	Credit Available
Fire Prevention Code Regulations (PCR) Evaluation of fire prevention code regulations in effect.	10.00	10
Fire Prevention Staffing (PS) Evaluation of staffing for fire prevention activities.	7.82	8
Fire Prevention Certification and Training (PCT) Evaluation of the certification and training of fire prevention code enforcement personnel.	5.50	6
Fire Prevention Programs (PCP) Evaluation of fire prevention programs.	16.00	16
Review of Fire Prevention Code and Enforcement (CPCE) subtotal:	39.32	40

Item 1033 – Credit for Public Fire Safety Education (2.2 points)	Earned Credit	Credit Available
Public Fire Safety Educators Qualifications and Training (FSQT) Evaluation of public fire safety education personnel training and qualification as specified by the authority having jurisdiction.	10.00	10
Public Fire Safety Education Programs (FSP) Evaluation of programs for public fire safety education.	20.50	30
Review of Public Safety Education Programs (CFSE) subtotal:	30.50	40

Item 1044 – Credit for Fire Investigation Programs (1.1 points)	Earned Credit	Credit Available
Fire Investigation Organization and Staffing (IOS) Evaluation of organization and staffing for fire investigations.	0.00	8
Fire Investigator Certification and Training (IQT) Evaluation of fire investigator certification and training.	3.75	6
Use of National Fire Incident Reporting System (IRS) Evaluation of the use of the National Fire Incident Reporting System (NFIRS) for the 3 years before the evaluation.	6.00	6
Review of Fire Investigation Programs (CIP) subtotal:	9.75	20

Summary of PPC Review**for****East Greenwich**

FSRS Item	Earned Credit	Credit Available
Emergency Communications		
414. Credit for Emergency Reporting	1.95	3
422. Credit for Telecommunicators	3.20	4
432. Credit for Dispatch Circuits	1.64	3
440. Credit for Emergency Communications	6.79	10
Fire Department		
513. Credit for Engine Companies	5.93	6
523. Credit for Reserve Pumpers	0.00	0.5
532. Credit for Pumper Capacity	3.00	3
549. Credit for Ladder Service	2.73	4
553. Credit for Reserve Ladder and Service Trucks	0.00	0.5
561. Credit for Deployment Analysis	4.71	10
571. Credit for Company Personnel	6.03	15
581. Credit for Training	4.54	9
730. Credit for Operational Considerations	2.00	2
590. Credit for Fire Department	28.94	50
Water Supply		
616. Credit for Supply System	27.87	30
621. Credit for Hydrants	3.00	3
631. Credit for Inspection and Flow Testing	4.80	7
640. Credit for Water Supply	35.67	40
Divergence	-6.26	—
1050. Community Risk Reduction	4.38	5.50
Total Credit	69.52	105.5

Final Community Classification = 04/4X

INSURANCE SERVICES OFFICE, INC.
HYDRANT FLOW DATA SUMMARY

City East Greenwich

County Rhode Island(Kent),

RHODE
State ISLAND (38)

Witnessed by: Insurance Services Office

Date: Feb 28, 2017

TEST NO.	TYPE DIST.*	TEST LOCATION	SERVICE	FLOW - GPM $Q=(29.83(C(d^2)p^{0.5}))$				PRESSURE PSI		FLOW -AT 20 PSI		REMARKS***	MODEL TYPE
				INDIVIDUAL HYDRANTS			TOTAL	STATIC	RESID.	NEEDED **	AVAIL.		
1		Marlborough St and Division St	Kent County Water Authority, Main	1500	0	0	1500	116	86	2250	2800		
10		Post Rd north of Franklin	Kent County Water Authority, Main	1550	0	0	1550	100	85	1750	3800		
11		South County Trl near Town Line	Kent County Water Authority, Main	1610	0	0	1610	118	100	1750	4000		
12		South County Trl at Briggs Dr	Kent County Water Authority, Main	1450	0	0	1450	84	78	5000	5200		
12A		South County Trl at Briggs Dr	Kent County Water Authority, Main	1450	0	0	1450	84	78	2250	5200		
13		Arrowhead Trl at Tilling Hast Rd	Kent County Water Authority, Main	1630	0	0	1630	134	105	500	3400		
14		Signal Ridgeway and Watch Hill	Kent County Water Authority, Main	750	0	0	750	32	27	500	1200		
15		1500 South County Trl	Kent County Water Authority, Main	990	0	0	990	40	35	4500	2100		
15A		1500 South County Trl	Kent County Water Authority, Main	990	0	0	990	40	35	1250	2100		
16		Middle Rd at South County Trl	Kent County Water Authority, Main	1540	0	0	1540	100	85	2500	3800		
17		Cindy Ann Dr at Sally Ann Dr	Kent County Water Authority, Main	1140	0	0	1140	57	46	750	2200		
18		Westfield Dr at Miss Fry Dr	Kent County Water Authority, High	1500	0	0	1500	90	83	500	5200		
2		First Ave at Mawney St	Kent County Water Authority, Main	990	0	0	990	98	35	2500	1100		
3		Main St opposite Queen St	Kent County Water Authority, Main	1350	0	0	1350	112	68	4000	2000		
3A		Main St opposite Queen St	Kent County Water Authority, Main	1350	0	0	1350	112	68	2500	2000		
4		West St and Spring St	Kent County Water Authority, Main	750	0	0	750	62	22	1000	750		

THE ABOVE LISTED NEEDED FIRE FLOWS ARE FOR PROPERTY INSURANCE PREMIUM CALCULATIONS ONLY AND ARE *NOT* INTENDED TO PREDICT THE MAXIMUM AMOUNT OF WATER REQUIRED FOR A LARGE SCALE FIRE CONDITION.

THE AVAILABLE FLOWS ONLY INDICATE THE CONDITIONS THAT EXISTED AT THE TIME AND AT THE LOCATION WHERE TESTS WERE WITNESSED.

*Comm = Commercial; Res = Residential.

**Needed is the rate of flow for a specific duration for a full credit condition. Needed Fire Flows greater than 3,500 gpm are not considered in determining the classification of the city when using the Fire Suppression Rating Schedule.

*** (A)-Limited by available hydrants to gpm shown. Available facilities limit flow to gpm shown plus consumption for the needed duration of (B)-2 hours, (C)-3 hours or (D)-4 hours.

INSURANCE SERVICES OFFICE, INC.
HYDRANT FLOW DATA SUMMARY

City East Greenwich
County Rhode Island(Kent), State RHODE ISLAND (38) Witnessed by: Insurance Services Office Date: Feb 28, 2017

TEST NO.	TYPE DIST.*	TEST LOCATION	SERVICE	FLOW - GPM				PRESSURE		FLOW -AT 20 PSI		REMARKS***	MODEL TYPE
				INDIVIDUAL HYDRANTS			TOTAL	PSI		NEEDED **	AVAIL.		
5		Sylvan Dr and Kenson Dr	Kent County Water Authority, Main	1440	0	0	1440	98	82	750	3400		
6		Fourth Ave and Third Ave	Kent County Water Authority, Main	1450	0	0	1450	98	82	3000	3400		
7		Post Rd and Cedar St	Kent County Water Authority, Main	1540	0	0	1540	95	85	3000	4600		
8		Lebaron Dr at Hanaford School	Kent County Water Authority, Main	1350	0	0	1350	95	70	2000	2400		
9		Tamarack Dr	Kent County Water Authority, Main	1300	0	0	1300	72	60	3000	2900		

THE ABOVE LISTED NEEDED FIRE FLOWS ARE FOR PROPERTY INSURANCE PREMIUM CALCULATIONS ONLY AND ARE *NOT* INTENDED TO PREDICT THE MAXIMUM AMOUNT OF WATER REQUIRED FOR A LARGE SCALE FIRE CONDITION.

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EAST GREENWICH FIRE DEPARTMENT
Standard Operating Guide

Updated: July 2016

CHAPTER 02-02: CODE OF CONDUCT

Goal: All Recruits will observe the following Code of Conduct:

- Report on time and be prepared to participate in scheduled activities.
- Report clean shaven and in the proper uniform:

Blue Jeans, Recruit Reuben/T-Shirt, Department Ball Cap/ Toque, Black Shoes.
PT day's appropriate clothes for physical activity.

- Stand at attention whenever an Officer or Instructor enters the training room.
- Not offer opinions or past experiences unless asked by the Officer or Instructor.
- Perform assigned House Duties without prompting.
- Accept instruction from members of the Department that may not be Instructors.
- Adhere to all SOG's.

The Recruit will be subject to a Demerit System. The Recruit will have to meet with a Chief Officer when s/he has accumulated 2 demerits or any instructor deems it necessary. If the recruit accumulates 3 demerits, s/he will be dismissed from the academy.

For the following violations the recruit will receive .5 demerits:

- Tardiness
- Improper uniform
- Not clean shaven
- Failure to respond to instruction
- Fail to perform house duties

For the following violations the recruit will receive 1 full demerit:

- Insubordination
- Disrespectful to instructors
- Substandard evaluations of any type (instructor/grades).

Be a Recruit. YOU ARE NOT ON THE JOB. You must earn your spot. There is the possibility that you may not make it out of training or off of probation. You must recognize that those senior to you have already passed through Recruit status and have earned their position in the Department.



EAST GREENWICH FIRE DEPARTMENT
Standard Operating Guide

Updated: July 2016

CHAPTER 01-19: SOCIAL MEDIA POLICY

ADMINISTRATIVE POLICY

Goal: To establish the Fire Department's position on the use, management, administration and oversight of social media. This guideline is not meant to address one particular form of social media. Emerging technology will outpace our ability to create guidelines for each and every form of social media.

Philosophy: Social media does provide a valuable means of assisting the Fire Department and its members in obtaining, relaying, and researching information relative to community relations, fire prevention and communications, and other relative Fire Department priorities. This guideline shall serve as the policy that identifies uses that may be evaluated from time to time. The Fire Department also recognizes the role that social media tools may play in the personal lives of Department members. The personal use of social media can have an effect on Fire Department members in their official capacity as firefighters. This guideline is a means to provide guidance of a precautionary nature as well as restrictions, prohibitions, and disciplinary actions for social media violations.

Definitions:

Blog: A self-published diary or commentary on a particular topic that may allow visitors to post responses, reactions or comments.

Post: Content an individual shares on a social media site or the act of publishing content on a site

Social Media: A category of internet based resources that enable the user to generate content and encourage other user participation. This includes, but is not limited to, sites such as Facebook, MySpace, Twitter, You Tube, Instagram, and other multiple sites.

Speech: Expression or communication of thoughts or opinions in spoken words, in writing, by expressive conduct, symbolism, photographs, videotape or other related forms of communication.

Personal Use: Department members shall abide by the following when using social media.

1. Department members are free to express themselves as private citizens on social media sites, to the degree that their speech does not impair or impede the performance of duties, impair discipline and harmony among co-workers, or negatively affect the public perceptions of the Department.



EAST GREENWICH FIRE DEPARTMENT

Standard Operating Guide

Updated: July 2016

CHAPTER 01-19: SOCIAL MEDIA POLICY

2. As public employees, Department members are cautioned that their speech, either on or off duty, and in the course of their official duties that has a nexus to the employee's professional duties and responsibilities, may not necessarily be protected speech under the first amendment.
 - This may be the basis for discipline if deemed detrimental to the Department.
 - Department members should assume that their speech and related activity on social media sites will reflect upon their position within the organization.
 - Department members shall not post, transmit, or otherwise disseminate any information to which they have access as a result of their employment without verbal/written permission from a Chief Officer.
 - Department members are cautioned not to do the following: Display Department logos, uniforms, or similar identifying items on personal web pages without prior verbal/written permission.
 - Post personal photographs or provide similar means of personal recognition that may cause you to be identified as a member of the Department without prior verbal/written permission.
3. Adherence to the Fire Department's current Rules and Regulations is required in the personal use of social media. In particular, members are prohibited from the following:
 - Speech containing obscene or sexually explicit language, images or acts and statements or other forms of speech that ridicule, malign, disparage, or otherwise express bias against any race, religion or protected class.
 - Department members may not divulge information gained by reason of their authority, make any speeches, statements or publish materials that could be considered to represent the views or positions of the Department without express authorization.
4. Department members should be aware that they may be subject to civil litigation for publishing or posting false information that harms the reputation of another person, group or organization, otherwise known as defamation, to include:
 - Publishing or posting private facts and personal information about someone without their permission that has not been previously revealed to the public, is not of legitimate public concern, and would be offensive to a reasonable person.



EAST GREENWICH FIRE DEPARTMENT

Standard Operating Guide

Updated: July 2016

CHAPTER 01-19: SOCIAL MEDIA POLICY

- Using someone else's name, likeness, or other personal attributes, without that person's permission, for exploitative purposes.
- Members should be aware that privacy settings and social media sites are constantly in flux, and members should never assume that personal information posted on such sites is protected.
- Department members should expect that any information created, transmitted, downloaded or discussed in a public on-line forum may be accessed by the Department at any time without prior notice.

Violations:

1. Any member becoming aware of or having knowledge of a posting or of any website or webpage in violation of the provisions of this guideline shall notify their Immediate Supervisor immediately for action.
2. Violations of this written guideline may result in major violations in accordance with the current Rules and Regulations.