

**AGENDA
CRAVEN COUNTY BOARD OF COMMISSIONERS
REGULAR SESSION
MONDAY, OCTOBER 3, 2016
7:00 P.M.**

CALL TO ORDER

ROLL CALL

INVOCATION

PLEDGE OF ALLEGIANCE

APPROVE AGENDA

1. PUBLIC HEARING: CARTS APPLICATION FOR THE FY 2018 5311 COMMUNITY TRANSPORTATION (CTP) GRANT AND TO SUBMIT NCDOT CONSOLIDATED CALL FOR CAPITAL PROJECTS APPLICATION:
Kelly Walker, CARTS Director
2. PETITIONS OF CITIZENS
3. CONSENT AGENDA
 - A. Approve Minutes of September 19, 2016 Regular Session and September 16, 2016 Reconvened Session
 - B. Tax Releases and Refunds

DEPARTMENTAL MATTERS

4. EMERGENCY SERVICES – FRANCHISE APPLICATION FOR CONVALESCENT TRANSPORT: Stanley Kite, Director of Emergency Services
5. SOLID WASTE – AWARD OF ENGINEERING SERVICES AGREEMENT RELATED TO RELOCATION OF HICKMAN HILL CONVENIENCE SITE:
Gene Hodges, Assistant County Manager, Rusty Cotton, Solid Waste Director, Chad Strawn, Assistant Planning Director
6. ECONOMIC DEVELOPMENT – UPDATE ON THE WFD/RE-ENTRY SPECIALIST SCOPE OF WORK: Greg Singleton, WFD/Re-entry Specialist
7. SOCIAL SERVICES – BUDGET AMENDMENTS: Alfreda Stout, Deputy Director
8. VETERANS SERVICE CENTER LEASE: Gene Hodges, Assistant County Manager, Jeff Futrell, Veterans Services Director

9. APPOINTMENTS
10. COUNTY ATTORNEY'S REPORT: Jim Hicks
11. COUNTY MANAGER'S REPORT: Jack Veit
12. COMMISSIONERS' REPORTS

Agenda Date: October 3, 2016

Presenter: Kelly Walker

Agenda Item No. 1

Board Action Required or Considered: Yes

**PUBLIC HEARING: CARTS APPLICATION FOR THE FY 2016 5311
COMMUNITY TRANSPORTATION (CTP) GRANT AND TO SUBMIT NCDOT
CONSOLIDATED CALL FOR CAPITAL PROJECTS APPLICATION**

At the September 19, 2016 Craven County Board of Commissioners Meeting, a public hearing was set for October 3, 2016. The purpose is to receive public comments and request authorization for Craven Area Rural Transit System (CARTS) to apply for the FY2018 5311 Community Transportation Program (CTP) grant and submit a North Carolina Department of Transportation (NCDOT) Consolidated Call for Capital Projects Application. The deadline to apply for each of these grants to the North Carolina Department of Transportation Public Transportation Division (NCDOT/PTD) is November 4, 2016. The 5311 CTP grant is a formula based allocation grant for public transportation projects. The Consolidated Capital application does not specify into which grants capital projects will be placed. Applications will be reviewed on their own individual merit with no pre-set allocation. The only capital project planned for FY2018 is the purchase of vehicles. Both rural and urban vehicles have been included in this consolidated application. (See Attachment #1)

Notice regarding this public hearing was advertised as required and information has been available at the CARTS office and on the CARTS webpage.

Kelly Walker, CARTS Director, will be present to answer any questions the Board may have.

Board Action: Hold a public hearing, receive comments, and approval of the grant application.

Agenda Date: October 3, 2016

Presenter: _____

Agenda Item No. 2

Board Action Required or Considered: No

PETITIONS OF CITIZENS

Board Action: Receive information

Agenda Date: October 3, 2016

Presenter: _____

Agenda Item No. 3

Board Action Required or Considered: Yes

CONSENT AGENDA

A. APPROVE MINUTES OF SEPTEMBER 19, 2016 REGULAR SESSION AND SEPTEMBER 16, 2016 RECONVENED SESSION

The Board will be requested to approve the regular session minutes of September 19, 2016 and the reconvened session minutes of September 16, 2016.

B. TAX RELEASES AND REFUNDS

The Board will be requested to approve the routine requests for tax releases and refunds contained in Attachment #3.B.

Board Action: A roll call vote is needed to approve tax releases and refunds.

Agenda Date: October 3, 2016

Presenter: Stanley Kite

Agenda Item No. 4

Board Action Required or Considered: Yes

**DEPARTMENTAL MATTERS: EMERGENCY SERVICES – FRANCHISE
APPLICATION FOR CONVALESCENT TRANSPORT**

Stanley Kite, Emergency Services Director, will request approval to replace two Private Owners Ambulance Services to provide Convalescent and Non- Emergency Transport per Craven County's Ambulance Ordinance. Attachment #4 contains both applications.

Board Action: Approval of Franchise Application for Elite Medical and Coastal Medical Transport.

Agenda Date: October 3, 2016

Presenters: Gene Hodges, Rusty Cotton, Chad Strawn

Agenda Item No. 5

Board Action Required or Considered: Yes

DEPARTMENTAL MATTERS: SOLID WASTE – AWARD OF ENGINEERING SERVICES AGREEMENT RELATED TO RELOCATION OF HICKMAN HILL CONVENIENCE SITE

Craven County has been engaged for nearly a year in planning and investigating potential solutions to relocating the existing Hickman Hill Solid Waste Convenience Site. This relocation is required due to the construction of the Havelock Bypass by the North Carolina Department of Transportation. A site was identified, analyzed, and purchased by Craven County for the future location of this convenience site. This site with an address of 7240 E US 70 Highway (parcel number 6-025-002) is located approximately .5 mile north of the exiting site on Highway 70. We now have to begin the development process of the site. On August 30, we issued a Request for Qualifications (RFQ) and sent this request to 4 engineering firms located in Craven County . When the RFQ period closed on September 14 we received 3 proposals. A review panel was convened consisting of Planning Director Don Baumgardner, Assistant Planning Director Chad Strawn, and Assistant County Manager Gene Hodges. After the review, Avolis Engineering, PA was rated the highest based on their qualifications and response to the RFQ. We negotiated a fee with Avolis Engineering and they submitted a letter with a scope of work and a fee of \$23,685.

We are requesting that the Board of Commissioners approve the attached budget amendment of \$23,685 so that we may proceed with contracting with Avolis Engineering, PA to perform engineering work related to the development of the new Solid Waste Convenience Site. The revenue for this budget amendment will be a fund balance appropriation from the Capital Reserve Fund. (See Attachment #5)

Board Action: Approval of the budget amendment to proceed with contracting of engineering services related to construction of a new Solid Waste Convenience Site to replace the existing Hickman Hills site.

Agenda Date: October 3, 2016

Presenter: Greg Singleton

Agenda Item No. 6

Board Action Required or Considered: No

**DEPARTMENTAL MATTERS: ECONOMIC DEVELOPMENT – UPDATE ON THE
WFD/RE-ENTRY SPECIALIST SCOPE OF WORK**

Greg Singleton, WFD/Re-entry Specialist, will provide an update on the work of the Re-entry Council and his work at Craven Community College for Workforce Development. Greg will present his plan and goals for the next four months.

Board Action: Receive information

Agenda Date: October 3, 2016

Presenter: Alfreda Stout

Agenda Item No. 7

Board Action Required or Considered: Yes

DEPARTMENTAL MATTERS: SOCIAL SERVICES – BUDGET AMENDMENTS

Alfreda Stout, Deputy Director, will present the budget amendments contained in Attachment #7, adjusting line items for reduction in Home & Community Care Block Grant (HCCBG) from the Division of Aging for Fiscal Year 1617. Funding is 90% Fed/State with a 10% required County match for DSS, and for funds received from the Special Adoption fund and also rolling forward the difference in the balance remaining from last fiscal year. The amount estimated for the budget (balance remaining at the end of the fiscal year was \$22,465, estimated amount was \$20,000 for the line item at budget time, roll forward is \$2,465.) There is no County match.

Board Action: A roll call vote is needed to approve budget amendment.

Agenda Date: October 3, 2016

Presenters: Gene Hodges, Jeff Futrell

Agenda Item No. 8

Board Action Required or Considered: Yes

VETERANS SERVICES CENTER LEASE

At the September 16, 2016 work session, the Craven County Board of Commissioners directed staff to enter into negotiations with representatives of Tyson & Hines Investments, LLC regarding leasing office space located at 2402 Martin Luther King, Jr. Blvd in New Bern for the purpose of relocating the Veterans Services office. Staff has been able to reach the following terms with Tyson & Hines:

- Term of the lease is for 3 calendar years with an option for one 3-year renewal.
- The rate is \$2,000 per month for the first 3 years and will increase to \$2,100 per month if the renewal period is exercised.
- The effective date of the lease is November 1, 2016.
- The landlord is removing designated cabinets at the County's request as well as patching and painting the walls and cleaning throughout the building.
- The landlord is seal coating and striping the parking lot.
- The landlord is installing a flagpole in the front of the property.

Board Action: Staff is requesting that the Board of Commissioners approve and authorize the Chairman to sign the Lease Agreement and the Memorandum of Lease that has been prepared by the County Attorney.

Agenda Date: October 3, 2016

Presenter: _____

Agenda Item No. 9

Board Action Required or Considered: Yes

APPOINTMENTS

- A. PENDING
- B. CURRENT
- C. UPCOMING

Board Action: Appointments will be effective immediately, unless otherwise specified.

A. PENDING APPOINTMENT(S):

RECREATION AND PARKS ADVISORY BOARD

AUTHORIZATION: Bylaws

MISSION/FUNCTION: Serves as the recreation advisory body for the Craven County Department of Recreation and Parks; suggests policies; consults with and advises Recreation Director, County Manager and Commissioners in matters related to recreation programs, finances, acquisition and disposal of property consistent with overall, long range recreation planning.

NUMBER OF MEMBERS:

12

TYPE:

1 from each township (8)
4 at-large

QUALIFICATIONS (Special Skills, Professional Classifications, Affiliations, Limitations, etc.):

LENGTH OF TERMS: 3 Years

MEETING SCHEDULE: 3rd Monday at 6:00 p.m.; Administration conference room

COMPENSATION: No X Yes Specify: _____

Terms expiring: Dickie Fairburn (2 terms)
 Cathy Frazier
 Abel Sandoval (resigned)
 Bill Taylor (2 terms)

Application(s) on file: Paul Whittaker
 Stacey Lewis
 Ryan Purtle
 Todd Frankson
 Talina Massey

(See Attachment # 9.A, which contains applications along with the minutes of the last Recreation Advisory Board meeting.)

B. CURRENT APPOINTMENTS

CRAVEN AGING PLANNING BOARD

AUTHORIZATION: Bylaws

MISSION/FUNCTION: To provide a comprehensive assessment of the needs and opportunities associated with older adults; an achievable vision of successful aging. Craven County based programs for the support of and investment in older adults and their families, including a system of care for high-risk older adults; and policy strategies for maximizing the functional independence and quality of life of older adults and their families consonant with their wishes and desires.

Serves as the sole policy formulation board concerning aging programs on behalf of the Craven County Board of Commissioners.

NUMBER OF MEMBERS:

18

TYPE:

Agency - 10
Local Government - 3
Client/Caregiver - 2
Senior Representative - 3

QUALIFICATIONS (Special Skills, Professional Classifications, Affiliations, Limitations, etc.):

Representative of senior population (60+ years of age), client representative (caretaker of an older adult, employed by or volunteering for senior service provider) or representative of one of the following agencies or government entities: Craven County DSS, Craven County Health, Carolina East Medical Center, CARTS, Employment Security Commission, Neuse Center, Coastal Community Action, Legal Aid of North Carolina, Senior Tarheel Legislature, Craven County Commissioners, Craven County Manager, Council of Governments.

LENGTH OF TERMS: 2 Years

MEETING SCHEDULE: Fourth Thursday of every second month, beginning in January, at 1:30 p.m. in the Craven County Administration Building

COMPENSATION: No Yes Specify: _____

Term(s) expiring: Clayton Gaskins (Wishes to be reappointed; appointed 2014)

FIREMEN'S RELIEF FUND BOARD OF TRUSTEES

AUTHORIZATION: NCGS 58-84-30

MISSION/FUNCTION: To safeguard firefighters in active service and dependent members of their families from financial loss resulting from sickness, injury or loss of life suffered while in performance of his or her duties as a firefighter.

NUMBER OF MEMBERS:
5 per department

TYPE:
2 appointed by Board of Commissioners; 2 appointed by the department; 1 appointed by Commissioner of Insurance

QUALIFICATIONS (Special Skills, Professional Classifications, Affiliations, Limitations, etc.):

LENGTH OF TERMS: 2 Years

MEETING SCHEDULE: As necessary

COMPENSATION: No Yes Specify: _____

Term(s) ending: Aaron McLawhorn (Rhems; appointed 2012; willing to continue serving)
Dred Mitchell (Cove City; appointed 2006; willing to continue serving)

FIRE TAX COMMISSIONERS

AUTHORIZATION: N.C.G.S. 69-25.7

MISSION/FUNCTION: To serve in an advisory capacity as representatives of the County Commissioners relative to determining the amount of fire protection needed in their respective districts, assuring that district residents are afforded fire protection commensurate with the amount of fire tax paid, and furnishing said protection.

NUMBER OF MEMBERS:

30

TYPE:

3 per District

QUALIFICATIONS (Special Skills, Professional Classifications, Affiliations, Limitations, etc.):

Must be a qualified voter of the district represented.

LENGTH OF TERMS: 2 Years

MEETING SCHEDULE: _____

COMPENSATION: No Yes Specify: _____

Term(s) expiring: Rolf Maris (Twp. #1; appointed 2012)
Aaron McLawhorn (Rhems; appointed 2012)
Joseph Midgette (Vanceboro; appointed 2012)
Alton Riggs (No. 7 Twp.; appointed 2014)

All wish to be reappointed

C. UPCOMING APPOINTMENTS

NOVEMBER

Craven Aging Planning Board: Ernest Richardson (Appointed 2014)

EMS Advisory Council: Joe Hoffman (CC Law Enforcement
Association)

Regional Aging Advisory Committee: Lavick Williams (Appointed 2013)

Agenda Date: October 3, 2016

Presenter: Jim Hicks

Agenda Item No. 10

COUNTY ATTORNEY'S REPORT

- A. Initial Offer to Purchase Real Property – 2302 McKinley Avenue, New Bern (Parcel Number 8-038-064).

County Attorney, Jim Hicks, will present and offer received by Craven County and the City of New Bern in the amount of \$2,000.00 for the property located at 2302 McKinley Avenue, New Bern, which was acquired through a tax foreclosure. The total taxes and costs that were foreclosed on were \$3,136.20. The current tax value is \$6,080.00. Attachment #10.A. contains copies of the Offer to Purchase, deed, GIS information, and proposed resolution.

Should the County and City accept this offer, then the property will be advertised for upset bids in accordance with the General Statutes. Once no further upset bids are timely received, the County and City may accept or reject the final offer.

- B. Initial Offer to Purchase Real Property – 1801 McKinley Avenue, New Bern (Parcel Number 8-038-237).

Mr. Hicks will present and offer received by Craven County and the City of New Bern in the amount of \$1,250.00 for the property located at 1801 McKinley Avenue, New Bern, which was acquired through a tax foreclosure. The total taxes and costs that were foreclosed on were \$2,255.55. The current tax value is \$5,000.00. Attachment #10.B. contains copies of the Offer to Purchase, deed, GIS information, and proposed resolution.

Should the County and City accept this offer, then the property will be advertised for upset bids in accordance with the General Statutes. Once no further upset bids are timely received, the County and City may accept or reject the final offer.

- C. Final Acceptance - Offer to Purchase Real Property – 2102 New Bern Avenue, New Bern (Parcel Number 8-038-120).

Mr. Hicks will present an offer tentatively approved by Craven County and the City of New Bern for the property located at 2102 New Bern Avenue, New Bern, which after the upset bid process, was in the final amount of \$8,000.00. The total taxes and costs that were foreclosed on were \$3,335.81. The current tax value is \$30,600.00. The offer was advertised, and there were no upset bids.

Attachment #10.C. contains the proposed resolution, deed and lien waiver. It is recommended that the Board give final approval of the sale and adopt the resolution.

Agenda Date: October 3, 2016

Presenter: Jack Veit

Agenda Item No. 11

COUNTY MANAGER'S REPORT

Agenda Date: October 3, 2016

Presenter: _____

Agenda Item No. 12

COMMISSIONERS' REPORTS

North Carolina Department of Transportation



FY18 Community Transportation Program Application Package

Includes the Section 5311- Non-urbanized Area Formula Program, Human
Service Transportation Management Program

August 29, 2016

N.C. Department of Transportation
Public Transportation Division
1 S. Wilmington Street
Raleigh, NC 27601

Announcement

There will be a separate Consolidated Capital Call for Projects for all capital projects.

Background

The Federal Transit Administration, on the behalf of the Secretary of Transportation, apportions appropriated 5311 funds annually to the Governor of each state for public transportation projects in non-urbanized areas.

Specifically, the Section 5311 program intends to: (1) enhance the access of people in nonurbanized areas to health care, shopping, education, employment, public services and recreation; (2) assist in the maintenance, development, improvement and use of public transportation systems in non-urbanized areas; (3) encourage and facilitate the most efficient use of all transportation funds used to provide passenger transportation in nonurbanized areas through the coordination of programs and services; (4) assist in the development and support of intercity bus transportation; (5) provide for the participation of private transportation providers in non-urbanized transportation; (6) to provide and enhance public transportation to the Tribal Transit Program on Indian reservations/tribal lands and to provide transit services to serve tribal communities; (7) to provide technical assistance to include project planning, program and management development, public transportation coordination activities, and research to promote effective delivery of public transportation in rural areas of the designated Appalachian region, and (8) to enhance and improve access to jobs through employment-related transportation services for welfare recipients and eligible low-income individuals; this includes transportation of residents from urbanized and rural areas to suburban employment opportunities. Public Transportation definition has changed slightly under MAP-21 by including a reference to 'shared ride' transportation. From the FTA Circular C 9040.1G, the definition is:

*"Public transportation means regular, continuing **shared-ride** surface transportation services that are open to the general public or open to a segment of the general public defined by age, disability, or low income... Public transportation can be either fixed-route or demand-response service, but excludes intercity passenger rail provided by Amtrak, intercity bus service, charter bus service, school bus service, sightseeing services, courtesy shuttle services provided by individual businesses, and intra-terminal or intra-facility shuttle services."*

The Governor of North Carolina, in accordance with the Urban Mass Transportation Act of 1964, as amended, designated the N.C. Department of Transportation (NCDOT) Public

Transportation Division (PTD) as the agency to receive and administer federal and state public transportation funds. The NCDOT (G.S. 136-44.20) is the recipient of all Section 5311 funds and the Community Transportation Program (CTP) applicant is the sub-recipient. The purpose of Section 5311 assistance is the provision of public transportation services and maximum feasible coordination with other rural transportation services.

The Public Transportation Division shall have principal responsibility and authority for the administration of the Section 5311 Program, and shall administer the programs in accordance with the guidance published by the Federal Transit Administration Circular 9040.1G and in accordance with existing Federal and State regulations pertaining to the administration of Federal grants by the North Carolina Department of Transportation. Transportation systems can use Section 5311 funds for public transportation projects in non-urbanized areas. Because most rural trips end in urbanized areas, Section 5311 funds can be used for portions of trips in urbanized areas, however, the primary beneficiary of the transportation must be rural areas. A rural transit provider may design its Section 5311 funded services to maximize use by members of the general public who are transportation disadvantaged. Transportation disadvantaged people include elderly people and people with disabilities.

NCDOT incorporates the Federal Section 5311 and the State Human Service Transportation Management Program into a single CTP funding application. **For FY2018 there will be a separate Consolidated Capital Call for Projects for all capital projects.**

Timetable

Application Process for FY18

DATES	TASK/EVENT
August 29, 2016	<ul style="list-style-type: none"> ▪ Grant Application Package Distributed
Sept. 2 – Sept. 7, 2016	<ul style="list-style-type: none"> ▪ Partner Connect outage/unavailable
November 4, 2016	<ul style="list-style-type: none"> ▪ Grant Application Due to NCDOT (including Project Funding Request Form)
November 11, 2016	<ul style="list-style-type: none"> ▪ Partner Connect will close and no applications will be accepted after this date
Nov. 2016 – Jan. 2017	<ul style="list-style-type: none"> ▪ Grant Application Review Process
Feb. – March 2017	<ul style="list-style-type: none"> ▪ PTD makes funding recommendation to NCDOT BOT
April – June 2017	<ul style="list-style-type: none"> ▪ FTA grant review and award for federal funding
July 1, 2017	<ul style="list-style-type: none"> ▪ Effective date of one year grant agreement

MAP-21 & FAST Act OVERVIEW

On July 6, 2012 President Obama signed into law a new two-year transportation authorization, entitled Moving Ahead for Progress in the 21st Century (MAP-21). MAP-21 furthers several important goals, including safety, state of good repair, performance, and program efficiency. MAP-21 gives FTA significant new authority to strengthen the safety of public transportation systems throughout the United States. The act also puts new emphasis on restoring and replacing our aging public transportation infrastructure by establishing a new needs-based formula program and new asset management requirements. In addition, it establishes performance-based planning requirements that align Federal funding with key goals and tracks progress towards these goals. Finally, MAP-21 improves the efficiency of administering grant programs by consolidating several programs and streamlining the major capital investment grant program known as “New Starts.” These, and other important changes, are summarized in this document.

While this summary focuses on the transit title (Division B, including amendments to chapter 53 of title 49, United States Code), several provisions that reside in the highway title (Division A, including amendments to title 23, United States Code) also affect transit. These provisions include performance measures in transportation planning, the Transportation Infrastructure Finance and Innovation Act (TIFIA), the Surface Transportation Program (STP), the Congestion Management and Air Quality program (CMAQ), and acceleration of project delivery through streamlining environmental reviews. A summary of these provisions can be found at <http://www.fhwa.dot.gov/map21/summaryinfo.cfm>.

On December 4, 2015, President Obama signed the Fixing America’s Surface Transportation (FAST) Act, reauthorizing surface transportation programs through Fiscal Year 2020.

ELIGIBILITY

Designated Applicant

North Carolina’s coordinated approach to service delivery currently allows a single application within each designated service area. Section 5311 funding is only provided to a single sub recipient within each geographical area (county or counties served by a regional transit system). Originally, the transit system’s service area for rural operations was established by the governing body in the initial Transportation Development Plan (TDP) for the service area and approved by the NCDOT. PTD will implement the adoption of a Governing Board resolution that designates the single designated 5311 applicant on a 5 year cycle. This cycle is 2018, 2023, 2028 and so forth.

Transportation Advisory Board

Each applicant is REQUIRED to have a Transportation Advisory Board (TAB). A TAB is made up of stakeholders from the service area that care about the services provided by the transit system. The make-up of the TAB is representative of the various target audiences in the service area and includes one or more actual passengers of the transit system. An “ACTIVELY ENGAGED” Transportation Advisory Board is expected to discuss unmet needs in the service area, service design and scheduling, billing rates and fares, and to resolve complaints. They also monitor compliance with federal regulations and the status of any deficiencies noted in any official federal, state or local review or report. The Transportation Advisory Board is a locally formed advisory group based on the following guidelines and requirements:

TRANSPORTATION ADVISORY BOARD (TAB) COMPOSITION

CATEGORIES	PUBLIC HUMAN SERVICE AGENCY	TRANSPORTATION PROVIDERS	PUBLIC AND BUSINESS SECTORS	GOVERNMENT AND GOVERNMENTAL AFFILIATES	TRANSIT USER
<i>Suggested number of representatives per category</i>	3-5	1-2	4-5	3-5	1-3
NOTE: TAB members should be individuals that know about the transit needs of the general public including the elderly, minorities, disabled, LEP, or low income populations living in the service area.	<ul style="list-style-type: none"> ▪ Senior Services ▪ DSS ▪ Vocational Rehabilitation ▪ Head Start ▪ Shelter Workshop ▪ Health Dept. ▪ Veterans Admin ▪ Smart Start ▪ Mental Health ▪ Housing Authority ▪ Human Service Transit Users 	<ul style="list-style-type: none"> ▪ Private transportation providers ▪ Intercity bus providers ▪ Ambulance Service ▪ Regional Authority ▪ Urban System ▪ Faith based services ▪ Volunteers 	<ul style="list-style-type: none"> ▪ Chamber of Commerce ▪ Major employers ▪ DBE’s ▪ Hospital/Dialysis Ctr. Staff ▪ Non-profit organizations ▪ Employment Transit Users ▪ General Public Transit Users ▪ Public Citizens 	<ul style="list-style-type: none"> ▪ MPO ▪ RPO ▪ Economic Development ▪ Employment Security Commission ▪ Job Link and/or Career Centers ▪ Elected Officials ▪ County Government staff ▪ Community College 	<ul style="list-style-type: none"> ▪ Passenger(s) that currently utilize the transit system

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- The Transportation Advisory Board must include representatives from the elderly, minority, LEP, disabled and/or low income populations in the service area or include individuals that represent these consumer groups that will challenge the transit system to be more sensitive to their needs or to discuss unmet needs of their consumer group. Census data should be consulted to determine which groups should be represented and the size of the representation needed.
-
- If the applicant serves as an “umbrella” agency for programs in addition to transportation services, then the Executive or Governing Board may not serve as the Transportation Advisory Board. There may be overlapping of members from the Executive or Governing Board, but there must be a separate Transportation Advisory Board that meets the requirements.
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- If the applicant is a transportation authority or a non-profit organization that only provides transportation, the Executive or Governing Board may serve as the Transportation Advisory Board. In this case, the composition of the Executive or Governing Board will have to meet the 5311 Program requirements to serve as the TAB or consider creating a separate TAB that does meet the requirements.
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- PTD expects, at a minimum, **quarterly TAB meetings** for the community transportation system to maintain ongoing communications as one means of seeking public involvement, and ongoing administrative oversight. TAB meetings must be open to the public and the public must be notified of the scheduled meetings through such means as posting notices on agency Web sites; local news media; flyers; etc. Additionally, meeting minutes must be published and distributed to PTD regional mobility development specialists, with original file copies maintained by the transportation system for a minimum of five (5) years.
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- All TAB or Governing Board members must sign a Conflict of Interest form and the signed form(s) must be attached as an application document.
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Regulatory Compliance

All projects must annually meet all Federal/State requirements prior to July 1, the beginning of the project period and State fiscal year, to be eligible for reimbursement of Federal funds for the entire project period. **Applicants that do not meet federal and state requirements are not eligible to receive reimbursement for expenses incurred prior to the effective date of compliance.** NCDOT will not award any financial assistance until the applicant provides assurance of compliance and it has been determined that federal and state requirements are met. **In addition to Federal compliance requirements, PTD requires all transit systems to:** 1) submit a 5-year budget with account codes mapped to PTD G-codes; 2) use automated scheduling software; 3) maintain 80% or greater compliance in AssetWorks; 4) submit required reports such as Charter, OpStats, ROAP, etc...by the designated due date; 5) submit a Fully Allocated Cost Model; 6) submit invoices on a monthly or quarterly basis; 7) participate in 2 official site visits per fiscal year with Mobility Development Specialist.

ALL the documents below must be completed and returned as part of the CTP application. Documents will be uploaded as "Miscellaneous" documents to the Drop Box in Partner Connect. Where applicable, documents that apply to multiple budgets i.e., Authorizing Resolution, Title VI Report, etc...only have to be uploaded one time.

- Some documents must be signed by the AUTHORIZED OFFICIAL as indicated
- Some documents must AFFIX A SEAL as indicated on the form
- Instructions are included with the form

	DOCUMENTS	COMMENTS
1	<i>Authorizing Resolution</i>	Each applicant will accurately complete and submit with its grant application a Governing Board Approved Community Transportation Program <i>OR</i> Human Service Transportation authorizing resolution, whichever is applicable. The Community Transportation Program Resolution is for Federal and State funded projects that provide general public transportation, while the Human Service Transportation Resolution is for State funded projects that provide only human service transportation.
2	<i>Certifications and Assurances, Attorney's Affirmation, Lobbying Certification, Equivalent Service Certification, and 5333(b) Labor Warranty</i>	In accordance with 49 U.S.C. 5323(n), Certifications and Assurances have been compiled for the North Carolina Community Transportation Program. NCDOT requires sub-recipients to certify to all applicable categories. Certifications and Assurances documents are received from the FTA. All State and Federal certification documents will be distributed as a package upon receipt of federal documents.
3	<i>Title VI Certification</i>	All Recipients of FTA and State funds must comply with Title VI of the 1964 Civil Rights Act, Section 601. Title VI states that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." <ul style="list-style-type: none"> ▪ Additional federal information may be found in FTA Circular 4702.1B "Title VI Requirements and Guidelines for Federal Transit Administration Recipients," dated October 1, 2012 at: http://www.fta.dot.gov/documents/FTA_Title_VI_FINAL.pdf
4	<i>Disadvantaged Business Enterprise (DBE) Certification</i>	All recipients and sub-recipients of grant funds from the FTA and/or the State of North Carolina must participate in the DBE Program/Minority Business Enterprises (MBE) Program. DBE Program information may be found at https://apps.dot.state.nc.us/vendor/directory/ .
5	<i>DBE/MBE/WBE/HUB Anticipated Vendor</i>	Expected DBE/MBE/WBE/ and HUB to be used in FY2018.

<i>Awards</i>	
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6	<i>Public Hearing Notice</i>	<p>As part of the CTP application, a public hearing must be held in front of the applicant's governing body. The public hearing may cover multiple grant requests to include 5311, Appalachian Program, 5310 Enhanced Mobility for Seniors and Individuals with Disabilities, and ROAP. The applicant must publish one public notice in a newspaper(s) having general circulation in the project's proposed service area. It is recommended that the Public Hearing Notice provide a minimum of seven (7) calendar days notice and a maximum of fourteen (14) calendar days notice between the time that the Public Hearing Notice is published in the newspaper and the actual public hearing date. In accordance with the DOT LEP Guidance, 70 FR 74087, (December 14, 2005), a public notice will also be published in Spanish in counties that have 1,000 or 5% of their population that speaks Spanish at home, but speaks English less than well. Applicants in the counties listed in Appendix A <u>MUST</u> publish a public hearing notice in English <u>and</u> Spanish. PTD is not including a Spanish version of the public notice in the application package. Applicants should have the public notice translated locally to ensure the accuracy of the translation.</p>
7	<i>Public Hearing / Public Hearing Record / Public Hearing Minutes</i>	<p>The applicant must hold a public hearing on the proposed project(s) to allow members of the community the opportunity to comment on transportation needs and the grant application. Each grant request (i.e., 5311, Appalachian, 5310, or ROAP) must be addressed individually with the hearing formally opened and closed, and reflected in the minutes. During the hearing the public should explicitly be asked if they wish to comment on the proposed funding. The public hearing will be held before the governing board.</p> <ul style="list-style-type: none"> ▪ County Commissioners - county applicants ▪ Board of Directors - non-profit applicants ▪ Authority Board of Directors or Executive Board - public transportation authorities ▪ City/Town Council - municipalities <p>The Clerk/Secretary to the Board must complete, sign and certify the Public Hearing Record form. Either indicate that NO public comments were made <u>or</u> public comments were made and enter the estimated date for board approval of meeting minutes. A copy of the board approved minutes must be submitted if comments were made at the Public Hearing.</p>

8	<i>Public Hearing Outreach</i>	Outreach efforts beyond holding a public hearing must be conducted to inform the public including minorities, women, elderly, disabled, Limited English Proficiency (LEP), low income individuals, and persons who are not human service agency clients, about the availability of CTP funds and to discuss transportation service needs. These efforts should include, but are not limited to surveys, presentations to groups, committees, fliers and/or posters. The intent is to remove barriers and conditions that prevent these groups from receiving access, participation and benefits of the CTP funded services. Services and benefits must be distributed in a non-discriminatory manner. Title VI of the Civil Rights Act of 1964 applies. This form should include a <u>DETAILED DESCRIPTION</u> of public hearing outreach efforts by the applicant to inform the public (<u>INCLUDING MINORITY, WOMEN, ELDERLY, DISABLED, LIMITED ENGLISH PROFICIENCY (LEP), AND LOW INCOME INDIVIDUALS</u>) about the public hearing to comment on the Community Transportation Grant application.
9	<i>Local Share Certification for Funding</i>	The Legal Applicant must certify to the North Carolina Department of Transportation that the required local funds for the FY2018 Community Transportation Program will <u>be</u> available as of July 1, 2017 for FY2018, which has a period of performance of July 1, 2017 – June 30, 2018.
10	<i>Surface Transportation Providers</i>	List of all private transportation providers.
11	<i>Transportation Advisory Board Composition</i>	Each applicant is <u>REQUIRED</u> to have a Transportation Advisory Board (TAB). A TAB is made up of stakeholders from the service area that care about the services provided by the transit system. The make-up of the TAB is representative of the various target audiences in the service area and includes one or more actual passengers of the transit system. An " <u>ACTIVELY ENGAGED</u> " Transportation Advisory Board is expected to discuss unmet needs in the service area, service design and scheduling, billing rates and fares, and to resolve complaints. They also monitor compliance with federal regulations and the status of any deficiencies noted in any official federal, state or local review or report.

12	<i>Equal Employment Opportunity (EEO)</i>	Threshold Requirements: Any applicant, recipient, or sub-recipient is required to comply with program requirements in Chapter III if it meets the following thresholds: <ul style="list-style-type: none"> a. Employees 50 or more transit-related employees*; and b. Requests or receives capital or operating assistance under Sections 3, 4(i), or 9 of the FTA; assistance under 23 U.S.C. 142(a)(2) or 23 U.S.C. 103(e)(4), or any combination thereof, in excess of \$1 million in the previous Federal fiscal year; or c. Request and receives planning assistance under Sections 8 and/or 9 in excess of \$250,000 in the previous Federal fiscal year.
13	<i>Project Funding Request Form</i>	Attention: The Project Funding Request Form (Page 1) must be completed by all systems for each budget requested and placed in the grant application. In FY2018 no projects have been approved for funding in the Strategic Transportation Investment (STI) process. This includes Expansion Vehicles, Facilities, and Fixed Guideway.
14	<i>Conflict of Interest Form(s)</i>	All TAB and/or Governing Board members must sign a Conflict of Interest form. Signed forms must be scanned and uploaded.
15	<i>5311 Designee Certification Form</i>	Certification resolving there will be one operator and applicant for the coordinated community transportation system for FY2018 – FY2022

Procurement and Third Party Contracting

Procurement and third party contracting activities are primarily the responsibility of the subrecipient. Subrecipients should follow established local procedures and applicable state or federal standards in accordance with the North Carolina Consolidated Procurement Code (as amended). The procurement and contract standards set forth under N.C. G. S. 143 Article 8 and FTA Circular 4220.1F shall apply to the procurement of all goods and services the sub-recipient will purchase under the project contract.

For more information on procurement and third party contracting refer to item “P”, *Procurement and Third Party Contracting*, and item “Q”, *Circular 4220.1F, Third Party Contracting Guidance*.

Application Process

The FY2018 CTP grant application must be transmitted through the online NCDOT Grants Module no later than 11:59 pm EST, Friday, November 4, 2016. **Partner Connect will close on**

Friday November 11, 2016 and no applications will be accepted after this date. An incomplete application will not be reviewed. The documents identified in the Application Submission Checklist must be submitted as attachments in the **Drop Box** within Partner Connect. Note that documents with original signatures must be scanned for electronic submittal (ensure that seal is visible for documents with seals) and some forms/other documents must be saved and attached in their original form (Microsoft Word/Excel), as indicated in the Application Submission Checklist.

All documents are to be uploaded as “Miscellaneous” in the Drop Box and must use the following naming convention: SystemName.FY,DocumentName; i.e. “CarolinaCounty.FY2018.TitleVIReport”. Mobility Development Specialists will review uploaded documents and attach them to the appropriate budget forms as necessary. Refer to item “R” in the application package for Drop Box document uploading instructions.

FUNDING AND MONITORING

The PTD supports community transportation systems in fulfilling the transportation needs of each community by providing ADMINISTRATIVE, CAPITAL, AND OPERATING funding assistance programs. The division has sought increased state funding in these key areas to assist in meeting the goals and policy objectives of the Community Transportation Program. Community transportation systems will be eligible to receive these funding assistance programs if the policy requirements of the Community Transportation Program are met.

Budget Category	Not to exceed		Local Share
	Federal	State ¹	
ADMINISTRATION	80%	5%	15%
CAPITAL	80%	10%	10%
▪ Other Vehicles / Capital	80%	10%	10%
▪ Technology	80%	10%	10%
▪ Facilities	80%	10%	10%
OPERATING (net)	50%	0%	50% or more

¹ State funding is subject to State appropriations and availability of funds

Community Transportation Systems in Urbanized Area Counties – For the FY2018 Call for Projects, a funding allocation formula will be used. The funding formula for Fiscal Year 2018 provides 1) a base level of \$30,000 for each county in the 5311-funded transit system’s service area, 2) 10% of the formula is for performance and 3) the remaining funds are based on the amount of funds that were generated by each transit system. The remaining funds are distributed based on the FTA Apportionment formula which is how FTA determines the apportionment to each state. If the formula amount apportioned to a transit system was below FY 2017 totals, state or other federal funds were added to equal no more than a 10% reduction. This 10% reduction will continue each year until the funding matches the earned amounts. Ten percent (10%) of the funding will be based on performance as well. If you were above the apportioned amount, you will receive a slight increase. This funding formula will allow for future incorporation of performance criteria.

Funding Requests - All community transportation systems are required to utilize the Uniform Public Transportation Accounting System (UPTAS) for budgeting and reporting. The governing board determines how to allocate the maximum amount of funds for which they are eligible, to meet the transportation needs of the service area for the fiscal year. The administrative funding (with the exception of G481 central services [indirect cost], G452 vehicle insurance, G371 marketing, G372 promotional items, and G395 Training [employee development]), allocated to the system can be budgeted at the discretion of the system, utilizing eligible UPTAS cost categories (Object Codes).

Indirect Cost Plans - Under Federal and State funded grant programs, recipients may incur costs of both a direct and indirect nature. Sub-recipients who seek federal or state funding for

indirect costs must have an approved indirect cost plan (cost allocation plan) and an approved indirect cost rate. A cost allocation plan is required if a grantee desires to charge indirect program-related costs. The Public Transportation Division requires each sub-recipient requesting central services (indirect costs) in their CTP budget to submit a copy of their most recently audited cost allocation plan and obtain an approved indirect cost rate prior to submitting their grant application.

NOTE: Indirect cost is an eligible operating expense for small fixed route, regional transportation systems, and urban-rural consolidated transportation systems. Grantees must have an **approved cost allocation plan and indirect cost rate prior to submitting their grant application.**

Program Auditing -The Public Transportation Division is responsible for providing program monitoring and oversight to ensure that Federal/State funds are used for the intended purpose. This is accomplished through various onsite program monitoring and evaluation tools including but not limited to: Maintenance Reviews, Site Visits, Compliance Reviews, Drug and Alcohol Reviews and attendance at TAB meetings. In addition, the Community Transportation Program is subject to the OMB A-133 single audit requirement. The department's Office of Inspector General periodically conducts site visits to audit expenditures of the local Community Transportation Grant program sub-recipient.

Safety & Security Compliance Reviews – A Safety & Security Plan is required from the systems and must be annually certified by the Accountable Executive via a formal process. PTD performs a Safety & Security Compliance Review every three (3) years and the plan will be revisited on a triennial basis. If the system makes any updates to their plan, Board approval is required. A Safety Officer and an Accountable Executive must be identified in the Safety & Security Plan.

FUNDING ASSISTANCE

Administrative Budgets

Applicants are expected to carefully consider administrative budget request submissions. A careful review of actual line item expenditures over the past 2-3 years should play an integral role in determining current budget request. For the FY2018 Call for Projects, an interim funding allocation formula will be used. The interim funding formula provides 1) a base level of \$30,000 for each county in the 5311-funded transit system's service area, and 2) allocates the remaining funds based on the amount of funds that were generated by each transit system. The remaining funds are distributed based on the FTA Apportionment formula which is how FTA determines the apportionment to each state. If the amount apportioned to a transit system was below FY 2017 totals, state or other federal funds were added to bring the allocation to back to that level. If you were above the amount, you will receive a slight increase. Funding allocations will be provided to each transit system through their Mobility Development Specialist.

***** System requests may not go over the federal and state amount allocated.**

Vehicle insurance is an allowable administrative expense in the CTP application. Only active revenue vehicles are eligible for vehicle insurance cost participation by PTD. The applicant will be required to submit the following documentation that will be used to determine the PTD financial participation level for vehicle insurance:

- Certificate of Insurance - verifying liability limits, and the deductible amount,
- Auto Schedule – a list of the vehicles insured and the cost associated with insuring each vehicle at the required levels. The PTMS cannot be used as a substitute for the Auto Schedule.

The applicant should request this information from their insurance provider. PTD will cap reimbursement to the federal and state share of 85% of the actual annual premium cost, up to a maximum annual premium cost of \$2,500 per revenue vehicle.

Note: All Transit systems are required to have a minimum amount of insurance, \$1.5 Million per vehicle, but transit systems that have 16 passenger vehicles or larger in their fleet must have insurance coverage of \$5 Million.

Training - Employee Education Expenses (Object Code 395) – These funds are intended to support training and development activities for community transportation systems' employees. Eligible employee training expenses include: registration fees, tuition, books and materials for approved courses; travel, lodging and meals related to approved training activities; fees for purchase or rental of Video or CD-ROM training or fees for participation in Internet or world wide web based training courses (excluding basic Internet service provider fees); and instructor fees and materials cost for approved courses. Employee Development funds may be used to

support the travel and registration fees for no more than two drivers for the annual statewide Bus and Van Rodeo.

NOTE: Travel expenses for Rodeo volunteers and judges must be paid from another source or the administrative travel line items (object codes 311, 312, and/or 314. Employee Development funds may not be used to defray the cost of salaries for staff attending a training course or conducting a training course for other system employees.

IMPORTANT: No costs that are actually or potentially associated with lobbying activities may be paid for using funds approved in the CTP grant in general and in object code 395 in particular. Applicants may not co-mingle approved activities eligible to be funded in this line item with any lobbying activities.

The Public Transportation Division will issue minimum training standards for all community transportation systems that receive state financial assistance from the department.

Marketing and Promotional Items – Applicants are required to budget Marketing (Object Code 371) and Promotional Items (Object Code 372) at designated levels. According to the 2014 State Management Plan, State Role in Program Administration, “Technical Management Assistance” page 72, “Systems are required to spend 2% of the total of their Section 5311 administrative funding request, minus vehicle insurance, on marketing.” Applicants should thoroughly evaluate their marketing needs to determine if more than the 2% minimum should be budgeted. Additionally, funding requests for Object Code 372 cannot exceed 25% of the budgeted amount for Object Code 371.

Operating Budgets

Applicants must ensure their operating budget requests match the FY18 approved budgets. Section 5311 operating funds can ONLY be used to support rural general public routes (RGP).

RGP DEFINITION: Intended to provide transportation services for individuals from the county who do not have a human service agency or organization that will pay for the transportation service. The passenger’s origin or destination must be in the rural area.

Operating Expenses - Operating expenses are considered those costs directly related to system operations. Eligible items are defined as stated in the UPTAS manual and State Management Plan.

Net operating expenses are eligible for assistance. Net operating expenses are those expenses that remain after the provider subtracts operating revenues from eligible operating expenses. Operating revenues must include farebox revenues. Farebox revenues include fares paid by riders who are later reimbursed by a human service agency or other user-side subsidy arrangement. Farebox revenues do not include payments made directly to the transit system by human service agencies to purchase service. However, purchase of transit passes or other fare

media for clients would be considered farebox revenue. A voluntary or mandatory fee that a college, university, or similar institution imposes on all its students for free or discounted transit service is not farebox revenue. Farebox revenue must be used to reduce total operating expenses (treated as revenue).

Funds received pursuant to a service agreement with a State or local social service agency or a private social service organization may be used as local match. Income from contracts to provide human service transportation may be used either to reduce the net project cost (treated as revenue) or to provide local match for Section 5311 operating assistance. In either case, the cost of providing the contract service is included in the total project cost.

The manner in which a subrecipient applies income from human service agencies to a project affects the calculation of net operating expenses and, therefore, the amount of Section 5311 operating assistance the project is eligible to receive.

***** System requests may not go over the federal and state amount allocated.**

Sources of Local Match. Local match for the remainder of net project costs may be provided from:

- An undistributed cash surplus, a replacement cash fund or reserve, a service agreement with a State or local social service agency or a private social service organization; or
- Amounts appropriated or otherwise made available to a department or agency of the Government (other than the [U.S.] Department of Transportation) that are eligible to be expended for transportation.

Note: Fare box revenue is not an applicable source of local match.

Examples of non-Federal sources that may be used for any or all of the local share include: State or local appropriations; dedicated tax revenues; private donations; and net income generated from advertising and concessions.

Subrecipients may use funds from other non-DOT Federal agencies (e.g., employment training, aging, community services, vocational rehabilitation services, and TANF) for the entire local match if the other agency makes the funds available to the recipient for the purposes of the project. Any non-DOT Federal funds used as local match must be used for activities included in total net project costs of this grant.

Net Operating Expenses = Total Eligible Operating Expenses – Fare Revenues

Cost Participation: The Federal share for net-operating expenses may not exceed 50%.

ONLY the systems listed below are eligible for STATE OPERATING Funds and must apply for a development grant

Small Fixed Route Systems	Regional Systems	Urban/Rural Consolidated Systems
<p>NOTE: Increases in operating assistance are provided consistent with percentage increases in the State's Governor's Apportionment through the Section 5307 Program and/or at the discretion of PTD.</p>	<p>NOTE: Section 5311 operating funds are also provided to the regional transportation systems listed below to support rural general public routes as defined above.</p>	<p>NOTE: Section 5311 operating funds will be available to the systems listed below to support <u>GENERAL PUBLIC ROUTES</u> in the non-urbanized area. Consolidated urban/rural transportation systems will use a cost allocation based on urban/rural miles and hours from FY 2013 Operating Statistics to allocate any joint urban/rural expenses and determine the rural share eligible for Section 5311 funding.</p>
<p>WILSON TRANSIT City of Wilson</p>	<p>ICPTA Albemarle Regional Health Services</p>	<p>GATEWAY Goldsboro-Wayne Transportation Authority</p>
	<p>CPTA Choanoke Public Transportation Authority</p>	<p>APPLE COUNTRY TRANSIT Western Carolina Community Action, Inc.</p>
<p>AppalCART Town of Boone and Watauga County</p>	<p>KARTS Kerr Area Transportation Authority</p>	<p>TAR RIVER TRANSIT City of Rocky Mount (operates in a region)</p>
	<p>RCATS Randolph County Senior Adults Association, Inc.</p>	<p>GREENWAY PUBLIC TRANSPORTATION Western Piedmont Regional Transit Authority (operates in a region)</p>
	<p>YVEDDI Yadkin Valley Economic Development District, Inc.</p>	<p>CARTS Craven County</p>

Facility Safety and Security Improvement Budgets - Applicants will be eligible to request facility *SAFETY AND SECURITY IMPROVEMENT* assistance to address safety and compliance with federal and state regulations. Facility improvement/repairs funding is available only for a facility owned by the applicant and occupied by the transit system.

NOTE: DOCUMENTATION TO INCLUDE WITH APPLICATION

- A copy of the deed of ownership must be provided to the Public Transportation Division (PTD) with the safety and/or security renovation budget request.
- An estimate is required if funding is applied for in the application.

Appendix A

Public Hearing Notice Safe Harbor Requirement

County population includes at least 1,000 persons
who speak Spanish at home and English "less than well"

Alamance County, North Carolina
Alleghany County, North Carolina
Bladen County, North Carolina
Brunswick County, North Carolina
Buncombe County, North Carolina
Burke County, North Carolina
Cabarrus County, North Carolina
Catawba County, North Carolina
Chatham County, North Carolina
Cleveland County, North Carolina
Columbus County, North Carolina
Craven County, North Carolina
Cumberland County, North Carolina
Davidson County, North Carolina
Davie County, North Carolina
Duplin County, North Carolina
Durham County, North Carolina
Forsyth County, North Carolina
Franklin County, North Carolina
Gaston County, North Carolina
Granville County, North Carolina
Greene County, North Carolina
Guilford County, North Carolina
Harnett County, North Carolina
Henderson County, North Carolina
Hoke County, North Carolina
Iredell County, North Carolina

Johnston County, North Carolina
Lee County, North Carolina
Lenoir County, North Carolina
Lincoln County, North Carolina
Mecklenburg County, North Carolina
Montgomery County, North Carolina
Moore County, North Carolina
Nash County, North Carolina
New Hanover County, North Carolina
Onslow County, North Carolina
Orange County, North Carolina
Pender County, North Carolina
Pitt County, North Carolina
Randolph County, North Carolina
Robeson County, North Carolina
Rockingham County, North Carolina
Rowan County, North Carolina
Sampson County, North Carolina
Stanly County, North Carolina
Surry County, North Carolina
Union County, North Carolina
Vance County, North Carolina
Wake County, North Carolina
Wayne County, North Carolina
Wilkes County, North Carolina
Wilson County, North Carolina
Yadkin County, North Carolina

Appendix B

REGIONAL MOBILITY DEVELOPMENT SPECIALISTS ASSIGNMENTS

CAROLYN FREITAG 919-707-4677 cmfreitag@ncdot.gov DISTRICT 8	JENNIFER BAPTISTE 919-707-4679 jcbaptiste@ncdot.gov DISTRICT 7	CRYSTAL ODUM 919-707-4682 clodum@ncdot.gov DISTRICT 6	RYAN MAYERS 919-707-4694 ramayers@ncdot.gov DISTRICT 5
BERTIE (CPTA) CAMDEN (ARHS) CHOWAN (ARHS) CURRITUCK (ARHS) DARE EDGECOMBE (TRT) GATES HALIFAX (CPTA) HERTFORD (CPTA) HYDE MARTIN NASH (TRT) NORTHAMPTON (CPTA) PASQUOTANK (ARHS) PERQUIMANS (ARHS) TYRRELL WASHINGTON	BEAUFORT CARTERET CRAVEN (CARTS) DUPLIN GREENE JONES (CARTS) LENOIR NEW HANOVER ONSLOW PAMLICO (CARTS) PITT WAYNE	BLADEN BRUNSWICK COLUMBUS CUMBERLAND HARNETT HOKE JOHNSTON PENDER RICHMOND ROBESON (SEATS) SAMPSON SCOTLAND WILSON	CHATHAM DURHAM FRANKLIN (KARTS) GRANVILLE (KARTS) LEE MOORE ORANGE PERSON VANCE (KARTS) WAKE WARREN (KARTS)
Phillip Vereen (interim) 919-707-4690 plvereen@ncdot.gov DISTRICT 4	CASSANDRE HAYNESWORTH 919-707-4688 chaynesworth@ncdot.gov DISTRICT 3	Phillip Vereen (interim) 919-707-4690 plvereen@ncdot.gov DISTRICT 2	Phillip Vereen (interim) 919-707-4690 plvereen@ncdot.gov DISTRICT 1
ANSON CABARRUS CLEVELAND GASTON IREDELL LINCOLN MECKLENBURG ROWAN STANLY UNION	ALAMANCE CASWELL DAVIDSON DAVIE (YVEDDI) FORSYTH GUILFORD MONTGOMERY (RCATS) RANDOLPH (RCATS) ROCKINGHAM STOKES (YVEDDI) SURRY (YVEDDI) YADKIN (YVEDDI)	ALEXANDER (WPRTA) ALLEGHANY ASHE AVERY BURKE (WPRTA) CALDWELL (WPRTA) CATAWBA (WPRTA) MADISON MCDOWELL MITCHELL WATAUGA WILKES (WTA) YANCEY	BUNCOMBE CHEROKEE CLAY EASTERN BAND OF CHEROKEE INDIANS (EBCI) GRAHAM HAYWOOD (MT PROJECTS) HENDERSON (WCCA) JACKSON MACON POLK RUTHERFORD SWAIN TRANSYLVANIA

ARHS - ALBEMARLE REGIONAL HEALTH SERVICES dba ICPTA – INTER-COUNTY PUBLIC TRANSPORTATION AUTHORITY
 CARTS – CRAVEN AREA RURAL TRANSIT SYSTEM
 CATS – CHARLOTTE AREA TRANSIT SYSTEM
 CFPTA – CAPE FEAR PUBLIC TRANSPORTATION AUTHORITY (WAVE TRANSIT)
 CPTA – CHOANOKE PUBLIC TRANSPORTATION AUTHORITY
 EBCI – EASTERN BAND OF CHEROKEE INDIANS
 FAST – FAYETTEVILLE AREA SYSTEM OF TRANSIT
 GATEWAY or GWTA – GOLDSBORO-WAYNE TRANSIT AUTHORITY
 KARTS - KERR AREA REGIONAL TRANSPORTATION SYSTEM
 PART – PIEDMONT AUTHORITY FOR REGIONAL TRANSPORTATION
 RCATS – REGIONAL COORDINATED AREA TRANSPORTATION SYSTEM (RANDOLPH)
 SEATS – SOUTH EAST AREA TRANSIT SYSTEM (ROBESON)
 TRT – TAR RIVER TRANSIT
 WCCA – WESTERN CAROLINA COMMUNITY ACTION
 WPRTA – WESTERN PIEDMONT REGIONAL TRANSIT AUTHORITY
 WTA – WILKES TRANSIT AUTHORITY
 YVEDDI – YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

BUDGET SUMMARY

September 2015 - June 2018

Legal Name:	CRAVEN COUNTY		
Address:	PO Box 13605 NEW BERN, NC 28561-3605		
County:	CRAVEN COUNTY	Congressional District: 1	
Contact Person:	Kelly Walker		
Telephone:	+1 (252) 636-4917		
Fax:	+1 (252) 636-4919		
Email:	kwalker@cravencountync.gov		
Web Site:	http://www.cravencountync.gov/departments/trn.cfm		
Federal ID Number:	56-6000290	DUNS Number: 091564294	
CFDA #			
Period of Performance:	Jul 1, 2016	to	Jun 30, 2018
		Federal Billable/Non-Billable	Billable

I. Total Project Expenditures

(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Total Expenses	\$351,732	\$351,732
Total Contra Accts and Fare Revenue		
Total Net Expenses/Cost	\$351,732	\$351,732

II. Proposed Project Funding*

	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$351,732	\$281,385	\$0	\$17,586	\$52,761

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)

	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

PROPOSED BUDGET
SALARY AND WAGE DETAIL

Applicant : CRAVEN COUNTY

Object Code	Position Title	No.	Total Annual Salary	Pct. (%) Oper Transp. Tasks	No. of Years	Budgeted Amount	No. of Positions Approved	NCDOT Maximum Participation
FULL TIME EMPLOYEES								
G121	Director	1	\$60,347	60%	1	\$36,208	1	\$36,208
G121	Assist Director	1	\$45,547	60%	1	\$27,328	1	\$27,328
G121	Acct Tech III	1	\$39,576	60%	1	\$23,746	1	\$23,746
G121	Acct Tech III	1	\$36,029	60%	1	\$21,617	1	\$21,617
G121	Office Assistant	1	\$26,752	60%	1	\$16,051	1	\$16,051
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		5				\$124,950	5	\$124,950
PART-TIME EMPLOYEES - RECEIVING BENEFITS								
G125								
G125								
G125								
G125								
G125								
G125								
TOTAL G125 SALARIES								
PART-TIME EMPLOYEES - RECEIVING NO BENEFITS								
G126								
G126								
G126								
G126								
G126								
G126								
TOTAL G126 SALARIES								
TOTAL SALARY & WAGE		5				\$124,950	5	\$124,950

Applicant: CRAVEN COUNTY

Project Number :

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total Cost	For NCDOT Use Only
G120	Salaries and Wages		
G121	Full-time employees	\$124,950	\$124,950
G122	Overtime	\$0	\$0
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity	\$1,245	\$1,245
Subtotal Salaries:		\$126,195	\$126,195
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$9,654	\$9,654
G182	Retirement contribution; total salaries X participating percentage \$126,195 X 7.33%	\$9,250	\$9,250
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$360.00 X 12 X 5	\$21,600	\$21,600
G184	Disability insurance; cost per month X no. of months X no. of employees. \$1.80 X 12 X 5	\$108	\$108
G185	Unemployment compensation; Number of Employees: 6		
G186	Workers compensation; Number of Employees: 6	\$1,401	\$1,401
G189	Other: 401K, Life Insurance, Dental Insurance	\$6,909	\$6,909
Subtotal Fringe:		\$48,922	\$48,922
TOTAL SALARY & FRINGE:		\$175,117	\$175,117
G190	Professional Services		
G191	Accounting	\$0	\$0
G192	Legal	\$0	\$0
G195	Management Consultant	\$5,000	\$5,000
G196	Drug & Alcohol Testing Contract	\$1,000	\$1,000
G197	Drug & Alcohol tests Provide # of employees in test pool: 40	\$2,000	\$2,000
G198	Medical review officer	\$250	\$250
G199	Other: Criminal Background	\$1,500	\$1,500
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)	\$500	\$500
G212	Uniforms	\$4,000	\$4,000
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials	\$2,000	\$2,000
G281	Air Conditioner / Furnace Filters	\$0	\$0
G291	Computer Supplies	\$2,500	\$2,500
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips: NCDOT related, NCPTA related, ADA training, ITRE training	\$500	\$500
G312	Travel subsistence	\$2,000	\$2,000
G313	Transportation of clients/others	\$0	\$0
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)	\$500	\$500
G320	Communications		
G321	Telephone Service	\$1,500	\$1,500
G322	Internet Service Fee	\$0	\$0
G323	Combined Service Fee	\$0	\$0
G325	Postage	\$1,000	\$1,000
G329	Other Communications:	\$0	\$0
G330	Utilities		
G331	Electricity	\$0	\$0
G332	Fuel oil	\$0	\$0
G333	Natural Gas	\$0	\$0
G334	Water	\$0	\$0
G335	Sewer	\$0	\$0
G336	Trash collection	\$0	\$0
G337	Single/combined utility bill	\$2,500	\$2,500
G339	Other:	\$0	\$0
G340	Printing and Binding		
G341	Printing and reproduction	\$3,500	\$3,500
G349	Other:	\$0	\$0
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment	\$0	\$0
G357	Communications equipment	\$1,000	\$1,000
G358	Other Repairs and Maintenance - Office Related		
G359	Other-Describe:		
G370	Advertising/Promotion		

G371	Marketing (paid ads, marketing firm, etc.) Describe: Newspapers, community newspapers, marketing firm, signs, radio and/or tv ads, printing/reproduction costs Minimum Amount (2% of Admin Budget): \$5,860		\$7,000	\$7,000
G372	Promotional items Describe: Pens, notepads, calendars, cups, key rings (examples), signs/posters Maximum Amount (25% of G371 Total Cost): \$1,750		\$1,750	\$1,750
G373	Other:			
G380	Computer Support Services (contracted)			
G381	Computer programming services		\$0	\$0
G382	Computer support/technical assistance		\$9,400	\$9,400
G390	Other Services			
G391	Legal advertising		\$1,200	\$1,200
G392	Laundry and dry cleaning		\$200	\$200
G393	Temporary help services		\$1,500	\$1,500
G394	Cleaning services		\$1,200	\$1,200
G395	Training - Employee Education Expense		\$5,000	\$5,000
G396	Management services (contracted transit system mgmt/admin services)		\$0	\$0
G398	Security services		\$400	\$400
G399	Other:			
G410	Rental of Real Property (include copy of current lease agreement)			
G412	Rent of building X number of monthly payments X			
G413	Rent of offices X number of monthly payments \$445 X 12		\$5,340	\$5,340
G419	Other:		\$0	\$0
G420	Lease of Computer Equipment			
G421	Lease of Computer Hardware		\$18,202	\$18,202
G422	Lease of Computer Software		\$0	\$0
G430	Lease of Equipment			
G431	Lease of Reproduction equipment		\$0	\$0
G432	Lease of Postage Meter		\$0	\$0
G433	Lease of Communications equipment (includes radio, cable lines and antennae)		\$0	\$0
G439	Other:			
G440	Service and Maintenance Contracts			
G441	Communications equipment		\$3,500	\$3,500
G442	Office equipment		\$0	\$0
G443	Reproduction equipment		\$0	\$0
G444	Vehicles			
G445	Computer equipment		\$0	\$0
G446	Tires			
G448	Other Service and Maintenance Contracts - Office Related			
G449	Other:		\$0	\$0

G450	Insurance and Bonding				
G451	Property and general liability (does not include vehicle insurance)			\$0	\$0
G452	Vehicles			\$50,000	\$50,000
	Number of Fleet Vehicle: 32	Maximum Amount: \$80,000			
G453	Fidelity			\$0	\$0
G454	Professional liabilities			\$3,500	\$3,500
G455	Special liabilities			\$0	\$0
G480	Indirect Costs				
G481	Central services: (budget direct cost base) X (percentage rate)				
	\$281,385	X	12.50%	Maximum Amount \$35,173.13	\$35,173
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management				
G490	Other Fixed Charges				
G491	Dues and subscriptions: NCPTA, CTAA, NCSC, etc.			\$2,000	\$2,000
G499	Other:			\$0	\$0
G600	Private / Public Operator Contracts - Purchase Services				
G611	Direct purchase of service from privately owned provider				
G612	User side subsidy				
G621	Volunteer reimbursement				
G641	Direct purchase of service from publicly owned provider				
	Total Expenses:			\$351,732	\$351,732
OPERATING REVENUES					
	Contra Account				
G821	General Fund				
G822	Capital Reserve Fund				
G832	N.C. Sales Taxes				
G833	N.C. Gas Tax Refund				
G834	County Sales Taxes				
G836	Fed Gas Tax Refund				
G839	Other Taxes				
G841	Charter Expenses				
G842	Garage Services				
G843	Advertising Expenses				
G844	Insurance Settlement				
G847	Inc Elderly/Disable				
G849	Other Contra Accts				
G991	Contingency/Prog Res				
	TOTAL CONTRA ACCOUNTS:				
F500	Fare Revenue				
F511	General Public Fares				
F521	Prepaid Fares/Bulk Discounts				
F522	Senior Citizen Fares				
F523	Student Fares				
F524	Child Fares				

F525	Paratransit Fares		
F533	Special Route Guarantees		
F529	Other Special Fares:		
TOTAL FARE REVENUES:			
TOTAL CONTRA ACCOUNTS AND FARE REVENUES:			
TOTAL EXPENSES LESS TOTAL CONTRA ACCOUNTS AND FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE):		\$351,732	\$351,732

**FY2018 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
 NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
 FEDERAL SECTION 5311 & STATE FUNDING
 TRANSIT SYSTEM DESCRIPTION**

Check If New Sub-Recipient
1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

APPLICANT'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*

If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS:

PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:

Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

DOING BUSINESS AS (DBA) NAME:

Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER:

Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:

<http://fedgov.dnb.com/webform>

DUNS NUMBER OF PARENT AGENCY:

Required only if different than Applicant

CONTACT PERSON:

PHONE NUMBER:

Area Code & Phone Number

FAX NUMBER:

Area Code & Phone Number

EMAIL ADDRESS:

SERVICE AREA'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*

If Service Area is included in more than one district, enter primary district only

SERVICE AREA:

**FEDERAL FINANCIAL ASSISTANCE
 TRANSPARENCY ACT (FFATA):**

FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); **and**
- Those revenues were greater than \$25M; **and**
- The public **does not** have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting.

EXECUTIVE COMPENSATION REPORTING:

If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

1.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
2.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
3.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
4.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
5.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Regional

4. TYPE OF SERVICE – (check all that apply)

Demand Response

Fixed Route

Subscription

Other: (specify below)

Deviated Fixed Route

ADA Complementary Paratransit

5. SERVICE OPTIONS – (check all that apply)

General Public

Brokerage (Contractual service not a referral)

Human Service

Other: (describe below)

6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE

Agency

1

Name: Craven County Department of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical
- 2) Workfirst/Employment/Daycare
- 3) Elderly/Disabled/Low Income
- 4) Social Security Disability
- 5) _____

Agency 2

Name: Pamlico County Dept. of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical
- 2) Elderly/Disabled/Low Income
- 3) _____
- 4) _____
- 5) _____

Agency

3

Name: Jones County Dept. of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical
- 2) Elderly/Disabled/Low Income
- 3) _____
- 4) _____
- 5) _____

Agency 4

Name: Vocational Rehabilitation

Check if agency purchased service last year

List Programs Served:

- 1) Employment
- 2) Training
- 3) Education
- 4) Job Interviews
- 5) _____

Agency

5

Name: Coastal Community Action

Check if agency purchased service last year

List Programs Served:

- 1) Employment
- 2) Senior Companion
- 3) Foster Grandparents
- 4) Elderly/Disabled
- 5) _____

Agency 6

Name: Moncarch

Check if agency purchased service last year

List Programs Served:

- 1) Disabled
- 2) Training
- 3) Mental Health
- 4) _____
- 5) _____

Agency

7

Name: ECU-Infectious Disease Clinic

Check if agency purchased service last year

List Programs Served:

- 1) Medical
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 8

Name: CarolinaEast Foundation

Check if agency purchased service last year

List Programs Served:

- 1) Medical
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency

9

Name: Religious Community Services

Check if agency purchased service last year

List Programs Served:

- 1) Low Income
- 2) Nutrition
- 3) Education/Training
- 4) Employment Search
- 5) Housing Search

Agency 10

Name: Easter Seals/UPC NC & VA

Check if agency purchased service last year

List Programs Served:

- 1) Training
- 2) Employment
- 3) _____
- 4) _____
- 5) _____

Check box at left if you serve more than 10 agencies and complete Continuation worksheet.

7. REVENUE VEHICLE INVENTORY BY CATEGORY

→ Important - (If a vehicle has been replaced and the transit system has received the title from PTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)

<u>2</u>	Center Aisle Van	<u>2</u>	20-Ft LTV (Cutaway) (no lift)
<u>2</u>	Conversion Van	<u>9</u>	20-Ft LTV (Cutaway) (w/lift)
<u>9</u>	Lift-Equipped Van	<u>5</u>	22-Ft LTV (Cutaway) (w/lift)
_____	Minivan (no ramp)	_____	25-Ft LTV (Cutaway) (w/lift)
_____	Minivan (w/ramp)	_____	28-Ft LTV (Cutaway) (w/lift)
_____	Crossover (4/All-wheel drive)	<u>3</u>	Sedan
_____	Transit Bus	_____	Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

32 **Total Revenue** Vehicles in Fleet
 _____ Backup **Revenue** Vehicles
23 Total Lift-Equipped Vehicles

B. INACTIVE FLEET

1 Enter number of vehicles **awaiting** disposition. This includes vehicles for which replacements have been received and titles have been received from PTD. It also includes fleet reductions for which titles have been received from PTD.

9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
<input type="checkbox"/> Seven (7) days per week	_____	_____	_____
<input checked="" type="checkbox"/> Monday - Friday	<u>5:00 AM</u>		<u>6:00 PM</u>
<input type="checkbox"/> Saturday	_____		_____
<input type="checkbox"/> Sunday	_____		_____
<input type="checkbox"/> Holiday	_____		_____

10. SYSTEM MANAGEMENT & OPERATION

A. Is the **Management/Administration** of the transit system currently subcontracted? No
If yes, answer the following:

Name of the Management provider: _____
 When will the new RFP process begin? _____
 Are employees of the subcontractor represented by a labor organization (union)? _____
If so, provide the following:
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

B. Is the **Operation** of the transit system currently subcontracted? No
If yes, answer the following:

Name of the service provider: _____
 When will the new RFP process begin? _____
 Are employees of the subcontractor represented by a labor organization (union)? _____
If so, provide the following:
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

C. Does **another** public transit system contract with your system for any part of its service? No
If yes, answer the following:

Name of the public transit system: _____
 Type of service that you provide: _____
 Are employees of the **other** transit system **or** its subcontractor(s) represented by a labor union? _____
If so, provide the following:
 Name of other system's subcontractor (if applicable): _____
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

11. PUBLIC INVOLVEMENT – Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) Pamlico Community College	04/12/2016 6:00pm	Pamlico Community College Open House	Unknown	General Public	None
2) Citizens Advisory Committee of the New Bern Area					
Metropolitan Planning Organization	Bi-monthly	303 First Street, New Bern, NC 28560	Varies	General Public	None

3) Jones County Heritage Day Festival	09/17/2016	Jones County Civic Center, Trenton, NC	Unknown	General Public	None
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

A. Is a governing board approved, formalized, public involvement plan in use? Yes

If **yes** (complete questions below)

Is that plan evaluated and updated at least annually? Yes

Does that plan have defined objectives? Yes

Are those objectives being met? Yes

If **no** – Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Always written.

Public meeting times are Usually between 8 AM and 5 PM.

Information is Usually available in an audible format.

Information is Seldom available in a language other than English.

Reasonable access is Always available for those with a disability.

12. ADMINISTRATIVE CHANGES - Describe administrative changes to be incorporated during FY2018 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.

If **NONE** check here:

Check here if job description(s) attached:

13. SERVICE CHANGES - Describe any service changes and/or **provide justification/need for expansion vehicle(s)** in the space below.

If **NONE** check here:

FY2018 - Complete Project Funding Request Form for FY 2018

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts. This narrative should match what is included your project funding request form)

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

NCDOT Consolidated Call for Capital Projects Application Form

Part I: Applicant Information

Legal Name of Applicant:	Craven County
Applicant's Congressional District (If Applicant's city is included in more than one district, enter primary district only): 1	
Applicant's County (If Applicant has offices in more than one county, list county where main office is located):	
Address:	406 Craven St.
City, State, Zip:	New Bern, NC 28560
Federal Taxpayer ID Number:	56-6000290
Doing Business As (DBA) Name:	Craven Area Rural Transit System (CARTS)
Applicant's DUNS Number (Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform): 091564294	
Parent Agency DUNS Number:	
Applicant's Service Area's Congressional District (If service area is included in more than one district, enter primary district only): 1	
Project's Service Area (list the county or counties that will be served by the proposed project): Craven, Jones, Pamlico	

Project Manager and Contact Information			
Name of Project Manager:	Kelly Walker		
Title:	Transportation Director		
Address:	2822 Neuse Blvd. New Bern, NC 28562		
E-mail:	carts@cravencountync.gov		
Phone Number:	252-636-4917		
Mobile Phone Number:		FAX:	252-636-4919
Alternative Contact Information (in absence of Project Manager)			
Name:	Gene Hodges, Assistant County Manager		
E-mail:	carts@cravencountync.gov		
Phone Number:	252-636-6600		

Current Vehicle Inventory (enter number in fleet)					
Vans	4	Vans/Lifts	9	Sedans or Minivans	3
LTV's	2	LTV's/Lifts	14	Buses	

NCDOT Consolidated Call for Capital Projects Application Form

Table 1: Vehicles/capital to be replaced or rehabbed/refurbished with this request

Asset (model year, manufacturer, model or variant)	VIN or Fleet ID	2015 revenue miles	2015 revenue hours	Current mileage
2011 Ford E350 20ft LTV with lift	384	18,634	995.73	155,041
2011 Ford E350 Conversion with lift	398	18,676	1052.23	131,299
2011 Ford E350 Conversion with lift	400	25,005	1007.3	135,363
2011 Ford E350 Conversion with lift	401	17,774	777.43	132,135

Table 2: Vehicles/capital that have been disposed up to and including FY15

Asset (model year, manufacturer, model or variant)	VIN or Fleet ID	Disposition Date	Revenue miles at disposition	Revenue hours at disposition
2009	357	12/23/2015	165,000	
2006	22	12/29/2015	219,000	
2008	332	12/28/2015	200,000	
2007	297	12/15/2014	195,000	
2007	296	07/24/2014	167,000	
2008	331	08/22/2014	176,000	
2008	333	07/25/2014	155,000	
2007	294	02/21/2014	190,000	
2007	295	02/21/2014	192,000	
2007	298	03/03/2004	202,000	

The project conforms to FTA's spare ratio guidelines. Yes No Unsure

Average Fleet Age (in Years)	2012
Average Fleet Age (in Miles)	94,000
Spare Ratio	1:4
<p><i>Explanation FY2016 CARTS had 25 vehicles operated 25 vehicles in annual maximum service. That equates to 7 spare vehicles. It is noted that the 3 sedan revenue vehicles are locally funded, leaving a federal/stated funded number of spare vehicles of 4 which is a spare ratio of 1:6.</i></p>	

Federal Financial Assistance Transparency Act (FFATA) mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and
- Those revenues were greater than \$25M; and
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive

YES

No

NCDOT Consolidated Call for Capital Projects Application Form

Compensation Reporting.

Executive Compensation Reporting: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

<u>Full Name</u>	<u>Total Compensation</u>
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____

Part II: Project Information

IMPORTANT: Applicants should submit one application for all capital projects for their small urban and/or rural service area. Duplicate projects within service areas will not be funded. Applicants can apply for one year of funding only. If a project is selected, funding for subsequent years is not guaranteed. It will be necessary to reapply and go through another competitive process for subsequent funding. Eligible projects may be funded using 5310, 5311, 5339 or a combination of the three funding sources.

<i>Project Name</i>	Replacement Vehicles
<i>Type(s) of Capital Project (vehicle replacement, mobility management, equipment, etc). Describe the project(s) to be funded.</i>	Vehicle replacement. The sole purpose of this project is to replace four vehicles which have met useful life. Two of the vehicles will be utilized for rural service and two of the vehicles will be utilized for urban service.
	<i>FY 2018</i>
<i>Federal Amount Requested =</i>	<i>\$198,112</i>
<i>State Amount Requested =</i>	<i>\$24,764</i>
<i>Local match amount =</i>	<i>\$24,764</i>
<i>Total project cost =</i>	<i>\$247,640</i>

Part III: Project Criteria

NCDOT Consolidated Call for Capital Projects Application Form

Address each of the evaluation criteria separately, demonstrating how the project responds to each criterion. Each proposer is encouraged to demonstrate the responsiveness of a project to all of the appropriate selection criteria with the most relevant information that the proposer can provide, regardless of whether such information has been specifically requested, or identified. Please be thorough, yet concise in the response.

III-1. Threshold Criteria

a. Does the applicant have the technical capacity to administer the project?

Yes No Explain your answer in the box below.

CARTS orders vehicles under state contract. CARTS follows NCDOT/PTD instructions for receipt of federal and state funded vehicles purchased under state contract.

b. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?

Key personnel will be the CARTS Assistant Transportation Director under the guidance of the CARTS Transportation Director. Time to manage this project will be negligible. No additional personnel is required to support this project.

c. Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? Yes No Explain your answer in the box below.

This project is for the purchase of vehicles. Procurement is done by NCDOT/PTD staff. NCDOT/PTD notifies transit systems when vehicles may be ordered. The replacement of these four vehicles is included in the Craven County five year Capital Improvement Plan. Craven County has a Finance Policies and Procedures Manual.

d. Has the source of local match been identified in a current budget or has it been approved by the agency's governing body in a future budget? What is the source of the match (e.g., agency reserves, capital replacement fund, municipal general fund, private partnership, etc.)? If the match is not from the applicant agency but another party, has that party committed the match in writing? Provide documentation of the commitment of local match from an outside party. Explain your answer in the box below.

NCDOT Consolidated Call for Capital Projects Application Form

The source of local match has been identified internally within CARTS. Once the public hearing is held and approval by the Board of Commissioners to apply for this grant is received, then a local share certification is able to be signed by Chairman of the Board of Commissioners for the future FY2018 budget.

- e. Further describe the matching funds, including amount and source of the match (agency reserves, capital replacement budget, municipal general fund, private partnership, etc). List each source individually. If the matching funds are not committed, identify their source and anticipated award date. [Add/Remove Lines as necessary – place the cursor in the bottom row then right click → “Insert” → “Insert Rows Below” to add more lines to the following table]

Source	Amount	Date awarded or available
Sale of disposed vehicles	Estimated \$12,000	Upon sale of vehicle
Sale of advertising	Estimated \$12,764	Upon receipt of payment for advertising
Contract Revenue	If the combined two sources of local match are not sufficient, the remaining amount will be provided using contract revenue.	Upon receipt of payment for contract transportation services

- f. Were FTA funds awarded to this project in previous years? Yes No
- g. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your answer. It should be clear from your description where your project’s target population lives in a small urban or rural area of North Carolina.

The intended service area includes the rural areas of Craven, Jones, and Pamlico counties as well as the New Bern urbanized area which is small urban.

- h. Estimate the annual number of unduplicated passengers who will be served or the number of one-way trips that will be provided from the proposed project.

Unduplicated Passengers	1200	One-way trips	
Fully Allocated Cost per Trip	\$1.60 per shared revenue mile		

List items included in the fully allocated cost per trip?

Administrative and operational costs to operate are included in the fully allocated cost per trip. Capital items are not included.

NCDOT Consolidated Call for Capital Projects Application Form

III-2. Project Readiness

- a. Describe the project plan in detail and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to accomplish and how you are going to accomplish it if you receive the requested funding. The applicant may wish to attach the following documents with the application but these documents are not required: maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant's preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies or organizations may be attached with the application. Your detailed answer should be one half to one whole page long.

This project is solely for the purchase of vehicles. These vehicles will be used to provide transportation services for the residents of Craven, Jones, and Pamlico counties. This service area includes rural areas as well as a small urban area. The time line for completion of this project will be dependent upon NCDOT/PTD timeline for ordering and receipt of vehicles. The timeline, without being date specific is: 1) ordering of vehicles; 2) receipt of vehicles; 3) sale of disposed vehicles; and 4) receipt from approved grant(s) for reimbursement of the federal/state share of the vehicle purchase.

- b. Describe the applicant's preparedness to manage the project.

Vehicle procurement is a normal part of operations for CARTS. Vehicles are ordered once or twice per year each year with rare exceptions.

III-3. Project Monitoring

- a. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

Success moments of this project will be 1) ordering of vehicles; 2) accepting delivery of vehicles; 3) sale of disposed vehicles; and 4) reimbursement for the federal/state share of the vehicle purchased.

- b. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

CARTS receives funding through multiple grants such as: Rural Operating Assistance Program; 5311 Community Transportation Program; and 5307 Urbanized Area Formula Program for the purpose of administrating and operating public transportation service. This project would allow CARTS to replace four vehicles which have already exceeded useful life. Replacement of vehicles exceeding useful life is a critical aspect to providing safe, reliable transportation service. Increased repair bills and in-service breakdowns are more common for vehicles that have met useful life. It also creates challenges for being able to provide safe, reliable transportation service which effects every current and future passenger in need of such service.

- c. How will the applicant maintain any vehicles/capital after the grant period?

NCDOT Consolidated Call for Capital Projects Application Form

Preventative maintenance for vehicles and lift equipment will meet or exceed state guidelines. Monitoring to ensure guidelines are met is provided by NCDOT/PTD staff.

- d. *What is the applicant's organizational mission? Explain how the project fits in with the other service the applicant already provides.*

The CARTS mission is to provide safe public transportation as an alternate option for reaching destinations served by CARTS. The provision of safe public transportation is reliant upon replacing vehicles having met useful life.

- e. *Describe how the applicant will manage risk and provide for the safe delivery of services.*

CARTS has a Safety and Security Program Plan approved by NCDOT/PTD which covers the management of risk and provides for the safe delivery of service through identification of core components which include but are not limited to: driver/employee training; safety data acquisition analysis; vehicle maintenance element; and security element.

III-4. Special Considerations

- a. *Is the proposed project consistent with your agency's fleet management or capital replacement plan? Provide an explanation in the box below and attach a copy of the management plan.*

Yes. The four vehicles are included in the county's capital improvement plan. Also, two urban vehicles are included in 2016-2025 STIP as STIP#TA-5165 for replacement in FY2018.

- b. *Given this request is only for capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.*

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><i>Explain CARTS began operations in 1980 with many changes and improvements over the years. The CARTS service area includes Craven, Jones, and Pamlico counties. Within Craven County, New Bern was designated as a small urban area as a result of the 2010 census data. This year, CARTS will have an updated Transit Development Plan to assist in identifying unmet needs, areas of improvement, and recommendations for changes. CARTS attends the Citizens Advisory Committee of the Metropolitan Planning organization and has an active role on both the Craven and Jones Aging Boards in effort to hear community transportation needs. These serve as examples of this agency's commitment to not only continue providing service but to provide quality service in a manner that will meet as many public transportation needs as possible within our service area. Membership and attendance of the Transportation Advisory Board has grown over the past several years. This serves as an example of the commitment by other agencies and the public to play an active role in providing input towards the</i></p>
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NCDOT Consolidated Call for Capital Projects Application Form

	<i>future of CARTS.</i>
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Part IV: Budget Information

Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. [Add/Remove Lines as necessary using prior instructions]. A detailed budget needs to be submitted via Partner Connect.

Project Stages with Independent Utility and Description	Federal Amount Requested	State Amount Requested	Local Share	Total Cost
1. G546 20'LTV with lift	\$48,000	\$6,000	\$6,000	\$60,000
2. G546 20'LTV with lift	\$48,000	\$6,000	\$6,000	\$60,000
3. G546 20'LTV with lift and Bike Rack	\$50,256	\$6,282	\$6,282	\$62,820
4. G546 20'LTV with lift and Bike Rack	\$50,256	\$6,282	\$6,282	\$62,820
5. Vehicle Lettering and Logos	\$1,600	\$200	\$200	\$2,000
Project Totals	\$198,112	\$24,764	\$24,764	\$247,640

Part V: Mobility Management Project Information Only

a. The proposed project is consistent with the most recent locally developed, Coordinated Public Transit – Human Services Transportation Plan (LCP).

Yes No Unsure N/A

If yes to question above, provide information about the locally developed, Coordinated Public Transit – Human Services Transportation Plan (LCP) used to prepare this project application.

1	Name of Plan/Title	
2	Applicable Need, Strategy or Activity Included on Page Number(s)	
3	Plan Date	

b. Does this project create more mobility options for seniors and/or individuals with disabilities in this service area? Yes No

If yes, describe the mobility options the seniors and/or individuals with disabilities in this service area have now and discuss how your project creates more mobility options.

NCDOT Consolidated Call for Capital Projects Application Form

Capital Budgets

All rural transportation systems will be eligible for capital assistance funds. A Capital Replacement Schedule is included in Appendix A of this document. **ASSETS THAT HAVE MET USEFUL LIFE WILL NOT AUTOMATICALLY BE REPLACED.** The Capital Replacement Schedule represents the minimum threshold for replacement consideration unless the applicant can document that a capital item has a history of mechanical failure, is un-repairable or that it is financially prohibitive to repair the item.

Expansion Vehicles and Replacements – For FY2018, expansion vehicles are not an eligible Capital expense.

Other Capital, Advanced Technology and Baseline Technology – Applicants should consult the Capital Replacement Schedule before requesting any replacements of Other Capital or Advanced/Baseline Technology. Appendix B lists the minimum specifications for technology items. **New Advanced Technology users** must have completed the Advanced Technology Pre-Application process with ITRE. Current Advanced Technology users may request to replace existing Advanced Technology items as necessary. **Any system requesting expansion vehicles should also request vehicle security and surveillance equipment and any other advanced technology items currently used.** The applicant must provide one (1) **retail estimate** per item if they request funding to replace or purchase Other Capital or Advanced/Baseline Technology. The estimate will determine the amount of funding recommended by the reviewer. Some Object Codes in the Other Capital and Baseline Technology budgets include the maximum cost in which PTD will participate. Requests for funding cannot exceed these amounts per item. **The applicant is required to enter written justification in No. 14 of the System Description form for Advanced/Baseline Technology; Radio Equipment; and Telephone Equipment.**

NCDOT Consolidated Call for Capital Projects Application Form

Appendix A CAPITAL REPLACEMENT SCHEDULE

Note: Assets that have met their useful life will *not* automatically be replaced. This schedule represents the minimum threshold for replacement consideration. Listed capital items are illustrative and not exhaustive.

Effective 7/1/2012

CATEGORY CAPITAL ITEMS	MINIMUM REQUIREMENTS	MINIMUM DOCUMENTATION REQUI CONSIDERATION
MAJOR FACILITY RENOVATIONS AND NEW CONSTRUCTION	40 years	
<ul style="list-style-type: none"> ▪ Building Purchase ▪ Facility Construction 		Note: Major Renovation involves the purchase of an existing building and complete refurbishment of the building. Needs Assessment required. Plans would be required.
OFFICE FURNITURE	12 Years	
<ul style="list-style-type: none"> ▪ Desk ▪ Bookcase ▪ File Cabinet ▪ Chairs ▪ Conference Table ▪ Safe (Fireproof) (25 yrs.) 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
OFFICE EQUIPMENT	5 Years	
<ul style="list-style-type: none"> ▪ Fax Machine ▪ Copier ▪ Calculator ▪ Etc. 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
AUDIO VISUAL EQUIPMENT	10 Years	
<ul style="list-style-type: none"> ▪ VCR/DVD ▪ TV ▪ Camcorder ▪ Etc. 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
BASELINE TECHNOLOGY	5 Years	
<ul style="list-style-type: none"> ▪ Computer ▪ Printer ▪ Laptop (Includes Projector)* ▪ Server ▪ Scanner (6 yrs.) 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement in project description * Will be considered if needed for present
SECURITY & SURVEILLIANCE	7 Years	
<ul style="list-style-type: none"> ▪ Video (facility and vehicles) ▪ Cameras ▪ DVR ▪ Wireless unit ▪ Antenna 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
COMMUNICATIONS EQUIPMENT	6 Years	
<ul style="list-style-type: none"> ▪ Radio units ▪ Base Station ▪ Cell phones ▪ Antenna ▪ Repeater 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement in project description
MAINTENANCE EQUIPMENT & FIXTURES	12 Years	
<ul style="list-style-type: none"> ▪ Roller cabinets ▪ Portable tool stands ▪ Compressors- (5 yrs.) ▪ Hoists- (10 yrs.) ▪ Bus washers- (10-15 yrs.) ▪ Diagnostic equip ▪ Lift truck ▪ Engine stands ▪ Brake lathes ▪ Etc. 		<ul style="list-style-type: none"> ○ Only Systems with in-house Maintenance eligible ○ 1 retail estimate
SUPPORT VEHICLES		
<ul style="list-style-type: none"> ▪ Trucks - Light Duty (under 12,500 lbs. g.v.w.) 	7 Years	<ul style="list-style-type: none"> ○ Only Systems with in-house maintenance eligible ○ 1 retail estimate & Justification for replacement
REVENUE VEHICLES		
Vans		
<ul style="list-style-type: none"> ▪ Center Aisle Van (2010 or older) ▪ Mini-Van ▪ Conversion Van or Lift Van 	115,000 miles	<ul style="list-style-type: none"> ○ Updated PTMS ○ Current VUD ○ Once required fleet size has been determined through the capital assessment process, vehicles designated for disposition and not be eligible for replacement.
Buses		
Light Transit Vehicle (LTV) 20-28 ft. - body on cut-a-way chassis	145,000 miles	
Medium (Medium duty chassis) Over 28 ft. - body on truck chassis	7 Years or 200,000 miles	
Medium (Heavy Duty Chassis) 30-35 ft.	10 Years or 350,000 miles	
Large (Heavy Duty Chassis) 35-40 ft.	12 years or 500,000 miles	

NCDOT Consolidated Call for Capital Projects Application Form

Appendix B

FY2018 Technology Specifications:

*(to be used as guideline for **minimum** standards only)*
Standards for Hardware, Software and Networking

These are MINIMUM standards only. NCDOT guidelines require that each computer last at least 5 years. If you plan on installing automated scheduling software or other technologies during the lifetime of the computer, please consult with the appropriate resource to determine minimum requirements.

Desktop

Operating System:	Windows 7
Processor:	Intel I5-750
Memory:	4.0GB or higher
Hard Drive (s):	80G, partitioned so C: drive is for programs and D: drive is for data
Software:	Microsoft Office Professional 2010
Video Card:	GeForce GTS250 1GB/Radeon HD4850 512MB
Network Card:	100/1000 Mbps
UPS Backup/Surge Protection:	Multi-outlet AC Surge Protector with power supply backup (if necessary)
Multimedia Devices:	Pair of desktop speakers (if not included with monitor), Microphone, optional Camera
Monitor:	Any standard monitor capable of display in 1024x768 or greater. Purchase larger monitors if required by specific applications.
Other Drives:	CD/DVD ROM Drive
Anti-Virus Software:	Any industry standard anti-virus software
Service Program:	3-year warranty with on-site service

Network

Configuration:	100/1000 MB using switches (no hubs), TCP/IP Protocol
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Server

All server specifications are minimums only. Servers should be expandable to enable increases in memory, processors, hard drive, etc.

Operating System:	Microsoft Windows Server 2008
Database Software:	Microsoft SQL Server 2005 SP2 or 2008 Standard (if necessary)
Network Card:	(2) 100/1000 MB
Processor Type:	Intel Xenon 2.5Ghz or higher
Memory:	12 GB
Hard Drive(s):	300 GB
Monitor:	15" or larger
Graphics Card:	64MB or greater
Other Drives:	CD/DVD ROM
Anti-Virus Software:	Any industry standard anti-virus software
Service Program:	3-year warranty with on-site service

TAXPAYER NAME	ACCT#/TICKET#	AMOUNT
BEDARD, HARRY WILLIAM & SARAH DID NOT OWN 1/1/2016	0107563 2016-0003951	62.16
BENNETT, PEGGY P RECYCLE CREDIT DUE TO REBILL OF SCE	0032150 2016-0090393	60.00
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2010-0005131	48.08
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2011-0005654	55.86
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2012-0005656	99.18
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2014-0005733	80.36
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2015-0005636	74.12
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2016-0005700	59.96
BORDEN, ELLA HRS FORECLOSURE-LIEN EXTINGUISHED	0693900 2013-0005614	86.60
DAVIS, ALTON LEE RECYCLE CREDIT DUE TO REBILL OF SCE	0073942 2016-0090401	12.00
ECKERT, MARK T & JO L ORDERED BY BOARD OF E&R ON 8-30-16	0085537 2016-0016823	87.65
FLIGHT PACK LLC DOUBLE BILLED-SEE ACCT 70725	0108530 2016-0019088	628.32
HARMAN, CHARLES JR NOT TAXABLE TO CRAVEN COUNTY	0056629 2016-0024978	86.73
HENDRIX, SARA J VETERAN EXCLUSION REMOVED IN ERROR	0107215 2016-0026535	276.45

CREDIT MEMOS SUBJECT TO BOARD APPROVAL ON 10/03/2016

TAXPAYER NAME	ACCT#/TICKET#	AMOUNT
HOOVER, BRADLEY A & BRENDA L MILITARY EXEMPT	0089926 2016-0027951	49.99
J & T ENTERPRISES PARTNERSHIP NOT IN BUSINESS 1/1/2016	0055025 2016-0029395	235.98
MEDRANO, MIGUEL CALDERON DOUBLE BILLED-SAME ACCOUNT	0110631 2016-0090407	80.20
NIX, CHRISTOPHER LYNN MILITARY EXEMPT	0109791 2016-0043184	229.22
NYBERG, DANA MOBILE HOME RELEASED TO BEAUFORT CO	0079083 2013-0090968	4.93
NYBERG, DANA MOBILE HOME RELEASED TO BEAUFORT CO	0079083 2015-0043407	100.21
PATEL, NARENDRAKUKMAR NATWARLA DID NOT OWN 1/1/2016	0109542 2016-0045133	204.99
PAXTON, DENNIS BOAT NOT TAXABLE TO CRAVEN COUNTY	0107675 2016-0045277	874.14
S & W READY MIX CONCRETE CO LL DOUBLE LISTED - SAME ACCOUNT	0011679 2016-0050673	17.11
SHEPARD, ERNEST M JR & BRENDA 3RD RECYCLE FEE BILLED IN ERROR	6483800 2016-0052302	36.00
SWANSON, CHARLES D DOUBLE BILLED-SAME ACCOUNT	0097577 2016-0090423	209.16
THEODOSSIOU, SANDRA LEE & BENT HOME CONSTRUCTED AFTER 1/1/2016	0105543 2016-0057089	2,180.79
VINES, JAMES E HRS & VINES, HU FORECLOSURE-LIEN EXTINGUISHED	0039623 2016-0059742	227.49
WILSON, LEE BILLING ERROR-SEE ACCT 66755	0110678 2016-0063977	381.46

CREDIT MEMOS SUBJECT TO BOARD APPROVAL ON 10/03/2016

TAXPAYER NAME	ACCT#/TICKET#	AMOUNT
	28 -CREDIT MEMO(S)	6,549.14

REFUNDS SUBJECT TO BOARD APPROVAL ON 10/03/2016

TAXPAYER NAME	ACCT#/TICKET#	AMOUNT
DOBSON, JACQUELINE C & TUCKER, DID NOT OWN 1/1/2016	0099327 2016-0015547	40.68
NYBERG, DANA RELEASED TO BEAUFORT COUNTY	0079083 2013-0090968	100.58
NYBERG, DANA RELEASED TO BEAUFORT COUNTY	0079083 2014-0091910	106.30
S & W READY MIX CONCRETE CO LL DOUBLE BILLED-SAME ACCOUNT	0011679 2013-0092250	28.35
S & W READY MIX CONCRETE CO LL DOUBLE BILLED-SAME ACCOUNT	0011679 2014-0049085	23.24
S & W READY MIX CONCRETE CO LL DOUBLE BILLED-SAME ACCOUNT	0011679 2015-0050319	19.42
	6 -REFUND(S)	318.57

Craven County



**CRAVEN COUNTY EMS ADVISORY COUNCIL
406 Craven Street, New Bern, N. C. 28560**

September 21, 2016

Meeting called to order by Ira Whitford 19:00 hours.

Invocation was given by Doug Furgason.

Approval of Minutes - Motion made and second, minutes approved as written.

Presentation /Speakers- James Williams - MCAS Cherry Point –Spoke about “Stop the Bleed” campaign. Bleeding Control (B-Con) training being offered to EMS, Law Enforcement, Fire Service and Citizens response to an active shooter/mass casualty event. The course offers how to use tourniquets and hemostatic dressings to control bleeding. There are grants that are available to help with purchase of the control I kits which include Cat tourniquet, Swat-T tourniquet, Qucik Clott Gauge and hemostatic dressing Kaolin. Will be working with MCAS Cherry Point Fire & Rescue and Havelock Police on training with next week or so. Jim Holley – World Wide Marina Training – Oriental NC – will be holding these courses and is a dealer for the control bleeding kits.

Committee Approval : Two applications for Convalescent/Non-Emergency Transport

1. Coastal Medical Transport application is for Convalescent/Non-Emergency at the Basic level. Company’s home base is in Windsor NC and has 3 base satellites in Williamston, Washington & Greenville. Owner Tim Bazemore Jr in attendance. He stated that he will come down and assess the need for service and set up a satellite office within the county. He has 22 trucks along with Wheel chair vans. Very Community oriented great supports of Relay for Life they try to blend into the community.
2. Elite Medical Transport application for Convalescent/Non-Emergency and Emergency Transport. Elite is out of Snow Hill NC. Would like to begin at a Basic level transport and within six months move to a Intermediate level transport.

Discussion: The needs of the County and Community for BLS and ALS services for non-emergency transports.

Tim made motion made to accept 2 applications and recommend to the County Commissioners to approve Coastal Medical Transports and Elite Medical Transport. Motion seconded and all approved.

Ira Whitford - Craven County Emergency Services

- MS Bike ride went well and incidents went thru 911 center.
- Airport exercise thanked everyone who attended.

Tim Weatherington –Rescue 15

- Nothing to report

James Davis – CarolinaEast Emergency Services

- Nothing to report

Jane Sobotor – CarolinaEast EMS

- Working on one additional truck at night with primary as transport but can help with emergencies if needed. Interviews going on and is trying to help the community as much as possible.

Nathan Awalt – Friendly Medical Services

- Wanted assure everyone he is doing the best to keep up with the demand. Company has grown over the past year. Pulled ALS truck due to it was not financially suitable for him to keep it here due to the low call volume. They are a small company and with all the Medicare/Medicaid and self pays changes they need to keep assisting the situation and demand. Thanked for the support and they are not going anywhere.

Steve Coffey – Havelock Fire & Rescue

- Thanked Jane and Carrie for sending trucks to Havelock
- Care's Program -Call ESO and they can turn it own.
- October Pink T-Shirt month-7th year and has raised a little over 70 thousand dollars. CarolinaEast Foundation manages the monies and anyone can apply. Shirts can be placed on-line as well Deb Rogers will have some in her office as well.

Deb Rogers – CarolinaEast

- Get back boards – they are stacking up on the ER dock.
On the Medical Examiner side-Please make sure when you bring in DOA's that they are face up. Another family was unable to view their love one. Please be cognate of how you lay the patient on the board Funeral home is having to re do arrangements to do unable to view. Tim stated that it's attention to detail. He had one last week and patient was not sitting right and he remembered the last conversation and he made sure patient was correct.
Dr. Koontz stated it's a team effort with everyone and that it matters and it cost a family's viewing. Crystal wondered what the legality would be maybe crime scene photos how they were positioned. Steve stated there is liability with everything.

Carrie Crawford – Rescue 20 – Township #7

- Nothing to report

Billy Matthews – Rescue 32

- Cove City Firemen’s Day will be on Saturday.

Mark Dail – Rhems First Responder

- Rhems held annual Golf Tournament on September 9th and great way to raise money for your department.
- Tuesday night Con-Ed training at Rhems will be on School/Work place shooting.

Doug Furgason – Craven County Citizens @ Large

- Regarding the subject of Bullet Proof vest he meet with County Manager and the Chairman Liner because it was concerning to him the situations EMS has to go into. Tim thanked him for talking with them.
- Had a medical situation at Carolina Plastics and needed the helo pad at industrial park for Vidant Air. The walkway area had grown-up with bushes. Station 31 has permission to clean up area and possibility it may be moved. Will let everyone know if this happens.

Ronnie Weems – Craven County Firemen’s Association

- Nothing to report.

Crystal Tew – Fort Barnwell

- Will be providing a 2nd truck to the Cove City Firemen’s Day.

Michelle Smith – Rescue 30

- Nothing from rescue but received letter regarding 2nd touch for Vipers. Ira stated that all OEMS Viper mobile units have already had the 2nd touch a few months back and if you have portables and are having trouble he usually can fix those.
- Jane asked if they are repairing the Viper at the hospital. Larry/Steve were to contact the county. Ira did not know it was not working. Apparently it took a lighting strike during a storm possible the antenna not the radio. Ira will check on it tomorrow.

Jon Stephens – Craven Community College

- Starting the transparent process for Craven Community College and will be hiring a part-time person to help with this process. A email should have went out about this position. It’s approximately 10 hours per week. You will notice that classes will be restructured and labeled and will bring to the peer review.

Dr. Stanley Koontz – Medical Director

- Working with Katie Buck with Hospital on Code Sepsis Protocol. Need to submit to State and do system modification. You will call into the hospital will help the hospital to accelerate patients care. This is a building block and expand on it more.
- Anyone familiar with Guildford County. They are doing take home Narcan. If you go out and patient refuses to go. They leave a vital, syringe and needle with hope that someone can help them. It's through a grant. He made a comment and then he was solicited to see if Craven would be interested. Not sure if we are there yet. Steve thinks it would help but they could go to Pharmacy and get it without prescription. Tim stated that Port services hands them out, it helped a save daughter recently. Crystal stated she went on a call and when they entered the house there were drugs visibility everywhere and she went out to call for law enforcement and they could not do anything because they called for medical help no charges could be filed. Dr. Koontz stated that Pamlico County Sheriff stated they could not charge for medical help but could possibly charge Owner of house as long they are not the patient. Deb said it's an addiction. People pushing limits and it's getting worse need to find middle to get people help.. Crystal said that Kratrum is in Jacksonville-people using to get a high but are using to much of it . Dr. Koontz said it's similar to bath salts. Steve said their overdoses are 106% higher. It going to get worse not sure if this
- Long back boards – If it's major trauma and you use it as a full body splint to keep all the limbs is one place use it- if you worried about someone use it but when you come into the ER unless you think you need a doctor right then and now remove it. We have a policy and protocol in place. We are running over with back boards. Michelle said people expect it. Dr. Koontz said that fine but get them off when you bring them in. Crystal said maybe Dr. Koontz can do some direct feedback. If anyone has problems come to him and he will give you all the information and discuss it with you. He made the decision to stop. Vidant takes them off. Also it's out there to not use collars, but he is not there yet. Tim said that mattress on stretcher and on the hospital beds mattresses are designed to help with pressure sore and give you support so you are just taking off some of the edge.
- Crystal asked if anyone has administered the TXA medicine. Deb stated that Vidant came to pick up a patient and as soon as they came in patient started crashing so they administered. Dr. Koontz said TXA is something we forget to use.
- Does everyone know who AMR is? They are the largest private ambulance service in the country and they have been asking to possibly come into North Carolina. They were looking to buy out JAS. Looking for people to be Medical Director. Steve thought they were in Lumberton. Crystal asked if they were looking at 911 services because they are big in Louisiana.
- All is good for him. Will be working here full time the month of October.

Next Meeting: November 16, 2016

Meeting adjourned 20:40 PM

Members Present:

Ira Whitford -Craven Co. Emergency Services
Tim Weatherington – Rescue 15
Crystal Tew - Rescue 34
Jane Sobotor – CarolinaEast EMS
James Davis – CarolinaEast Medical Center-Emergency Services
Deb Rogers - CarolinaEast Medical Center ED
Mark Dail - Rhems First Responder
Patti McDaniel – Craven Co. Emergency Services
Nathan Awalt-Friendly Medical Transport
Dr. Stanley Koontz – Medical Director
Jon Stephens – Craven Community College
Doug Furgason – Citizens at Large
Ronnie Weems – Craven County Firemen’s Association
Carrie Crawford – Rescue 20 – Township #7

Guest

Tim Bazemore Jr – Coastal Medical Center
Billy Matthews – Rescue 32
Michelle Smith – Rescue 30
Michael Bright – Township 7EMS
Steve Coffey – Havelock Fire/Rescue
Jim Holley – Worldwide Marina Training
James Williams – MCAS Cherry Point Naval Clinic

Craven County



Serving the People

CRAVEN COUNTY

APPLICATION FOR FRANCHISE

DATE: 9-19-16

I. APPLICANT:

- A. Name of Applicant Organization: Elite Medical Transport Service, Inc
- B. Address of Applicant Organization: 109 Heritage Crossing Snow Hill N.C. 28580
- C. Name of the Owner/President or Individual responsible for operations of the organization: Richard F. White
- D. Address of Owner/President: 446 White Oak Rd Windsor N.C. 27983

E. Telephone Number: (W) (252) 794-5725 (H) (252) 209-1617

F. Type of Franchise applied for (Check appropriate)

- 1. Emergency Transportation
- 2. Convalescent and Non-Emergency Transport
- 3. First Responder
- 4. Rescue (Check here and appropriate below)
 - a. Basic Rescue
 - b. Light Rescue
 - c. Medium Rescue
 - d. Heavy Rescue
 - e. Other (Specify) _____

G. Required Attachments:

- 1. Certified copy of articles of Incorporation, Charter or Assumed Named Certificate.
- 2. Resume of Training and Experience of the Applicant in the Transportation and/or care of Patients.
- 3. Audited Financial Statement of Applicant as it pertains to operation in Craven County.
- 4. Copy of Certificate of Insurance showing minimum limits according to Ambulance Ordinance Section 2.5.9 Insurance (1),(2).

C2014 177 00659

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: ELITE MEDICAL TRANSPORT SERVICE, INC.
2. The number of shares the corporation is authorized to issue is: 1000
3. These shares shall be: (check either a or b)
 - a. All of one class, designated as common stock; or
 - b. Divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.
4. The name of the initial registered agent is: RICHARD F. WHITE
5. The North Carolina street address and county of the initial registered office of the corporation is:
Number and Street 109 HERITAGE CROSSING
City SNOW HILL State NC Zip Code 28580 County GREEN
6. The mailing address, if different from the street address, of the initial registered office is:
Number and Street 446 WHITE OAK ROAD
City WINDSOR State NC Zip Code 27983 County BERTIE
7. Principal office information: (must select either a or b.)
 - a. The corporation has a principal office.
The principal office telephone number: 252-747-1332
The street address and county of the principal office of the corporation is:
Number and Street 109 HERITAGE CROSSING
City SNOW HILL State NC Zip Code 28580 County GREEN
The mailing address, if different from the street address, of the principal office of the corporation is:
Number and Street 446 WHITE OAK ROAD
City WINDSOR State NC Zip Code 27983 County BERTIE
 - b. The corporation does not have a principal office.

8. Any other provisions, which the corporation elects to include, i.e., the purpose of the corporation, are attached.

9. The name and address of each incorporator is as follows:

RICHARD F. White 446 White Oak Rd Windsor
NC 27983

10. (Optional): Please provide a business e-mail address

Privacy Redaction

The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

11. These articles will be effective upon filing, unless a future date is specified:

This the _____ day of _____ 20 _____

Richard F. White

Signature

RICHARD F. White, Incorporator

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.



NORTH CAROLINA
Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

ELITE MEDICAL TRANSPORT SERVICE, INC.

the original of which was filed in this office on the 2nd day of July, 2014.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of July, 2014.

Elaine F. Marshall

Secretary of State



Elaine F. Marshall
Secretary

North Carolina
**DEPARTMENT OF THE
SECRETARY OF STATE**

PO Box 28622 Raleigh, NC 27626-0622 (919) 737-2000

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Date: 9/22/2014

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Corporation Names

Name	Name Type
NC WHITE OAK MEDICAL TRANSPORT, INCORPORATED	LEGAL

Business Corporation Information

SOSID:	0716509
Status:	Current-Active
Effective Date:	3/17/2004
Citizenship:	DOMESTIC
State of Inc.:	NC
Duration:	PERPETUAL
Annual Report Status:	CURRENT

Registered Agent

Agent Name:	WHITE, RICHARD F.
Office Address:	446 WHITE OAK ROAD WINDSOR NC 27983
Mailing Address:	446 WHITE OAK ROAD WINDSOR NC 27983

Principal Office

Office Address:	446 WHITE OAK ROAD WINDSOR NC 27983
Mailing Address:	446 WHITE OAK ROAD WINDSOR NC 27983

Officers/Company Officials

Title:	PRESIDENT
Name:	RICHARD F WHITE
Business Address:	446 WHITE OAK ROAD WINDSOR NC 27983
Title:	VICE PRESIDENT
Name:	JANET T WHITE
Business Address:	446 WHITE OAK ROAD WINDSOR NC 27983

Stock

Class	Shares	No Par Value	Par Value
COMMON	100	YES	N/A

This website is provided to the public as a part of the Secretary of State Knowledge Base (SOSKB) system. Version: 4084

Elite Medical Transport Service, Inc.

109 Heritage Crossing
Snow Hill, NC 28580
252-747-1232

Our company operates out of Greene County, with our base located at 109 Heritage Crossing in Snow Hill. This company is owned by Richard and Janet White also of 446 White Oak Road Windsor, NC. Elite Medical has been operating since April 19, 2005 and recently reorganized as a Corporation July 2, 2014. This company has been under the direction and supervision of Richard and Janet White since 2005. Mr. White is a certified EMT-I and has 37 years of EMS experience. Mr. White held the position of captain and president for Bertie and Askewville rescue squad. He and his wife, who is a registered nurse and certified EMT-P, have been teaching the EMT Basic and Intermediate course for Martin Community College for several years.

Currently, Elite Medical Transport has 33 full time employees and 9 part-time employees. From this group, there are 1 EMT-P, 6 EMT-I's, 28 EMT-B's. These employees have experience in the medical field ranging from 1 year to 22 years. As required by Greene County Emergency Management, each employee has 38 or more hours of continuing education each year. Several of the employees do or have had full time jobs in the medical field which allows our company to have a more extensive understanding and knowledge of patient care.

Our company operates 24 hours a day, 7 days a week, 365 days a year. We have been approved and have a crew available at all times to transport patients to and from Jones, Lenoir and Greene Counties. We are available to transport into all other counties within North Carolina and handle state to state transports.

Our services include transports to all non-emergency appointments including dialysis, hospital outpatient services, to and from hospitals for scheduled surgeries, chemo treatments, and physical therapy. We service nursing homes and day centers as well as pick up directly from patients homes.

Elite is Intermediate certified and has held this certification since December 10, 2015. We currently have 12 trucks and 6 wheelchair vans.

We can be contacted by calling us directly at 252-747-1232. We operate our radios on the hospital and EMS frequency 155.280, which is a licensed radio through Greene County Sheriff's Office.

Our response time to calls within Greene County is from 8 to 20 minutes. For bordering counties, the time frame ranges from 20 to 45 minutes depending on where the patient is located.

At Elite Medical Transport, our rates are competitive and in-line with the other existing companies and will remain so. We charge \$300.00 for BLS and \$400.00 for ALS. There is also a charge of \$10.00 per mile. We give courteous and professional service to our patients and go the extra mile to make sure their needs are met. This is a family owned and operated business and we treat each and every patient as if they were family. We keep in mind how we would want our loved ones treated should they be transported.

Elite Medical Transport's continuing education classes is handled through Lenoir Community College. Each EMT is responsible to maintain their hours and provide updated documentation on an annual basis. Elite Medical Transport has a training officer, Sue Farmer who is in charge of all personnel files and makes sure everyone's records are updated and current.

We have a daily check off sheet on all trucks, including supplies, forms and equipment. Any problems are to be reported to the Maintenance or Logistics Officer and will be addressed immediately. All trucks are serviced and maintained on a regular basis.

We enter all premis data over the internet at this time.

Elite Medical Transport Service Inc
Balance Sheet

September 25, 2014

ASSETS

CURRENT ASSETS

Checking Account Southern Bank	\$190,509.00	
TOTAL CURRENT ASSETS		\$190,509.00

Accounts Receivable		\$55,252.28
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PROPERTY and EQUIPMENT

Office Equipment	\$14,389.00	
Stretchers	\$35,354.84	
Trucks	<u>\$120,000.00</u>	
Total Property and Equipment		<u>\$169,743.84</u>

TOTAL ASSETS		<u>\$415,505.12</u>
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LIABILITIES AND EQUITY

Accounts payable	\$21,773.19	
Notes Payable	\$263,896.00	
Total Current Liabilities		\$285,669.19

EQUITY

Common Stock	\$100.00	
Net Worth (Loss)	<u>\$129,735.93</u>	
TOTAL EQUITY		<u>\$129,835.93</u>

TOTAL LIABILITITES AND EQUITY		<u>\$415,505.12</u>
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II.

A. Listing of Ambulance or Rescue Vehicles Owned and Operated by the Applicant.

YEAR	CURRENT MILEAGE	MAKE	MODEL/TYPE	STATE CERTIFICATION		SPECIFICATION KKK		PURPOSE			STATUS	
				YES	NO	YES	NO	AMB	RES	ADM	PRIM	BACK
EMT 18 2003	386,493	Ford	Type II	✓		✓		✓			✓	
EMT 13 2009	47,939	Ford	Type III	✓		✓		✓			✓	
EMT 12 2005	195,478	Ford	Type II	✓		✓		✓			✓	
EMT 11 2004	241,623	Ford	Type I	✓		✓		✓			✓	
EMT 9 2005	188,925	Ford	Type II	✓		✓		✓			✓	
EMT 8 2005	218,232	Ford	Type II	✓		✓		✓			✓	
EMT 10 2012	119,763	Chevy	Type I	✓		✓		✓			✓	

Abbreviations: AMB=Ambulance RES=Rescue ADM=Administrative PRIM=Primary BACK=Back-up

- B. Required Attachment:** Copy of Ambulance Inspection Report for each Certified Ambulance.
- C. Required Attachment:** Copy of current FCC Form 400 authorizing the use of communications equipment.
- D. Required Attachment:** Description of each two-way VHF Radio including channel capability and MHz frequencies installed.



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 12/29/2014
Location: Elite office Green Co



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Elite Medical Transport, Inc. (Greene)
System Affiliation: Greene
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: none VIN: 1FDSS34F83HA56417
Assigned Vehicle Number: EMT 18 Model Year: 2003
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport New Only: Height: 48 Length: 120

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device
- Mounted in Patient Compartment
- Interior Dimensions (min: 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (2 sources)
- Suction Apparatus (2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization/Extraction Device or Short Backboard with Straps
- Adult Spinal Immobilization/Extraction Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets/Pillows/Pillow Cases & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (required for RSI only)
- Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

___ x 3 pts = ___
___ x 15 pts = ___
Total Points: 0

Inspection Results

- PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory
- Deficiencies corrected during inspection
- Approved
- Not Approved
- Permit #: NC06938
- Expiration: 12/31/2016
- ___ FAILED
- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 12/29/2014

PERSONNEL - P#

LEVEL

#1: _____ MR B I P

#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 09/12/2016
Location: Elite Med Transport



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Elite Medical Transport, Inc. (Greene)
System Affiliation: Greene
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC001033 VIN: 1FDXE45P69DA80404
Assigned Vehicle Number: EMT 13 Model Year: 2009
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport **New Only:** Height: 48 Length: 102

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)
Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- ~~Appropriate Restraints for Crew & Non-patient Passenger~~
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- ~~Interior Dimensions (min. 48" x 102")~~
- ~~Wheeled Cot with Securing Straps~~
- O² Cylinder with Regulators (2 sources)
- Suction Apparatus (2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- ~~Long Backboard~~
- ~~Three (3) Backboard Straps or equivalent~~
- ~~Stair Chair or Folding Stretcher~~
- ~~Head Immobilization Device~~
- Cervical Spine Immobilization Device (S, M, & L)
- ~~Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps~~
- ~~Adult Spinal Immobilization Extrication Device or Short Backboard with Straps~~
- ~~Femur Traction Splint (adult)~~
- ~~Femur Traction Splint (PED)~~
- Upper & Lower Extremity Immobilization Devices
- ~~Pediatric Restraint Device available to restrain < 40 lbs~~
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- ~~Sheets, Pillows, Pillow Cases, & Towels~~
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macroc
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyrotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

- PASSED
- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory
- Deficiencies corrected during inspection
- Approved
- Not Approved
- Permit #: NC001970
- Expiration: 09/30/2018
- FAILED
- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 09/12/2016

PERSONNEL - P#

LEVEL

#1: _____ MR B I P

#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 06/06/2016
Location: Station



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Elite Medical Transport, Inc. (Greene)
System Affiliation: Greene
Operational Level: EMT X EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC06205 VIN: 1FD5534P06HB31569
Assigned Vehicle Number: EMT-12 Model Year: 2005
Manufacturer: FORD Fuel Type: Gas X Diesel 4 X 4
Inspection Type: X Ground Non-transport New Only: Height: 48 Length: 102

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O² Cylinder with Regulators (#2 sources)
- Suction Apparatus (#2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization/Extraction Device or Short Backboard with Straps
- Adult Spinal Immobilization/Extraction Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Bum Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Bum Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

 x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: NC000401

Expiration: 06/30/2018

 FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Allen Johnson

Date Entered in CIS: 06/06/2016

PERSONNEL - P#

LEVEL

#1: _____ MR B I P

#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 01/22/2016
Location: Office



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Elite Medical Transport, Inc. (Greene)
System Affiliation: Greene
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05443 VIN: 1FDWF36P06EB20841
Assigned Vehicle Number: EMT-11 Model Year: 2006
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport **New Only:** Height: 48 Length: 102

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device
- Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (2 sources)
- Suction Apparatus (2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain <= 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macroc
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyrotomy Airway Kit (required for RSI only)
- Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

PASSED

≤ 30 points = Satisfactory
> 30 points = Unsatisfactory

Deficiencies corrected during inspection

Approved

Not Approved

Permit #: NC001547

Expiration: 01/31/2018

FAILED

Refusal of a Permit

Failed - Temporary

Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

PERSONNEL - P#

LEVEL

#1: _____ MR B I P

#2: _____ MR B I P

For NCOEMS Use Only:

Inspector: Allen Johnson

Date Entered in CIS: 01/27/2016



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 06/06/2016
Location: Station



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION
Provider Name: Elite Medical Transport, Inc. (Greene)
System Affiliation: Greene
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION
Current Permit #: NC06202 VIN: 1FD5534P76HB31587
Assigned Vehicle Number: EMT-9 Model Year: 2005
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport **New Only:** Height: 48 Length: 102

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

EMT-B Inspection
Mandatory Items:
Vehicle Body & Function
Appropriate Restraints for Crew & Non-patient Passenger
Warning Devices (Lights & Siren)
Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
Interior Dimensions (min. 48" x 102")
Wheeled Cot with Securing Straps
O₂ Cylinder with Regulators (2 sources)
Suction Apparatus (2 sources)
Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
Defibrillator with adult & PED Pads
Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
Stethoscope
Heating & Cooling Source
Patient Compartment Lighting
Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers
 Blind Insertion Airway Device with Syringe (adult & PED sizes)
 Beta-agonists (Albuterol, etc.)
 Nebulizer
 Aspirin
 Epinephrine Auto Injector (adult & PED)
 Nitroglycerin
 Naloxone
 Nasal Administration Device

Fifteen (15) Point Deductions:
Long Backboard
Three (3) Backboard Straps or equivalent
Stair Chair or Folding Stretcher
Head Immobilization Device
Cervical Spine Immobilization Device (S, M, & L)
Pediatric Spinal Immobilization/Extraction Device or Short Backboard with Straps
Adult Spinal Immobilization/Extraction Device or Short Backboard with Straps
Femur Traction Splint (adult)
Femur Traction Splint (PED)
Upper & Lower Extremity Immobilization Devices
Pediatric Restraint Device available to restrain < 40 lbs
 Oropharyngeal Airways (3 adult & 3 PED sizes)
 Nasopharyngeal Airways (3 adult & 3 PED sizes)
 Nasal Cannula (adult)
 Nasal Cannula (PED)

Non-rebreather with Tubing (adult)
 Non-rebreather with Tubing (PED)
 Suction Catheters (one between 6 & 10F)
 Suction Catheters (one between 12 & 16F)
 Rigid Pharyngeal Suction Device
 Wide Bore Suction Tubing
 Thermometer (low temperature capability)
 Glucose Measuring Device
 Pulse Oximeter (adult & PED sizes)
 Gloves (latex free)
 Gloves (non-sterile)
 Mounted Fire Extinguisher
 Flashlight with Extra Batteries
 Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
 Disposable Biohazard Trash Bags
 N-95 or HEPA Masks
 Disinfectant Hand Wash
 Disinfectant for Cleaning Equipment
 Sharps Containers (2 sources)
 Emesis Collection Device
Urinal
Bedpan
Sheets, Pillows, Pillow Cases, & Towels
 Thermal Blanket (or other heat conserving device)
 Sterile OB kit (scissors, bulb suction, cord clamps)
 Bulb Syringe (separate from OB)
 Length/Weight-based Pediatric Tape
 Dressings, Bandages, Roll Gauze
 Triangular Bandages (at least 2)
 Occlusive Dressing
 Adhesive Tape
 Heavy Duty Scissors
 Alcohol Wipes
 Lubricating Jelly
 Triage System
 Sterile Irrigation Solution
 Bum Sheet
 Cold Packs
 Medications and Fluid kept in Climate-controlled Environment
 Provider Name Displayed on Each Side
 Reflective Tape on all Sides
 Equipment Secured in Pt. Compartment
 Copy of Protocols
 Exterior Cleanliness
 Interior Cleanliness

EMT-I Inspection
Mandatory Items:
 ET Blades (3 adult & 3 PED sizes)
 ET Handles w/ extra Batteries & Bulbs
 ET Tubes (3 adult & 3 PED sizes)
 ET Stylettes (adult & PED sizes)
 ET Tube Holder
 Blind Insertion Airway Device with Syringe (adult & PED)
 McGill Forceps (adult & PED sizes)
 IV Admin Set micro/macroc
 IV Catheters in at least 4 sizes
 Needles in various sizes (1 must be 1.5 in for IM injections)
 Syringes (in at least 3 sizes)
 IV Arm Board
 Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:
 Acetaminophen or NSAID
 Aspirin
 Beta-agonists (Albuterol, etc.)
 Crystalloid solution
 Diphenhydramine
 Epinephrine
 Glucagon
 Glucose solution
 Meconium aspirator adaptor
 Naloxone
 Nebulizer
 Nitroglycerin

EMT-P Inspection
Mandatory Items:
 Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
 Pacemaker (external)
 Intraosseous Needles (adult & PED sizes)
 Needle (3" or longer & 14ga for chest decompression)
 Surgical Cricothyroidotomy Airway Kit (required for RSI only)
 Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:
 Adenosine
 Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
 Antiemetic
 Atropine
 Calcium Chloride/Gluconate
 Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
 Narcotic Analgesic
 Benzodiazepine
 Dopamine
 Sodium Bicarbonate
 Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring
 x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results
PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory
 Deficiencies corrected during inspection
 Approved
 Not Approved
Permit #: NC0001520
Expiration: 06/30/2018
FAILED
 Refusal of a Permit
 Failed - Temporary
 Failed - Suspension Issued

Comments: Missing NPA peds

Compliance Inspection: Ramp Spot
Provider Representative: _____

For NCOEMS Use Only:
Inspector: Allen Johnson
Date Entered in CIS: 06/06/2016

PERSONNEL - P# **LEVEL**
#1: _____ MR B I P
#2: _____ MR B I P



GROUND & NON-TRANSPORT VEHICLE INSPECTION REPORT

Date: 06/06/2016 Location: Station



Office of Emergency Medical Services 2707 Mail Service Center Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Elite Medical Transport, Inc. (Greene) System Affiliation: Greene Operational Level: EMT x EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC06203 VIN: 1FD5534P86HB30402 Assigned Vehicle Number: EMT-8 Model Year: 2005 Manufacturer: FORD Fuel Type: Gas x Diesel 4 X 4 Inspection Type: x Ground Non-transport New Only: Height: 48 Length: 102

Highlighted items are not required for Non-transport Vehicles (Non-transport Vehicles require one (1) O2 Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function Appropriate Restraints for Crew & Non-patient Passenger Warning Devices (Lights & Siren) Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment Interior Dimensions (min. 48" x 102") Wheeled Cot with Securing Straps O2 Cylinder with Regulators (2 sources) Suction Apparatus (2 sources) Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks) Defibrillator with adult & PED Pads Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult Stethoscope Heating & Cooling Source Patient Compartment Lighting Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes) Beta-agonists (Albuterol, etc.) Nebulizer Aspirin Epinephrine Auto Injector (adult & PED) Nitroglycerin Naloxone Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard Three (3) Backboard Straps or equivalent Stair Chair or Folding Stretcher Head Immobilization Device Cervical Spine Immobilization Device (S, M, & L) Pediatric Spinal Immobilization/Extraction Device or Short Backboard with Straps Adult Spinal Immobilization/Extraction Device or Short Backboard with Straps Femur Traction Splint (adult) Femur Traction Splint (PED) Upper & Lower Extremity Immobilization Devices Pediatric Restraint Device available to restrain <= 40 lbs Oropharyngeal Airways (3 adult & 3 PED sizes) Nasopharyngeal Airways (3 adult & 3 PED sizes) Nasal Cannula (adult) Nasal Cannula (PED)

- Non-rebreather with Tubing (adult) Non-rebreather with Tubing (PED) Suction Catheters (one between 6 & 10F) Suction Catheters (one between 12 & 16F) Rigid Pharyngeal Suction Device Wide Bore Suction Tubing Thermometer (low temperature capability) Glucose Measuring Device Pulse Oximeter (adult & PED sizes) Gloves (latex free) Gloves (non-sterile) Mounted Fire Extinguisher Flashlight with Extra Batteries Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers) Disposable Biohazard Trash Bags N-95 or HEPA Masks Disinfectant Hand Wash Disinfectant for Cleaning Equipment Sharps Containers (2 sources) Emesis Collection Device Urinal Bedpan Sheets, Pillows, Pillow Cases, & Towels Thermal Blanket (or other heat conserving device) Sterile OB kit (scissors, bulb suction, cord clamps) Bulb Syringe (separate from OB) Length/Weight-based Pediatric Tape Dressings, Bandages, Roll Gauze Triangular Bandages (at least 2) Occlusive Dressing Adhesive Tape Heavy Duty Scissors Alcohol Wipes Lubricating Jelly Triage System Sterile Irrigation Solution Burn Sheet Cold Packs Medications and Fluid kept in Climate-controlled Environment Provider Name Displayed on Each Side Reflective Tape on all Sides Equipment Secured in Pt. Compartment Copy of Protocols Exterior Cleanliness Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes) ET Handles w/ extra Batteries & Bulbs ET Tubes (3 adult & 3 PED sizes) ET Stylettes (adult & PED sizes) ET Tube Holder Blind Insertion Airway Device with Syringe (adult & PED) McGill Forceps (adult & PED sizes) IV Admin Set micro/macro IV Catheters in at least 4 sizes Needles in various sizes (1 must be 1.5 in for IM injections) Syringes (in at least 3 sizes) IV Arm Board Color Metric/Waveform/Numeric End Tidal/CO2 Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID Aspirin Beta-agonists (Albuterol, etc.) Crystalloid solution Diphenhydramine Epinephrine Glucagon Glucose solution Meconium aspirator adaptor Naloxone Nebulizer Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity Pacemaker (external) Intraosseous Needles (adult & PED sizes) Needle (3" or longer & 14ga for chest decompression) Surgical Cricothyrotomy Airway Kit (required for RSI only) Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine Antiarrhythmic (Amiodarone, Lidocaine, Procainamide) Antiemetic Atropine Calcium Chloride/Gluconate Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.) Narcotic Analgesic Benzodiazepine Dopamine Sodium Bicarbonate Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts = x 15 pts = Total Points: 0

Inspection Results

PASSED <= 30 points = Satisfactory > 30 points = Unsatisfactory

Deficiencies corrected during inspection

Approved Not Approved

Permit #: NC000400

Expiration: 06/30/2018

FAILED

- Refusal of a Permit Failed - Temporary Failed - Suspension Issued

Comments: missing peds traction

Compliance Inspection: Ramp Spot

Provider Representative:

For NCOEMS Use Only:

Inspector: Allen Johnson

Date Entered in CIS: 06/06/2016

PERSONNEL - P#

#1: MR B I P

#2: MR B I P

II.

B. Elite Medical Transports gets written permission from each county that we are franchised in to use the local EMS frequencies that are available in that county thru Emergency Management. Elite also utilizes State EMS frequency 155.280 if needed.

C. Unable to locate at this time. We are currently in the process of locating this form from the FCC.

D. Elite Medical Transport has in each ambulance mobile radios that are capable of transmitting and receiving from 130.00MHz to 180.00MHz. Some of our ambulances are equipped with N.C. Viper radios.

III

A. Location from which Ambulance or Rescue vehicles intend to operate.

BUILDING STRUCTURE, ETC.	ADDRESS	SQUARE FOOTAGE	BASE OR SATELLITE STATION	HOURS OF OPERATION
Office Building	109 Heritage Crossing Snow Hill NC 28580	1,200	Base	24 hrs

Required Attachment:

- B. Brief description of each facility identified in (A) above including location, area to be served by location, accurate estimate of minimum and maximum response times to calls within the district to be served and availability of sheltered parking and description of services provided at each location.
- C. County map showing location of each facility identified in (A) above and the area served.

Section IV.- 4A

24 hour coverage capabilities

Currently, Elite Medical Transport has 33 full time employees and 9 part-time employees. From this group, there are 1 EMT-P, 6 EMT-I's, 28 EMT-B's. These employees have experience in the medical field ranging from 1 year to 22 years.

Our company operates 24 hours a day, 7 days a week, 365 days a year. We have been approved and have a crew available at all times to transport patients to and from Jones, Lenoir and Greene Counties and this capability will be provided to Craven and Jones county as well through our dispatch service.

Elite Medical Transport
Personnel Roster

State Id	First Name	Last Name	Job Title(s)	Last 4	Certifications	Exp Date	Status	DR LIC #	Home Address	Phone #	DOB	Start Date	Aff
P010209	Angelia	Phelps	Compliance Officer	3629	EMT-Intermediate	3/31/2017	FT	5738016	58 Terry St. Washington 27889	252-945-1184	2/9/1963	4/24/06	Y
P011016	Kenneth	Kornegay	Crew Chief	9616	EMT-Basic	6/30/2018	FT	20968150	1970 Spiritual Dr. Kinston, NC	252-933-3058	5/2/1985	4/24/06	Y
P014618	Linda	Overton	EMS Technician	8363	EMT-Intermediate	1/31/2017	PT	3305821	3178 US HWY 13 Goldsboro 27530	919-580-8292	1/3/1954	4/24/06	Y
P021210	Bonnie	Bradichich	ASSITANT C.O.O.	1241	EMT-Basic	3/31/2020	FT	64771400	2650 Glenfield Dr. Snow Hill 28580	252-560-9716	8/27/1969	2/24/06	Y
P024709	Julie	Parker	EMS Technician	3908	EMT-Intermediate	7/31/2016	PT	29042911	373 Vandiford Thomas Rd. Snow Hill	252-286-4781	9/21/1983	4/24/06	Y
P028379	Sue	Farmer	Training Officer	7242	EMT-Paramedic	2/29/2016	FT	5932021	4172 Ormondsville Rd Ayden	252-413-5105	1/10/1963	11/24/14	Y
P010333	Chad	Bradichich	C.O.O.	7351			FT	8425516	2650 Glenfield Dr. Snow Hill 28580	252-943-8529	8/20/1974	6/27/16	Y
P073202	Anna	Wiggins	Field Training Officer	3637	EMT-Basic	6/30/2018	FT	37701448	1898 Evermay Farm Rd. Walstonburg	252-560-5763	1/12/1990	10/1/14	N
P112011	Barfield	Chalady	EMS Technician	6591	EMT-Basic	5/31/2020	FT	37025471	102 Pioneer Dr LaGrange NC 28551	919-648-2814	12/15/1987	7/25/16	N
P079632	Nicholas	Pollock	Maint. Officer	507	EMT-Basic	3/31/2015	FT	20821520	5567 Hwy 258 S Snow Hill 28580	252-253-0411	12/21/1980	6/28/12	Y
P081259	Tricia	Gooding	EMS Technician	4381	EMT-Basic	9/30/2015	FT	26083544	1537 Savannah Hgts. Dr. Kinston 28501	252-560-6336	10/17/1986	11/12/13	N
P105293	Kirsten	Hakes	EMS Technician	1087	EMT-Basic	5/31/2019	FT	33800443	208 Crescent Dr. Dudley 28333	9193943184	10/24/1990	7/21/15	N
P103201	Shameeka	Ivey	EMS Technician	806	EMT-Basic	12/31/2018	FT	22631227	213 Devonshire Dr Goldsboro NC 27530	919-288-1913	9/12/1981	7/25/16	N
P102963	Amber	Mitchum	Crew Chief	3524	EMT-Basic	12/31/2018	FT	38768971	206 S Douglas St Goldboro	9192737917	9/30/1993	8/10/15	N
P102965	Brittany	Mitchum	EMS Technician	3523	EMT-Basic	12/31/2018	FT	38368262	4461 US 70 W Princeton 27569	919-750-5822	9/30/1993	8/10/15	N
P096447	Christopher	McDade	Crew Chief	4363	EMT-Basic	1/31/2018	FT	30963311	3220 Cary Rd Apt C Kinston	919-709-9975	6/23/1983	5/7/14	N
P098927	Deborah	Blades	Crew Chief	7675	EMT-Basic	5/31/2018	FT	311348423	271 Sheridan Forest Dr. Apt 1305 Gboro	518-420-7949	8/1/1991	8/10/15	N
P102960	Justin	Williamson	Crew Chief	7998	EMT-Basic	12/31/2018	FT	28068762	516 Mitchell Rd. Dudley 28333	919-648-8663	2/6/1986	2/6/15	N
P101443	Staci	Spangler	Crew Chief	621	EMT-Basic	9/30/2018	FT	21632202	1076 Moore Town Rd Walstonburg	252-289-8510	7/4/1981	2/11/15	N
P099597	Katlyn	King	Field Training Officer	3957	EMT-Basic	12/31/2018	FT	38281470	157 Rita Ln. Goldsboro, NC 27530	919-766-1381	4/23/1990	3/23/15	N
P112121	Kelley	Twiggs	EMS Technician	6662	EMT-Basic	5/31/2020	PT	34956488	121 Country Run Ln Goldsboro NC 27530	919-736-1616	1/15/1992	8/13/16	N
P088180	David	Carter	Safety Officer	88	EMT-Basic	5/31/2016	FT	126447019	1510 Cobblestone Dr Kinston	865-201-1372	10/1/1984	8/24/15	Y
P098708	Aubrey	Maupin	EMS Technician	6129	EMT-Basic	8/31/2018	PT	30368779	411 Wedgewood Dr. Greenville, NC	252-624-7095	11/13/1994	9/4/15	N
P090563	Dexter	Howell	EMS Technician	6633	EMT-Basic	4/30/2017	FT	25081640	1204 Porter St Goldsboro NC 27530	919-739-9942	4/21/1986	7/11/16	N
P105303	JaQuan	Dixon	EMS Technician	3777	EMT-Basic	5/31/2019	PT	23274218	105 Collingwood Dr. Pikeville 27863	919-222-7483	9/8/1984	9/1/15	N
P107917	Abigail	Jones	Logistics Officer	211	EMT-Intermediate	09/30/2019	FT	36845295	253 Grant Rd, Goldsboro, NC	919-273-3810	10/7/1993	9/1/15	N
P037887	Freddy	Stewart	EMS Technician	2231	EMT-Intermediate	11/30/2018	FT	7966965	5243 HWY 17 S New Bern 28562	252-670-3357	1/3/1970	11/19/15	Y
P105305	Haley	Brown	Crew Chief	6561	EMT-Basic	5/31/2019	FT	35770091	PO Box 263 Fremont NC 27830	919-709-9144	10/28/1996	7/11/16	N
P109768	Austin	Freeman	EMS Technician	4440	EMT-Basic	1/31/2020	FT	39471054	457 Peele Rd Goldsboro 27534	919-356-7141	4/2/1996	2/1/16	N
P012446	Cathy	Eubanks	EMS Technician	4924	EMT-Intermediate	9/30/2016	PT	7763234	4900 Sidney's Ln LaGrange 28551	252-268-6797	10/14/1971	2/1/16	Y
P095035	Jeffery	Anderson	Crew Chief	8003	Emt-Basic	4/30/2018	FT	23137021	1344 Mike Stocks Rd Hookerton NC 28538	252-286-4617	8/27/1982	7/11/16	Y
P097802	Terrean	Steele	EMS Technician	4992	EMT-Basic	7/31/2019	FT	34585262	150 Christy Dr, Beulaville, NC	910-298-1992	3/22/1996	6/14/16	Y
P111381	Ryne	Duffley	EMS Technician	3347	EMT-Basic	1/31/2020	FT	31724726	946Old Smithfield RdGoldsboroNC 27530	919-738-8224	11/8/1991	7/26/16	N
P106876	Michael	Davis	EMS Technician	4017	EMT-Basic	7/31/2019	FT	34454896	119 Heron Dr Goldsboro NC 27534	919-778-1590	12/29/1994	7/28/16	Y
P092762	Tammy	DeMeo	EMS Technician	576	EMT-Basic	5/31/2017	PT	8686192	8977 Frank Rd Kenly, NC 27542	252-294-5482	5/6/1974	3/25/15	N
W/C	Jack	Northcutt	W/C Supervisor	4254	Transporter	N/A	FT	8443422	1671 Hull Rd. Snow Hill 28580	252-560-4422	6/20/1964	8/10/10	Y
W/C	Brittany	Merritt	W/C Training Officer	8553	Transporter	N/A	FT	37531834	373 Vandiford Thomas Rd. Snow Hill	252-320-2045	6/23/1990	2/17/14	N
W/C	Robert	Northcutt	W/C Transporter	3207	Transporter	N/A	PT	1022473005	1671 Hull Rd. Snow Hill 28580	252-521-0674	1/9/1991	6/2/14	Y
W/C	Brianna	Bell	W/C Transporter	7168	Transporter	N/A	PT	30352028	102 Chelsea Dr. Snow Hill 28580	252-560-9243	7/14/1994	4/1/14	N
W/C	Gerrick	Hooker	W/C Transporter	1104	Transporter	N/A	PT	6050724	1537 Savannah Hgts. Dr. Kinston 28501	252-520-3073	5/3/1963	6/24/14	N
W/C	Shiela	Foye	W/C Transporter	7840	Transporter	N/A	PT	5187634	2109 Viking Dr. Apt 15-C Kinston	252-559-0168	7/7/1978	8/28/14	N
W/C	Brad	Conwell	W/C Transporter	7911	Transporter	N/A	PT	8774607	5099 Beamon Old Creek RD Snow Hill	252-521-5742	7/8/1975	7/21/2015	N

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

ELITE MEDICAL TRANSPORT

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)

446 WHITE OAK RD

City, state, and ZIP code

WINDSOR, NC 27983

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
| | + | | | | |

or

Employer identification number
2 | 0 | 3 | 6 | 3 | 5 | 5 | 1 | 6

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person

Date

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

State of North Carolina

Office of Emergency
Medical Services



Medical Care
Commission

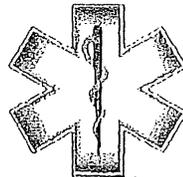
Department of Health and Human Services
Division of Health Service Regulation

*Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of
the North Carolina Medical Care Commission for the licensing of EMS Agencies.*

ELITE MEDICAL TRANSPORT SERVICE, INC.
is hereby issued an
EMS Agency License

This License, Number 1849, expires the last day of August, 2020

Office of Emergency
Medical Services



Medical Care
Commission



**GREENE COUNTY DEPARTMENT
OF EMERGENCY SERVICES**

201 MARTIN L. KING, JR PARKWAY
SNOW HILL, NC 28580

Emergency Services - 252-747-2544
Fax - 252-747-4222

Berry Anderson
Director

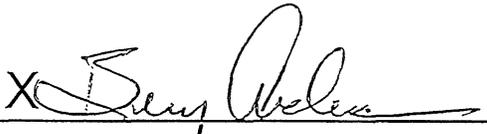
Colby Chase
Fire & EM Coordinator

Herman Warrick
EMS Coordinator

To whom it may concern:

This is a letter of recommendation for Elite Medical Services INC. for their valuable contribution to the citizens of Greene County and assisting in time of need as well as being a backup for 911 calls when needed.

Sincerely,

X 

Berry Anderson
Director

II.

A. Listing of Ambulance or Rescue Vehicles Owned and Operated by the Applicant.

YEAR	CURRENT MILEAGE	MAKE	MODEL/TYPE	STATE CERTIFICATION		SPECIFICATION KKK		PURPOSE			STATUS	
				YES	NO	YES	NO	AMB	RES	ADM	PRIM	BACK
1996	318800	Ford	E Series	Yes		Yes		Yes			Yes	
1995	302201	Ford	E Series	Yes		Yes		Yes			Yes	
2000	404423	Ford	E Series	Yes		Yes		Yes			Yes	
1997	261248	Ford	E Series	Yes		Yes		Yes			Yes	
1998	610990	Ford	E Series	Yes		Yes		Yes			Yes	
2000	543261	Ford	E Series	Yes		Yes		Yes			Yes	
1995	336137	Ford	E series	Yes		Yes		Yes			Yes	
1995	319981	Ford	E Series	Yes		Yes		Yes			Yes	
1998	367215	Ford	E series	Yes		Yes		Yes			Yes	
1996	481784	Ford	E series	Yes		Yes		Yes			Yes	
2001	528105	Ford	E series	Yes		Yes		Yes			Yes	
2000	452830	Ford	E Series	Yes		Yes		Yes			Yes	
1996	454105	Ford	E Series	Yes		Yes		Yes			Yes	
1998	286763	Ford	E series	Yes		Yes		Yes			Yes	
2000	451186	Ford	E series	Yes		Yes		Yes			Yes	
1999	349398	Ford	E Series	Yes		Yes		Yes			Yes	
2000	286763	Ford	E Series	Yes		Yes		Yes			Yes	
1995	161924	Ford	E Series	Yes		Yes		Yes			Yes	
2003	110520	Ford	E series	Yes		Yes		Yes			Yes	

Abbreviations:

AMB=Ambulance

RES=Rescue

ADM=Administrative

PRIM=Primary

BACK=Back-up

B. Required Attachment: Copy of Ambulance Inspection Report for each Certified Ambulance.

- C. **Required Attachment:** Copy of current FCC Form 400 authorizing the use of communications equipment.
- D. **Required Attachment:** Description of each two-way VHF Radio including channel capability and MHz frequencies installed.

Page 2 of 4

III

- A. **Location from which Ambulance or Rescue vehicles intend to operate.**

BUILDING STRUCTURE, ETC.	ADDRESS	SQUARE FOOTAGE	BASE OR SATELLITE STATION	HOURS OF OPERATION
<i>Building</i>	<i>101 South Granville Street Windsor, NC 27983</i>	<i>3000</i>	<i>Base</i>	<i>24/7</i>
<i>Business Office</i>	<i>308 South Pearl Street Williamston, NC 27892</i>	<i>1500</i>	<i>Satellite</i>	<i>24/7</i>
<i>Business Office</i>	<i>118 Avon Avenue Suite 101 Washington, NC 27889</i>	<i>2150</i>	<i>Satellite</i>	<i>24/7</i>
<i>Industrial Building</i>	<i>1834 Progress Road Greenville, NC 27834</i>	<i>2900</i>	<i>Satellite</i>	<i>24/7</i>

Required Attachment:

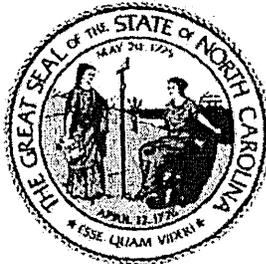
- B. **Brief description of each facility identified in (A) above including location, area to be served by location, accurate estimate of minimum and maximum response times to calls within the district to be served and availability of sheltered parking and description of services provided at each location.**

C. County map showing location of each facility identified in (A) above and the area served.

Page 3 of 4

State of North Carolina

Office of Emergency
Medical Services



Medical Care
Commission

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.

COASTAL MEDICAL TRANSPORT, INC. (BERTIE)

is hereby issued an

EMS Agency License

This License, Number 1556, expires the last day of April 2022

Office of Emergency Medical Services

Medical Care Commission

Provider Information for 1104977198

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

COASTAL MEDICAL TRANSPORT, INC
Organization Subpart: NO

 NPI: 1104977198

 Last Updated: 2008-04-04

Details

Name	Value
NPI	1104977198
Enumeration Date	2007-01-16
NPI Type	2- Organization
Status	Active
Mailing Address	101 S GRANVILLE ST WINDSOR, NC 27983-2148 United States Phone: 252-794-4149 Fax: 252-794-3477 View Map (/registry/map-view?q=101 S GRANVILLE ST, WINDSOR, NC, 279832148, United States) 
Primary Practice Address	101 S GRANVILLE ST WINDSOR, NC 27983-2148 United States

22 143 5112

SOSID: 633721
Date Filed: 6/5/2002 11:32 AM
Elaine F. Marshall
North Carolina Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is:
Coastal Medical Transport, Inc.

2. The number of shares the corporation is authorized to issue is:
100

These shares shall be: *(check either a or b)*

a. all of one class, designated as common stock; or

b. divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.

3. The street address and county of the initial registered office of the corporation is:

Number and Street 102 E. Granville Street
City, State, Zip Code Windsor, NC 27983 County Bertie

4. The mailing address, *if different from the street address*, of the initial registered office is:

P.O. Box 602, Windsor, NC 27983

5. The name of the initial registered agent is:
Tonza D. Ruffin

6. Principal office information: *(must select either a or b.)*

(a) The corporation has a principal office.

The street address and county of the principal office of the corporation is:

Street 101 S. Granville Street
City, State, Zip Code Windsor, NC 27983 County Bertie

The mailing address, *if different from the street address*, of the principal office of the corporation is:

Phone: 252-794-4149 | Fax: 252-794-3477

View Map (/registry/map-view?q=101 S GRANVILLE ST, WINDSOR, NC, 279832148, United States) 

Authorized Official Information

Name: MR. TIM BAZEMORE
Title: OWNER
Phone: 252-794-4149

Taxonomy

Primary Taxonomy	Selected Taxonomy	State	License Number
Yes	3416L0300X - Ambulance Land Transport	NC	1556

Other Identifiers

Issuer	State	Number
Other	NC	0729R
MEDICARE PIN	NC	2783072
MEDICAID	NC	3406822



A federal government website managed by the
(<http://hhs.gov>) U.S. Centers for Medicare & Medicaid Services (<http://cms.hhs.gov>)
7500 Security Boulevard, Baltimore, MD 21244

b. The corporation does not have a principal office.

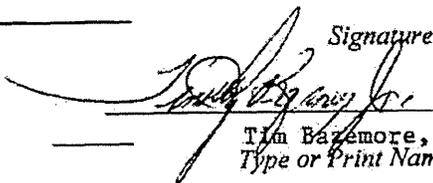
7. Any other provisions, which the corporation elects to include, are attached.

8. The name and address of each incorporator is as follows:

Tim Bazemore, Jr.
101 S. Granville Street
Windsor, NC 27983

9. These articles will be effective upon filing, unless a date and/or time is specified:

This the 21 day of May, 2002


Signature

Tim Bazemore, Jr. **INCORPORATOR**
Type or Print Name and Title



COASTAL MEDICAL TRANSPORT, INC.

P.O. BOX 582

WINDSOR, NC 27983

(252) 794-4149 FAX: (252) 794-3477

EMAIL: timb@coastalmedtrans.com



Timothy Bazemore, Jr. a dedicated and assiduous entrepreneur started Coastal Medical Transport in the year of 2000. With 16 years of managing this company, he has expanded and franchised in several counties which include, Bertie, Martin, Beaufort, Pitt, Lenoir and Washington counties.

Being an honorably discharged veteran, he comes from a background of good judgment, discipline and perseverance which is exemplified in his work and leadership. Furthermore, his compassion and care is apparent in his work due to his philosophy of treating his clientele as his very own family.

Mr. Bazemore has been married for over 30 years, and he has 3 children whom all support him and his business. Using his foundation of experiences in life and development of good character, he has operated Coastal Medical Transport to serve its community.

Training and Experience in the care and transportation of patients.

Coastal Medical Transport, Inc. ensures all Emergency Medical Technicians remain current and in compliance with North Carolina State and County Requirements for Basic Life Support. Our training process requires reviewing and complying with Coastal Medical Transport's Infection Control Policy and Procedure manual along with our Employee Training manual which covers OSHA, HIPAA and other privacy policies, rules and regulations. Once an EMT is hired at Coastal Medical Transport, they are trained thoroughly on how to care for patients and techniques on lifting/maneuvering a stretcher. EMTs are also required to review and comply with OSHA requirements. OSHA Law and regulation posters are placed in all Coastal Medical Transport offices for employees to have access to current OSHA standards. All EMTs are required to have 24-36 hours of continuing education annually. A copy of EMTs' transcripts and additional certificates are required to be on file at our corporate office. To ensure that all EMTs are in compliance, we make sure they complete the following:

1. Must have North Carolina EMT Certification.
2. Be current on continuing education hours which includes topics under the North Carolina EMT Educational Program Structure:

Topics
Airway and Ventilation
Anaphylaxis
Assessment
Behavioral Emergencies
Cardiovascular Emergencies
Central Nervous System
Communicable Disease
EMS Vehicle Operations
Endocrine Emergencies
Environmental Emergencies
General Pharmacology
Geriatric Emergencies
OB/GYN/Neonatal
Operations
Pediatric Emergencies
Prehospital Environment
Respiratory emergencies
Stress Management
Toxicology, Alcoholism and Drug Abuse
Trauma

3. Any additional county requirements must be current as well.

COASTAL MEDICAL TRANSPORT, INC.
PROFIT AND LOSS STATEMENT-INCOME TAX BASIS
YEAR ENDING DECEMBER 31, 2014

Income	
Insurance	\$ 2,791,750.01
Private Pay	31,594.15
Miscellaneous	2,691.28
Total Income	\$ 2,826,035.44
Expenses	
Salary and Wages	\$ 1,263,574.65
Repairs and Maintenance	103,492.99
Bad Debt	3,500.00
Rents	35,634.31
Taxes and Licenses	135,354.29
Interest	56,973.74
Charitable Contributions	1,620.19
Depreciation	112,236.00
Advertising	34,926.28
Employee Benefits	108,279.46
Automobile and Truck Expenses	351,712.58
Bank Charges	3,581.93
Insurance	116,214.98
Legal and Professional	26,334.15
Dues and Subscriptions	11,867.83
Meals	2,368.50
Office Expense	116,036.38
Postage	1,058.01
Supplies	76,728.63
Telephone	41,089.94
Training and Continuing Education	8,320.00
Travel	7,712.34
Utilities	24,136.31
Computer Expenses	4,119.01
Miscellaneous Expenses	3,400.25
Legal Settlement	13,870.00
Uniforms	12,732.30
Total Expenses	\$ 2,676,875.05
Net Profit	\$ 149,160.39

See Accountant's Compilation Report

Section II. Part A. List of Ambulances

Unit number: 1101 Make: Ford Model: E Series Year: 1996

VIN: 1FDKE30F4THB2154 Permit: NC001067
Inspection Date: 01/07/2016 Expirations: 01/31/2018

Unit number: 1103 Make: Ford Model: E Series Year: 1995

VIN: 1FDKE30F43HA78166 Permit: NC000327
Inspection Date: 02/24/2016 Expirations: 02/28/2018

Unit number: 1104 Make: Ford Model: E Series Year: 2000

VIN: 1FDSE35F1VHB47672 Permit: NC000337
Inspection Date: 03/01/2016 Expirations: 03/31/2018

Unit number: 1105 Make: Ford Model: E Series Year: 1997

VIN: 1FDKE30F9VHA07114 Permit: NC000301
Inspection Date: 02/05/2016 Expirations: 02/28/2018

Unit number: 1106 Make: Ford Model: E Series Year: 1998

VIN: 1FDWE30F6WHB18707 Permit: NC000336
Inspection Date: 03/01/2016 Expirations: 03/31/2018

Unit number: 1107 Make: Ford Model: E Series Year: 2000

VIN: 1FDSE35F3YHB47673 Permit: NC000328
Inspection Date: 02/24/2016 Expirations: 02/28/2018

Unit number: 1108 Make: Ford Model: E Series Year: 1995

VIN: 1FDKE30F7SHF32706 Permit: NC000326
Inspection Date: 02/24/2016 Expirations: 02/28/2018

Section II. Part A. List of Ambulances

Unit number: 1109 Make: Ford Model: E Series Year: 1995

VIN: 1FDKE30F0SHC05446 Permit: NC001066
Inspection Date: 01/07/2016 Expirations: 01/31/2018

Unit number: 1110 Make: Ford Model: E Series Year: 1998

VIN: 1FDWE30FDWHB1697 Permit: NC000329
Inspection Date: 02/24/2016 Expirations: 02/28/2018

Unit number: 1111 Make: Ford Model: E Series Year: 1996

VIN: 1FDKE30FVHC13681 Permit: NC001084
Inspection Date: 01/14/2016 Expirations: 01/31/2018

Unit number: 1112 Make: Ford Model: E Series Year: 2001

VIN: 1FDSE35F41HA77378 Permit: NC000803
Inspection Date: 01/15/2016 Expirations: 01/31/2018

Unit number: 1112 Make: Ford Model: E Series Year: 2001

VIN: 1FDSE35F41HA77378 Permit: NC000803
Inspection Date: 01/15/2016 Expirations: 01/31/2018

Unit number: 1113 Make: Ford Model: E Series Year: 2000

VIN: 1FDSE35F94HB42087 Permit: NC05913
Inspection Date: 03/29/2016 Expirations: 03/31/2018

Unit number: 1114 Make: Ford Model: E Series Year: 1996

VIN: 1FDKE30FXTHA86192 Permit: NC05912
Inspection Date: 03/29/2016 Expirations: 03/31/2018

Section II. Part A. List of Ambulances

Unit number: 1115 Make: Ford Model: E Series Year:1998
VIN: 1FDKE30F7VHA599792 Permit: NC000302
Inspection Date: 02/05/2016 Expirations: 02/28/2018

Unit number: 1116 Make: Ford Model: E Series Year:2000
VIN: 1FDXE45F8YHB67428 Permit: NC000330
Inspection Date: 02/24/2016 Expirations: 02/28/2018

Unit number: 1117 Make: Ford Model: E Series Year1999
VIN: 1FDSE35F5YHA72684 Permit: NC001034
Inspection Date: 12/01/2015 Expirations: 12/31/2017

Unit number: 1118 Make: Ford Model: E Series Year:2000
VIN: 1FDXE40FXWHB36685 Permit: NC07700
Inspection Date: 11/25/2015 Expirations: 11/30/2017

Unit number: 1119 Make: Ford Model: E Series Year:1995
VIN: 1FDJS34F4SHA73919 Permit: NC001074
Inspection Date: 01/12/2016 Expirations: 01/31/2018

Unit number: 1120 Make: Ford Model: E Series Year:2003
VIN: 1FDXE45F13HB65853 Permit: NC001549
Inspection Date: 11/06/2015 Expirations: 11/30/2017



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 01/07/2016
Location: Coastal



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC06057 VIN: 1FDKE30F4THB2154
Assigned Vehicle Number: 1101 Model Year: 1996
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 48 Length: 102

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection.

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (2 sources)
- Suction Apparatus (2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystallloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (required for RSI only)
- Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: NC001067

Expiration: 01/31/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 01/07/2016

PERSONNEL - P#

#1: _____ **LEVEL** MR B I P

#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 02/24/2016
Location: Coastal



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27609-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05903 VIN: 1FDKE30F43HA78166
Assigned Vehicle Number: 1103 Model Year: 1995
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 66 Length: 142

**Highlighted Items are not required for Non-transport Vehicles
(*Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger**
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 49" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyrotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amlodaron, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

___ x 3 pts = ___
___ x 15 pts = ___
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

Deficiencies corrected during inspection

- Approved
- Not Approved

Permit #: NC000327

Expiration: 02/28/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 02/24/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

LEVEL



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 03/01/2016
Location: OEMS ERO



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05910 VIN: 1FDSE35F1VHB47672
Assigned Vehicle Number: 1104 Model Year: 2000
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 66 Length: 129

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger**
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps**
- O₂ Cylinder with Regulators (2 sources)
- Suction Apparatus (2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Toumiquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in PL Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (required for RSI only)
- Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

<input type="checkbox"/>	x	3 pts	=	<input type="checkbox"/>
<input checked="" type="checkbox"/>	x	15 pts	=	15
Total Points:				15

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

Deficiencies corrected during inspection

- Approved
- Not Approved

Permit #: NC000337

Expiration: 03/31/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 03/01/2016

PERSONNEL - P#

#1: _____ LEVEL MR B I P

#2: _____ LEVEL MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 02/05/2016
Location: Coastal Medical



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC06060 VIN: 1FDKE30F9VHA07114
Assigned Vehicle Number: 1105 Model Year: 1997
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 57 Length: 138

**Highlighted items are not required for Non-transport Vehicles
(*Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macros
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amlodaron, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.)
- or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: NC000301

Expiration: 02/28/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments:

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 02/05/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

LEVEL



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 03/01/2016
Location: OEMS ERO



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC06063 VIN: 1FDWE30F6WHB18707
Assigned Vehicle Number: 1106 Model Year: 1998
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 67 Length: 132

Highlighted items are not required for Non-transport Vehicles
**(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)*

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger**
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O² Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: **0**

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

Deficiencies corrected during inspection

- Approved
- Not Approved

Permit #: NC000336

Expiration: 03/31/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 03/01/2016

PERSONNEL - P#

#1: _____ LEVEL MR B I P

#2: _____ LEVEL MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 02/24/2016
Location: Coastal Transport



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC06030 VIN: 1FDSE35F3YHB47673
Assigned Vehicle Number: 1107 Model Year: 2000
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 68 Length: 140

Highlighted items are not required for Non-transport Vehicles
**(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)*

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

- Mandatory Items:**
 Vehicle Body & Function
 Appropriate Restraints for Crew & Non-patient Passenger
 Warning Devices (Lights & Siren)
 Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
 Interior Dimensions (min. 48" x 102")
 Wheeled Cot with Securing Straps
 O² Cylinder with Regulators (*2 sources)
 Suction Apparatus (*2 sources)
 Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
 Defibrillator with adult & PED Pads
 Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
 Stethoscope
 Heating & Cooling Source
 Patient Compartment Lighting
 Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
 Beta-agonists (Albuterol, etc.)
 Nebulizer
 Aspirin
 Epinephrine Auto Injector (adult & PED)
 Nitroglycerin
 Naloxone
 Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
 Three (3) Backboard Straps or equivalent
 Stair Chair or Folding Stretcher
 Head Immobilization Device
 Cervical Spine Immobilization Device (S, M, & L)
 Pediatric Spinal Immobilization/Extrication Device or Short Backboard with Straps
 Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
 Femur Traction Splint (adult)
 Femur Traction Splint (PED)
 Upper & Lower Extremity Immobilization Devices
 Pediatric Restraint Device available to restrain < 40 lbs
 Oropharyngeal Airways (3 adult & 3 PED sizes)
 Nasopharyngeal Airways (3 adult & 3 PED sizes)
 Nasal Cannula (adult)
 Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
 Non-rebreather with Tubing (PED)
 Suction Catheters (one between 6 & 10F)
 Suction Catheters (one between 12 & 16F)
 Rigid Pharyngeal Suction Device
 Wide Bore Suction Tubing
 Thermometer (low temperature capability)
 Glucose Measuring Device
 Pulse Oximeter (adult & PED sizes)
 Gloves (latex free)
 Gloves (non-sterile)
 Mounted Fire Extinguisher
 Flashlight with Extra Batteries
 Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
 Disposable Biohazard Trash Bags
 N-95 or HEPA Masks
 Disinfectant Hand Wash
 Disinfectant for Cleaning Equipment
 Sharps Containers (2 sources)
 Emesis Collection Device
 Urinal
 Bedpan
 Sheets, Pillows, Pillow Cases, & Towels
 Thermal Blanket (or other heat conserving device)
 Sterile OB kit (scissors, bulb suction, cord clamps)
 Bulb Syringe (separate from OB)
 Length/Weight-based Pediatric Tape
 Dressings, Bandages, Roll Gauze
 Triangular Bandages (at least 2)
 Occlusive Dressing
 Adhesive Tape
 Heavy Duty Scissors
 Alcohol Wipes
 Lubricating Jelly
 Triage System
 Sterile Irrigation Solution
 Burn Sheet
 Cold Packs
 Medications and Fluid kept in Climate-controlled Environment
 Provider Name Displayed on Each Side
 Reflective Tape on all Sides
 Equipment Secured in Pt. Compartment
 Copy of Protocols
 Exterior Cleanliness
 Interior Cleanliness

EMT-I Inspection

- Mandatory Items:**
 ET Blades (3 adult & 3 PED sizes)
 ET Handles w/ extra Batteries & Bulbs
 ET Tubes (3 adult & 3 PED sizes)
 ET Stylettes (adult & PED sizes)
 ET Tube Holder
 Blind Insertion Airway Device with Syringe (adult & PED)
 McGill Forceps (adult & PED sizes)
 IV Admin Set micro/macro
 IV Catheters in at least 4 sizes
 Needles in various sizes (1 must be 1.5 in for IM injections)
 Syringes (in at least 3 sizes)
 IV Arm Board
 Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
 Aspirin
 Beta-agonists (Albuterol, etc.)
 Crystallloid solution
 Diphenhydramine
 Epinephrine
 Glucagon
 Glucose solution
 Meconium aspirator adaptor
 Naloxone
 Nebulizer
 Nitroglycerin

EMT-P Inspection

- Mandatory Items:**
 Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
 Pacemaker (external)
 Intraosseous Needles (adult & PED sizes)
 Needle (3" or longer & 14ga for chest decompression)
 Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
 Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
 Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
 Antiemetic
 Atropine
 Calcium Chloride/Gluconate
 Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
 Narcotic Analgesic
 Benzodiazepine
 Dopamine
 Sodium Bicarbonate
 Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: **0**

Inspection Results

- PASSED**
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory
 Deficiencies corrected during inspection
 Approved
 Not Approved
Permit #: NC000328
Expiration: 02/28/2018
FAILED
 Refusal of a Permit
 Failed - Temporary
 Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:
Inspector: Paul Allen
Date Entered in CIS: 02/24/2016

PERSONNEL - P# **LEVEL**
#1: _____ MR B I P
#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 02/24/2016
Location: Coastal Transport



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05902 VIN: 1FDKE30F7SHF32706
Assigned Vehicle Number: 1108 Model Year: 1995
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 67 Length: 136

**Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (#2 sources)
- Suction Apparatus (#2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Adm Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.)
- or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points:

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: NC000328
Expiration: 02/28/2018

- FAILED
- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 02/24/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

LEVEL



GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT

Date: 01/07/2016

Location: Coastal



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)

System Affiliation: Bertie

Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05446 VIN: 1FDKE30F0SHC05446

Assigned Vehicle Number: 1109 Model Year: 1995

Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4

Inspection Type: Ground Non-transport *New Only*: Height: 69 Length: 140

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts = _____
 x 15 pts = _____
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

Deficiencies corrected during inspection

- Approved
- Not Approved

Permit #: NC001066

Expiration: 01/31/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments:

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 01/07/2016

PERSONNEL - P#

LEVEL

#1: _____ MR B I P

#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 02/24/2016
Location: Coastal Transport



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05911 VIN: 1FDWE30FDWHB1697
Assigned Vehicle Number: 1110 Model Year: 1998
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only:* Height: 62 Length: 133

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger**
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourmiquet

Mandatory at the Discretion of Medical Director for BLS Providers

- C Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- C Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macros
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points:

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

Deficiencies corrected during inspection

- Approved
- Not Approved

Permit #: NC000329

Expiration: 02/28/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 02/24/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

LEVEL



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**

Date: 01/14/2016

Location: Coastal Bertie



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)

System Affiliation: Bertie

Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05441 VIN: IFDKE30FVHC13681

Assigned Vehicle Number: 1111 Model Year: 1996

Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4

Inspection Type: Ground Non-transport *New Only*: Height: 69 Length: 140

**Highlighted items are not required for Non-transport Vehicles
(*Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O₂ Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: NC001084

Expiration: 01/31/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 01/14/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

LEVEL



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 01/15/2016
Location: ERO



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION
Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION
Current Permit #: NC06056 VIN: 1FDSE35F41HA77378
Assigned Vehicle Number: 1112 Model Year: 2001
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only:* Height: 65 Length: 134

**Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection
Mandatory Items:
 Vehicle Body & Function
 Appropriate Restraints for Crew & Non-patient Passenger
 Warning Devices (Lights & Siren)
 Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment Interior Dimensions (min. 48" x 102")
 Wheeled Cot with Securing Straps
 O₂ Cylinder with Regulators (*2 sources)
 Suction Apparatus (*2 sources)
 Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
 Defibrillator with adult & PED Pads
 Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
 Stethoscope
 Heating & Cooling Source
 Patient Compartment Lighting
 Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers
 Blind Insertion Airway Device with Syringe (adult & PED sizes)
 Beta-agonists (Albuterol, etc.)
 Nebulizer
 Aspirin
 Epinephrine Auto Injector (adult & PED)
 Nitroglycerin
 Naloxone
 Nasal Administration Device

Fifteen (15) Point Deductions:
 Long Backboard
 Three (3) Backboard Straps or equivalent
 Stair Chair or Folding Stretcher
 Head Immobilization Device
 Cervical Spine Immobilization Device (S, M, & L)
 Pediatric Spinal Immobilization/Extrication Device or Short Backboard with Straps
 Adult Spinal Immobilization/Extrication Device or Short Backboard with Straps
 Femur Traction Splint (adult)
 Femur Traction Splint (PED)
 Upper & Lower Extremity Immobilization Devices
 Pediatric Restraint Device available to restrain < 40 lbs
 Oropharyngeal Airways (3 adult & 3 PED sizes)
 Nasopharyngeal Airways (3 adult & 3 PED sizes)
 Nasal Cannula (adult)
 Nasal Cannula (PED)

Non-rebreather with Tubing (adult)
 Non-rebreather with Tubing (PED)
 Suction Catheters (one between 6 & 10F)
 Suction Catheters (one between 12 & 16F)
 Rigid Pharyngeal Suction Device
 Wide Bore Suction Tubing
 Thermometer (low temperature capability)
 Glucose Measuring Device
 Pulse Oximeter (adult & PED sizes)
 Gloves (latex free)
 Gloves (non-sterile)
 Mounted Fire Extinguisher
 Flashlight with Extra Batteries
 Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
 Disposable Biohazard Trash Bags
 N-95 or HEPA Masks
 Disinfectant Hand Wash
 Disinfectant for Cleaning Equipment
 Sharps Containers (2 sources)
 Emesis Collection Device
 Urinal
 Bedpan
 Sheets, Pillows, Pillow Cases, & Towels
 Thermal Blanket (or other heat conserving device)
 Sterile OB kit (scissors, bulb suction, cord clamps)
 Bulb Syringe (separate from OB)
 Length/Weight-based Pediatric Tape
 Dressings, Bandages, Roll Gauze
 Triangular Bandages (at least 2)
 Occlusive Dressing
 Adhesive Tape
 Heavy Duty Scissors
 Alcohol Wipes
 Lubricating Jelly
 Triage System
 Sterile Irrigation Solution
 Burn Sheet
 Cold Packs
 Medications and Fluid kept in Climate-controlled Environment
 Provider Name Displayed on Each Side
 Reflective Tape on all Sides
 Equipment Secured in Pt. Compartment
 Copy of Protocols
 Exterior Cleanliness
 Interior Cleanliness

EMT-I Inspection
Mandatory Items:
 ET Blades (3 adult & 3 PED sizes)
 ET Handles w/ extra Batteries & Bulbs
 ET Tubes (3 adult & 3 PED sizes)
 ET Stylettes (adult & PED sizes)
 ET Tube Holder
 Blind Insertion Airway Device with Syringe (adult & PED)
 McGill Forceps (adult & PED sizes)
 IV Admin Set micro/macro
 IV Catheters in at least 4 sizes
 Needles in various sizes (1 must be 1.5 in for IM injections)
 Syringes (in at least 3 sizes)
 IV Arm Board
 Color Metric/Waveform/Numeric
 End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:
 Acetaminophen or NSAID
 Aspirin
 Beta-agonists (Albuterol, etc.)
 Crystalloid solution
 Diphenhydramine
 Epinephrine
 Glucagon
 Glucose solution
 Meconium aspirator adaptor
 Naloxone
 Nebulizer
 Nitroglycerin

EMT-P Inspection
Mandatory Items:
 Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with LEAD Capacity
 Pacemaker (external)
 Intraosseous Needles (adult & PED sizes)
 Needle (3" or longer & 14ga for chest decompression)
 Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
 Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:
 Adenosine
 Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
 Antiemetic
 Atropine
 Calcium Chloride/Gluconate
 Beta Blockers (Metoprolol, Labetalol, etc.)
 or Calcium Channel Blockers (Diltiazem, etc.)
 Narcotic Analgesic
 Benzodiazepine
 Dopamine
 Sodium Bicarbonate
 Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring
____ x 3 pts = ____
____ x 15 pts = ____
Total Points: 0

Inspection Results
PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory

Deficiencies corrected during inspection
 Approved
 Not Approved

Permit #: NC000803
Expiration: 01/31/2018

FAILED
 Refusal of a Permit
 Failed - Temporary
 Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot
Provider Representative: _____

For NCOEMS Use Only:
Inspector: Rob Glover, Jr.
Date Entered in CIS: 01/15/2016

PERSONNEL - P# **LEVEL**
#1: _____ MR B I P
#2: _____ MR B I P



GROUND & NON-TRANSPORT VEHICLE INSPECTION REPORT

Date: 03/29/2016
Location: OEMS ERO



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: [X] EMT [] EMT-I [] EMT-P

VEHICLE INFORMATION

Current Permit #: NC05913 VIN: 1FDSE35F94HB42087
Assigned Vehicle Number: 1113 Model Year: 2000
Manufacturer: FORD Fuel Type: Gas [X] Diesel [] 4 X 4
Inspection Type: [X] Ground [] Non-transport New Only: Height: 66 Length: 131

Highlighted items are not required for Non-transport Vehicles
*(Non-transport Vehicles require one (1) O2 Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
Appropriate Restraints for Crew & Non-patient Passenger
Warning Devices (Lights & Siren)
Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
Interior Dimensions (min. 48" x 102")
Wheeled Cot with Securing Straps
O2 Cylinder with Regulators (*2 sources)
Suction Apparatus (*2 sources)
Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
Defibrillator with adult & PED Pads
Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
Stethoscope
Heating & Cooling Source
Patient Compartment Lighting
Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
Beta-agonists (Albuterol, etc.)
Nebulizer
Aspirin
Epinephrine Auto Injector (adult & PED)
Nitroglycerin
Naloxone
Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
Three (3) Backboard Straps or equivalent
Stair Chair or Folding Stretcher
Head Immobilization Device
Cervical Spine Immobilization Device (S, M, & L)
Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
Femur Traction Splint (adult)
Femur Traction Splint (PED)
Upper & Lower Extremity Immobilization Devices
Pediatric Restraint Device available to restrain < 40 lbs
Oropharyngeal Airways (3 adult & 3 PED sizes)
Nasopharyngeal Airways (3 adult & 3 PED sizes)
Nasal Cannula (adult)
Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
Non-rebreather with Tubing (PED)
Suction Catheters (one between 6 & 10F)
Suction Catheters (one between 12 & 16F)
Rigid Pharyngeal Suction Device
Wide Bore Suction Tubing
Thermometer (low temperature capability)
Glucose Measuring Device
Pulse Oximeter (adult & PED sizes)
Gloves (latex free)
Gloves (non-sterile)
Mounted Fire Extinguisher
Flashlight with Extra Batteries
Infectious Control Kit (masks; gowns, jumpsuits, eye protection, shoe covers)
Disposable Biohazard Trash Bags
N-95 or HEPA Masks
Disinfectant Hand Wash
Disinfectant for Cleaning Equipment
Sharps Containers (2 sources)
Emesis Collection Device
Urinal
Bedpan
Sheets; Pillows; Pillow Cases, & Towels
Thermal Blanket (or other heat conserving device)
Sterile OB kit (scissors, bulb suction, cord clamps)
Bulb Syringe (separate from OB)
Length/Weight-based Pediatric Tape
Dressings, Bandages, Roll Gauze
Triangular Bandages (at least 2)
Occlusive Dressing
Adhesive Tape
Heavy Duty Scissors
Alcohol Wipes
Lubricating Jelly
Triage System
Sterile Irrigation Solution
Bum Sheet
Cold Packs
Medications and Fluid kept in Climate-controlled Environment
Provider Name Displayed on Each Side
Reflective Tape on all Sides
Equipment Secured in Pt. Compartment
Copy of Protocols
Exterior Cleanliness
Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
ET Handles w/ extra Batteries & Bulbs
ET Tubes (3 adult & 3 PED sizes)
ET Stylettes (adult & PED sizes)
ET Tube Holder
Blind Insertion Airway Device with Syringe (adult & PED)
McGill Forceps (adult & PED sizes)
IV Admin Set micro/macro
IV Catheters in at least 4 sizes
Needles in various sizes (1 must be 1.5 in for IM injections)
Syringes (in at least 3 sizes)
IV Arm Board
Color Metric/Waveform/Numeric End Tidal/CO2 Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
Aspirin
Beta-agonists (Albuterol, etc.)
Crystalloid solution
Diphenhydramine
Epinephrine
Glucagon
Glucose solution
Meconium aspirator adaptor
Naloxone
Nebulizer
Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
Pacemaker (external)
Intraosseous Needles (adult & PED sizes)
Needle (3" or longer & 14ga for chest decompression)
Surgical Cricothyroidotomy Airway Kit (required for RSI only)
Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine
Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
Antiemetic
Atropine
Calcium Chloride/Gluconate
Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
Narcotic Analgesic
Benzodiazepine
Dopamine
Sodium Bicarbonate
Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
x 15 pts =
Total Points: 0

Inspection Results

PASSED

<= 30 points = Satisfactory
> 30 points = Unsatisfactory

Deficiencies corrected during inspection

Approved
Not Approved

Permit #: NC000652

Expiration: 03/31/2018

FAILED

Refusal of a Permit
Failed - Temporary
Failed - Suspension Issued

Comments:

Compliance Inspection: Ramp Spot

Provider Representative:

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 03/29/2016

PERSONNEL - P#

#1: MR B I P

#2: MR B I P

LEVEL



GROUND & NON-TRANSPORT VEHICLE INSPECTION REPORT

Date: 03/29/2016 Location: OEMS ERO



Office of Emergency Medical Services 2707 Mail Service Center Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie) System Affiliation: Bertie Operational Level: [X] EMT [] EMT-I [] EMT-P

VEHICLE INFORMATION

Current Permit #: NC05912 VIN: 1FDKE30FXTHA86192 Assigned Vehicle Number: 1114 Model Year: 1996 Manufacturer: FORD Fuel Type: Gas [] Diesel [X] 4 X 4 Inspection Type: [X] Ground [] Non-transport New Only: Height: 68 Length: 114

Highlighted items are not required for Non-transport Vehicles (Non-transport Vehicles require one (1) O2 Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function Appropriate Restraints for Crew & Non-patient Passenger Warning Devices (Lights & Siren) Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment Interior Dimensions (min. 48" x 102") Wheeled Cot with Securing Straps O2 Cylinder with Regulators (*2 sources) Suction Apparatus (*2 sources) Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks) Defibrillator with adult & PED Pads Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult Stethoscope Heating & Cooling Source Patient Compartment Lighting Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes) Beta-agonists (Albuterol, etc.) Nebulizer Aspirin Epinephrine Auto Injector (adult & PED) Nitroglycerin Naloxone Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard Three (3) Backboard Straps or equivalent Stair Chair or Folding Stretcher Head Immobilization Device Cervical Spine Immobilization Device (S, M, & L) Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps Adult Spinal Immobilization Extrication Device or Short Backboard with Straps Femur Traction Splint (adult) Femur Traction Splint (PED) Upper & Lower Extremity Immobilization Devices Pediatric Restraint Device available to restrain < 40 lbs Oropharyngeal Airways (3 adult & 3 PED sizes) Nasopharyngeal Airways (3 adult & 3 PED sizes) Nasal Cannula (adult) Nasal Cannula (PED)

- Non-rebreather with Tubing (adult) Non-rebreather with Tubing (PED) Suction Catheters (one between 6 & 10F) Suction Catheters (one between 12 & 16F) Rigid Pharyngeal Suction Device Wide Bore Suction Tubing Thermometer (low temperature capability) Glucose Measuring Device Pulse Oximeter (adult & PED sizes) Gloves (latex free) Gloves (non-sterile) Mounted Fire Extinguisher Flashlight with Extra Batteries Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers) Disposable Biohazard Trash Bags N-95 or HEPA Masks Disinfectant Hand Wash Disinfectant for Cleaning Equipment Sharps Containers (2 sources) Emesis Collection Device Urinal Bedpan Sheets, Pillows, Pillow Cases, & Towels Thermal Blanket (or other heat conserving device) Sterile OB kit (scissors, bulb suction, cord clamps) Bulb Syringe (separate from OB) Length/Weight-based Pediatric Tape Dressings, Bandages, Roll Gauze Triangular Bandages (at least 2) Occlusive Dressing Adhesive Tape Heavy Duty Scissors Alcohol Wipes Lubricating Jelly Triage System Sterile Irrigation Solution Burn Sheet Cold Packs Medications and Fluid kept in Climate-controlled Environment Provider Name Displayed on Each Side Reflective Tape on all Sides Equipment Secured in Pt. Compartment Copy of Protocols Exterior Cleanliness Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes) ET Handles w/ extra Batteries & Bulbs ET Tubes (3 adult & 3 PED sizes) ET Stylettes (adult & PED sizes) ET Tube Holder Blind Insertion Airway Device with Syringe (adult & PED) McGill Forceps (adult & PED sizes) IV Admin Set micro/macro IV Catheters in at least 4 sizes Needles in various sizes (1 must be 1.5 in for IM injections) Syringes (in at least 3 sizes) IV Arm Board Color Metric/Waveform/Numeric End Tidal/CO2 Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID Aspirin Beta-agonists (Albuterol, etc.) Crystalloid solution Diphenhydramine Epinephrine Glucagon Glucose solution Meconium aspirator adaptor Naloxone Nebulizer Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity Pacemaker (external) Intraosseous Needles (adult & PED sizes) Needle (3" or longer & 14ga for chest decompression) Surgical Cricothyroidotomy Airway Kit (required for RSI only) Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine Antiarrhythmic (Amiodarone, Lidocaine, Procainamide) Antiemetic Atropine Calcium Chloride/Gluconate Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.) Narcotic Analgesic Benzodiazepine Dopamine Sodium Bicarbonate Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts = x 15 pts = Total Points: 0

Inspection Results

PASSED

<= 30 points = Satisfactory > 30 points = Unsatisfactory

Deficiencies corrected during inspection

Approved Not Approved

Permit #: NC000653

Expiration: 03/31/2018

FAILED

Refusal of a Permit Failed - Temporary Failed - Suspension Issued

Comments:

Compliance Inspection: Ramp Spot

Provider Representative:

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 03/29/2016

PERSONNEL - P#

#1: MR B I P

#2: MR B I P

LEVEL



GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT

Date: 02/05/2016

Location: Coastal Medical



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertie)

System Affiliation: Bertie

Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05901 VIN: 1FDKE30F7VHA599792

Assigned Vehicle Number: 1115 Model Year: 1998

Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4

Inspection Type: Ground Non-transport New Only: Height: 66 Length: 144

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O² Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets; Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (required for RSI only)
- Waveform Capnography (required for RSI only)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.)
- or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

<input type="checkbox"/>	x	3 pts	=	<input type="checkbox"/>
<input checked="" type="checkbox"/>	x	15 pts	=	15
Total Points:				15

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

Deficiencies corrected during inspection

- Approved
- Not Approved

Permit #: NC000302

Expiration: 02/28/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: several NPAs expired but corrected, no bed pan or urinal

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 02/05/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

LEVEL



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 02/24/2016
Location: Coastal



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION
Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION
Current Permit #: NC05212 VIN: 1FDXE45F8YHB67428
Assigned Vehicle Number: 1116 Model Year: 2000
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 68 Length: 144

**Highlighted items are not required for Non-transport Vehicles
(*Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

EMT-B Inspection
Mandatory Items:
 Vehicle Body & Function
 Appropriate Restraints for Crew & Non-patient Passenger
 Warning Devices (Lights & Siren)
 Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
 Interior Dimensions (min. 48" x 102")
 Wheeled Cot with Securing Straps
 O₂ Cylinder with Regulators (*2 sources)
 Suction Apparatus (*2 sources)
 Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
 Defibrillator with adult & PED Pads
 Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
 Stethoscope
 Heating & Cooling Source
 Patient Compartment Lighting
 Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers
 Blind Insertion Airway Device with Syringe (adult & PED sizes)
 Beta-agonists (Albuterol, etc.)
 Nebulizer
 Aspirin
 Epinephrine Auto Injector (adult & PED)
 Nitroglycerin
 Naloxone
 Nasal Administration Device

Fifteen (15) Point Deductions:
 Long Backboard
 Three (3) Backboard Straps or equivalent
 Stair Chair or Folding Stretcher
 Head Immobilization Device
 Cervical Spine Immobilization Device (S, M, & L)
 Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
 Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
 Femur Traction Splint (adult)
 Femur Traction Splint (PED)
 Upper & Lower Extremity Immobilization Devices
 Pediatric Restraint Device available to restrain < 40 lbs
 Oropharyngeal Airways (3 adult & 3 PED sizes)
 Nasopharyngeal Airways (3 adult & 3 PED sizes)
 Nasal Cannula (adult)
 Nasal Cannula (PED)

Non-rebreather with Tubing (adult)
 Non-rebreather with Tubing (PED)
 Suction Catheters (one between 6 & 10F)
 Suction Catheters (one between 12 & 16F)
 Rigid Pharyngeal Suction Device
 Wide Bore Suction Tubing
 Thermometer (low temperature capability)
 Glucose Measuring Device
 Pulse Oximeter (adult & PED sizes)
 Gloves (latex free)
 Gloves (non-sterile)
 Mounted Fire Extinguisher
 Flashlight with Extra Batteries
 Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
 Disposable Biohazard Trash Bags
 N-95 or HEPA Masks
 Disinfectant Hand Wash
 Disinfectant for Cleaning Equipment
 Sharps Containers (2 sources)
 Emesis Collection Device
 Urinal
 Bedpan
 Sheets, Pillows, Pillow Cases, & Towels
 Thermal Blanket (or other heat conserving device)
 Sterile OB kit (scissors, bulb suction, cord clamps)
 Bulb Syringe (separate from OB)
 Length/Weight-based Pediatric Tape
 Dressings, Bandages, Roll Gauze
 Triangular Bandages (at least 2)
 Occlusive Dressing
 Adhesive Tape
 Heavy Duty Scissors
 Alcohol Wipes
 Lubricating Jelly
 Triage System
 Sterile Irrigation Solution
 Burn Sheet
 Cold Packs
 Medications and Fluid kept in Climate-controlled Environment
 Provider Name Displayed on Each Side
 Reflective Tape on all Sides
 Equipment Secured in Pt. Compartment
 Copy of Protocols
 Exterior Cleanliness
 Interior Cleanliness

EMT-I Inspection
Mandatory Items:
 ET Blades (3 adult & 3 PED sizes)
 ET Handles w/ extra Batteries & Bulbs
 ET Tubes (3 adult & 3 PED sizes)
 ET Stylettes (adult & PED sizes)
 ET Tube Holder
 Blind Insertion Airway Device with Syringe (adult & PED)
 McGill Forceps (adult & PED sizes)
 IV Admin Set micro/macro
 IV Catheters in at least 4 sizes
 Needles in various sizes (1 must be 1.5 in for IM injections)
 Syringes (in at least 3 sizes)
 IV Arm Board
 Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:
 Acetaminophen or NSAID
 Aspirin
 Beta-agonists (Albuterol, etc.)
 Crystalloid solution
 Diphenhydramine
 Epinephrine
 Glucagon
 Glucose solution
 Meconium aspirator adaptor
 Naloxone
 Nebulizer
 Nitroglycerin

EMT-P Inspection
Mandatory Items:
 Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
 Pacemaker (external)
 Intraosseous Needles (adult & PED sizes)
 Needle (3" or longer & 14ga for chest decompression)
 Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
 Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:
 Adenosine
 Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
 Antiemetic
 Atropine
 Calcium Chloride/Gluconate
 Beta Blockers (Metoprolol, Labetalol, etc.)
 or Calcium Channel Blockers (Diltiazem, etc.)
 Narcotic Analgesic
 Benzodiazepine
 Dopamine
 Sodium Bicarbonate
 Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring
___ x 3 pts = ___
___ x 15 pts = ___
Total Points: 0

Inspection Results
PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory
 Deficiencies corrected during inspection
 Approved
 Not Approved
Permit #: NC000330
Expiration: 02/28/2018
FAILED
 Refusal of a Permit
 Failed - Temporary
 Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot
Provider Representative: _____

For NCOEMS Use Only:
Inspector: Paul Allen
Date Entered in CIS: 02/24/2016

PERSONNEL - P# **LEVEL**
#1: _____ MR B I P
#2: _____ MR B I P



GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT
Date: 12/01/2015
Location: OEMS ÉRO



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION
Provider Name: Coastal Medical Transport, Inc. (Bertie)
System Affiliation: Bertie
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION
Current Permit #: NC05360 VIN: 1FDSE35F5YHA72684
Assigned Vehicle Number: 1117 Model Year: 1999
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 48 Length: 106

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)

EMT-B Inspection
Mandatory Items:
 Vehicle Body & Function
 Appropriate Restraints for Crew & Non-patient Passenger
 Warning Devices (Lights & Siren)
 Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
 Interior Dimensions (min. 48" x 102")
 Wheeled Cot with Securing Straps
 O² Cylinder with Regulators (*2 sources)
 Suction Apparatus (*2 sources)
 Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
 Defibrillator with adult & PED Pads
 Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
 Stethoscope
 Heating & Cooling Source
 Patient Compartment Lighting
 Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers
 Blind Insertion Airway Device with Syringe (adult & PED sizes)
 Beta-agonists (Albuterol, etc.)
 Nebulizer
 Aspirin
 Epinephrine Auto Injector (adult & PED)
 Nitroglycerin
 Naloxone
 Nasal Administration Device

Fifteen (15) Point Deductions:
 Long Backboard
 Three (3) Backboard Straps or equivalent
 Stair Chair or Folding Stretcher
 Head Immobilization Device
 Cervical Spine Immobilization Device (S, M, & L)
 Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
 Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
 Femur Traction Splint (adult)
 Femur Traction Splint (PED)
 Upper & Lower Extremity Immobilization Devices
 Pediatric Restraint Device available to restrain < 40-lbs
 Oropharyngeal Airways (3 adult & 3 PED sizes)
 Nasopharyngeal Airways (3 adult & 3 PED sizes)
 Nasal Cannula (adult)
 Nasal Cannula (PED)

Non-rebreather with Tubing (adult)
 Non-rebreather with Tubing (PED)
 Suction Catheters (one between 6 & 10F)
 Suction Catheters (one between 12 & 16F)
 Rigid Pharyngeal Suction Device
 Wide Bore Suction Tubing
 Thermometer (low temperature capability)
 Glucose Measuring Device
 Pulse Oximeter (adult & PED sizes)
 Gloves (latex free)
 Gloves (non-sterile)
 Mounted Fire Extinguisher
 Flashlight with Extra Batteries
 Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
 Disposable Biohazard Trash Bags
 N-95 or HEPA Masks
 Disinfectant Hand Wash
 Disinfectant for Cleaning Equipment
 Sharps Containers (2 sources)
 Emesis Collection Device
 Urinal
 Bedpan
 Sheets, Pillows, Pillow Cases, & Towels
 Thermal Blanket (or other heat conserving device)
 Sterile OB kit (scissors, bulb suction, cord clamps)
 Bulb Syringe (separate from OB)
 Length/Weight-based Pediatric Tape
 Dressings, Bandages, Roll Gauze
 Triangular Bandages (at least 2)
 Occlusive Dressing
 Adhesive Tape
 Heavy Duty Scissors
 Alcohol Wipes
 Lubricating Jelly
 Triage System
 Sterile Irrigation Solution
 Burn Sheet
 Cold Packs
 Medications and Fluid kept in Climate-controlled Environment
 Provider Name Displayed on Each Side
 Reflective Tape on all Sides
 Equipment Secured in Pt. Compartment
 Copy of Protocols
 Exterior Cleanliness
 Interior Cleanliness

EMT-I Inspection
Mandatory Items:
 ET Blades (3 adult & 3 PED sizes)
 ET Handles w/ extra Batteries & Bulbs
 ET Tubes (3 adult & 3 PED sizes)
 ET Stylettes (adult & PED sizes)
 ET Tube Holder
 Blind Insertion Airway Device with Syringe (adult & PED)
 McGill Forceps (adult & PED sizes)
 IV Admin Set micro/macro
 IV Catheters in at least 4 sizes
 Needles in various sizes (1 must be 1.5 in for IM injections)
 Syringes (in at least 3 sizes)
 IV Arm Board
 Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:
 Acetaminophen or NSAID
 Aspirin
 Beta-agonists (Albuterol, etc.)
 Crystalloid solution
 Diphenhydramine
 Epinephrine
 Glucagon
 Glucose solution
 Meconium aspirator adaptor
 Naloxone
 Nebulizer
 Nitroglycerin

EMT-P Inspection
Mandatory Items:
 Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
 Pacemaker (external)
 Intraosseous Needles (adult & PED sizes)
 Needle (3" or longer & 14ga for chest decompression)
 Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
 Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:
 Adenosine
 Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
 Antiemetic
 Atropine
 Calcium Chloride/Gluconate
 Beta Blockers (Metoprolol, Labetalol, etc.)
 or Calcium Channel Blockers (Diltiazem, etc.)
 Narcotic Analgesic
 Benzodiazepine
 Dopamine
 Sodium Bicarbonate
 Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

_____	x	3 pts	=	_____
<u>1</u>	x	15 pts	=	<u>15</u>
Total Points:				<u>15</u>

Inspection Results
PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory
 Deficiencies corrected during inspection
 Approved
 Not Approved
Permit #: NC001034
Expiration: 12/31/2017
FAILED
 Refusal of a Permit
 Failed - Temporary
 Failed - Suspension Issued

Comments: Sterile water expired

Compliance Inspection: Ramp Spot
Provider Representative: _____

For NCOEMS Use Only:
Inspector: Paul Allen
Date Entered in CIS: 12/01/2015

PERSONNEL - P# **LEVEL**
#1: _____ MR B I P
#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 11/25/2015
Location: NGOEMS



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION
Provider Name: Coastal Medical Transport, Inc. (Bertle)
System Affiliation: Bertle
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION
Current Permit #: NC05237 VIN: 1FDXE40FXWHB36685
Assigned Vehicle Number: 1118 Model Year: 1998
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 67 Length: 150

**Highlighted items are not required for Non-transport Vehicles
* (Non-transport Vehicles require one (1) O₂ Cylinder and one (1) Suction Apparatus)**

EMT-B Inspection
Mandatory Items:
 Vehicle Body & Function
 Appropriate Restraints for Crew & Non-patient Passenger
 Warning Devices (Lights & Siren)
 Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
 Interior Dimensions (min. 48" x 102")
 Wheeled Cot with Securing Straps
 O₂ Cylinder with Regulators (*2 sources)
 Suction Apparatus (*2 sources)
 Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
 Defibrillator with adult & PED Pads
 Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
 Stethoscope
 Heating & Cooling Source
 Patient Compartment Lighting
 Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers
 Blind Insertion Airway Device with Syringe (adult & PED sizes)
 Beta-agonists (Albuterol, etc.)
 Nebulizer
 Aspirin
 Epinephrine Auto Injector (adult & PED)
 Nitroglycerin
 Naloxone
 Nasal Administration Device

Fifteen (15) Point Deductions:
 Long Backboard
 Three (3) Backboard Straps or equivalent
 Stair Chair or Folding Stretcher
 Head Immobilization Device
 Cervical Spine Immobilization Device (S, M, & L)
 Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps
 Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
 Femur Traction Splint (adult)
 Femur Traction Splint (PED)
 Upper & Lower Extremity Immobilization Devices
 Pediatric Restraint Device available to restrain < 40 lbs
 Oropharyngeal Airways (3 adult & 3 PED sizes)
 Nasopharyngeal Airways (3 adult & 3 PED sizes)
 Nasal Cannula (adult)
 Nasal Cannula (PED)

Non-rebreather with Tubing (adult)
 Non-rebreather with Tubing (PED)
 Suction Catheters (one between 6 & 10F)
 Suction Catheters (one between 12 & 16F)
 Rigid Pharyngeal Suction Device
 Wide Bore Suction Tubing
 Thermometer (low temperature capability)
 Glucose Measuring Device
 Pulse Oximeter (adult & PED sizes)
 Gloves (latex free)
 Gloves (non-sterile)
 Mounted Fire Extinguisher
 Flashlight with Extra Batteries
 Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
 Disposable Biohazard Trash Bags
 N-95 or HEPA Masks
 Disinfectant Hand Wash
 Disinfectant for Cleaning Equipment
 Sharps Containers (2 sources)
 Emesis Collection Device
 Urinal
 Bedpan
 Sheets; Pillows; Pillow Cases, & Towels
 Thermal Blanket (or other heat conserving device)
 Sterile OB kit (scissors, bulb suction, cord clamps)
 Bulb Syringe (separate from OB)
 Length/Weight-based Pediatric Tape
 Dressings, Bandages, Roll Gauze
 Triangular Bandages (at least 2)
 Occlusive Dressing
 Adhesive Tape
 Heavy Duty Scissors
 Alcohol Wipes
 Lubricating Jelly
 Triage System
 Sterile Irrigation Solution
 Burn Sheet
 Cold Packs
 Medications and Fluid kept in Climate-controlled Environment
 Provider Name Displayed on Each Side
 Reflective Tape on all Sides
 Equipment Secured in Pt. Compartment
 Copy of Protocols
 Exterior Cleanliness
 Interior Cleanliness

EMT-I Inspection
Mandatory Items:
 ET Blades (3 adult & 3 PED sizes)
 ET Handles w/ extra Batteries & Bulbs
 ET Tubes (3 adult & 3 PED sizes)
 ET Stylettes (adult & PED sizes)
 ET Tube Holder
 Blind Insertion Airway Device with Syringe (adult & PED)
 McGill Forceps (adult & PED sizes)
 IV Admin Set micro/macro
 IV Catheters in at least 4 sizes
 Needles in various sizes (1 must be 1.5 in for IM injections)
 Syringes (in at least 3 sizes)
 IV Arm Board
 Color Metric/Waveform/Numeric End Tidal/CO₂ Detector

Fifteen (15) Point Deductions:
 Acetaminophen or NSAID
 Aspirin
 Beta-agonists (Albuterol, etc.)
 Crystalloid solution
 Diphenhydramine
 Epinephrine
 Glucagon
 Glucose solution
 Meconium aspirator adaptor
 Naloxone
 Nebulizer
 Nitroglycerin

EMT-P Inspection
Mandatory Items:
 Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
 Pacemaker (external)
 Intraosseous Needles (adult & PED sizes)
 Needle (3" or longer & 14ga for chest decompression)
 Surgical Cricothyrotomy Airway Kit (*required for RSI only*)
 Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:
 Adenosine
 Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
 Antiemetic
 Atropine
 Calcium Chloride/Gluconate
 Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
 Narcotic Analgesic
 Benzodiazepine
 Dopamine
 Sodium Bicarbonate
 Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring
____ x 3 pts = ____
____ x 15 pts = ____
Total Points: 0

Inspection Results
PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory
 Deficiencies corrected during inspection
 Approved
 Not Approved
Permit #: NC07700
Expiration: 11/30/2017
FAILED
 Refusal of a Permit
 Failed - Temporary
 Failed - Suspension Issued

Comments: _____

For NCOEMS Use Only:
Inspector: Rob Glover, Jr.
Date Entered in CIS: 11/25/2015

Compliance Inspection: _____ Ramp _____ Spot
Provider Representative: _____

PERSONNEL - P# **LEVEL**
#1: _____ MR B I P
#2: _____ MR B I P



**GROUND & NON-TRANSPORT
VEHICLE INSPECTION REPORT**
Date: 01/12/2016
Location: ERO



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: Coastal Medical Transport, Inc. (Bertle)
System Affiliation: Bertle
Operational Level: EMT EMT-I EMT-P

VEHICLE INFORMATION

Current Permit #: NC05447 VIN: 1FDJS34F4SHA73919
Assigned Vehicle Number: 1119 Model Year: 1995
Manufacturer: FORD Fuel Type: Gas Diesel 4 X 4
Inspection Type: Ground Non-transport *New Only*: Height: 48 Length: 106

Highlighted items are not required for Non-transport Vehicles
(Non-transport Vehicles require one (1) O² Cylinder and one (1) Suction Apparatus)

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" x 102")
- Wheeled Cot with Securing Straps
- O² Cylinder with Regulators (*2 sources)
- Suction Apparatus (*2 sources)
- Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)
- Defibrillator with adult & PED Pads
- Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult
- Stethoscope
- Heating & Cooling Source
- Patient Compartment Lighting
- Tourniquet

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device with Syringe (adult & PED sizes)
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector (adult & PED)
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen (15) Point Deductions:

- Long Backboard
- Three (3) Backboard Straps or equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (S, M, & L)
- Pediatric Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Adult Spinal Immobilization/Extrication Device or Short Backboard with Straps
- Femur Traction Splint (adult)
- Femur Traction Splint (PED)
- Upper & Lower Extremity Immobilization Devices
- Pediatric Restraint Device available to restrain < 40 lbs
- Oropharyngeal Airways (3 adult & 3 PED sizes)
- Nasopharyngeal Airways (3 adult & 3 PED sizes)
- Nasal Cannula (adult)
- Nasal Cannula (PED)

- Non-rebreather with Tubing (adult)
- Non-rebreather with Tubing (PED)
- Suction Catheters (one between 6 & 10F)
- Suction Catheters (one between 12 & 16F)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Thermometer (low temperature capability)
- Glucose Measuring Device
- Pulse Oximeter (adult & PED sizes)
- Gloves (latex free)
- Gloves (non-sterile)
- Mounted Fire Extinguisher
- Flashlight with Extra Batteries
- Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)
- Disposable Biohazard Trash Bags
- N-95 or HEPA Masks
- Disinfectant Hand Wash
- Disinfectant for Cleaning Equipment
- Sharps Containers (2 sources)
- Emesis Collection Device
- Urinal
- Bedpan
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or other heat conserving device)
- Sterile OB kit (scissors, bulb suction, cord clamps)
- Bulb Syringe (separate from OB)
- Length/Weight-based Pediatric Tape
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (at least 2)
- Occlusive Dressing
- Adhesive Tape
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- Triage System
- Sterile Irrigation Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in Climate-controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on all Sides
- Equipment Secured in Pt. Compartment
- Copy of Protocols
- Exterior Cleanliness
- Interior Cleanliness

EMT-I Inspection

Mandatory Items:

- ET Blades (3 adult & 3 PED sizes)
- ET Handles w/ extra Batteries & Bulbs
- ET Tubes (3 adult & 3 PED sizes)
- ET Stylettes (adult & PED sizes)
- ET Tube Holder
- Blind Insertion Airway Device with Syringe (adult & PED)
- McGill Forceps (adult & PED sizes)
- IV Admin Set micro/macro
- IV Catheters in at least 4 sizes
- Needles in various sizes (1 must be 1.5 in for IM injections)
- Syringes (in at least 3 sizes)
- IV Arm Board
- Color Metric/Waveform/Numeric End Tidal/CO² Detector

Fifteen (15) Point Deductions:

- Acetaminophen or NSAID
- Aspirin
- Beta-agonists (Albuterol, etc.)
- Crystalloid solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose solution
- Meconium aspirator adaptor
- Naloxone
- Nebulizer
- Nitroglycerin

EMT-P Inspection

Mandatory Items:

- Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity
- Pacemaker (external)
- Intraosseous Needles (adult & PED sizes)
- Needle (3" or longer & 14ga for chest decompression)
- Surgical Cricothyroidotomy Airway Kit (*required for RSI only*)
- Waveform Capnography (*required for RSI only*)

Fifteen (15) Point Deductions:

- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)
- Antiemetic
- Atropine
- Calcium Chloride/Gluconate
- Beta Blockers (Metoprolol, Labetalol, etc.)
- or Calcium Channel Blockers (Diltiazem, etc.)
- Narcotic Analgesic
- Benzodiazepine
- Dopamine
- Sodium Bicarbonate
- Steroid preparation

A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Total Inspection Scoring

x 3 pts =
 x 15 pts =
Total Points: 0

Inspection Results

PASSED

- ≤ 30 points = Satisfactory
- > 30 points = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: NC001074

Expiration: 01/31/2018

FAILED

- Refusal of a Permit
- Failed - Temporary
- Failed - Suspension Issued

Comments: _____

Compliance Inspection: Ramp Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: Paul Allen

Date Entered in CIS: 01/12/2016

PERSONNEL - P#

#1: _____ MR B I P

#2: _____ MR B I P

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental effect as defined by 47 CFR 1.1307? • If "yes", attach environmental assessment as required by 47 CFR 1.1308 and 47 CFR 1.1311.	[<u>N</u>] <u>Yes</u> <u>No</u>
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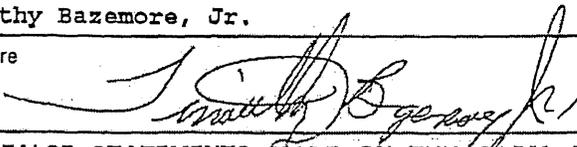
ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	[<u>N</u>] <u>Yes</u> <u>No</u>
30. Is the applicant an alien or the representative of an alien?	[<u>N</u>] <u>Yes</u> <u>No</u>
31. Is the applicant a corporation organized under the laws of any foreign government?	[<u>N</u>] <u>Yes</u> <u>No</u>
32. Is the applicant a corporation of which any officer or director is an alien or of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	[<u>N</u>] <u>Yes</u> <u>No</u>
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which any officer or more than one-fourth of the directors are aliens, or of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? • If "yes", attach exhibit explaining nature and extent of alien or foreign ownership or control.	[<u>N</u>] <u>Yes</u> <u>No</u>

BASIC QUALIFICATIONS

34. Has the applicant or any party to this application or amendment had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? • If "yes", attach exhibit explaining circumstances.	[<u>N</u>] <u>Yes</u> <u>No</u>
35. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court?	[<u>N</u>] <u>Yes</u> <u>No</u>
36. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?	[<u>N</u>] <u>Yes</u> <u>No</u>
37. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	[<u>N</u>] <u>Yes</u> <u>No</u>
38. Does the undersigned certify (by responding "Y" to this question), that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance? • See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	[<u>Y</u>] <u>Yes</u> <u>No</u>

CERTIFICATION

The APPLICANT waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.	
39. Applicant is a (an) [<u>C</u>] Individual <u>Unincorporated Association</u> Partnership Corporation <u>Governmental Entity</u>	
40. Typed Name of Person Signing Timothy Bazemore, Jr.	41. Title President
42. Signature 	43. Date 3/1 March 2008
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

FCC
600

FEDERAL COMMUNICATIONS COMMISSION
SCHEDULE E
Station Location Data
(all services except those for which Schedule A is required)

Approved by OMB
3060-0623
Expires 10/31/97
Est. Avg. Burden Hours
Per Response: 4 Hrs.

FCC Use Only

Licensee Name Coastal Medical Transport, Inc.	Radio Service PW	Call Sign or Station Location (City, State) Windsor, NC
--	---------------------	--

E1. Specify the datum used to determine all coordinates on this filing: [] NAD27 NAD83 Other (Specify _____)

FIXED OR PERMANENT LOCATIONS

LOC	E2. Station Address / Geographic Location	E3. City	E4. County	E5. State
A				
B				
C				
D				
E				
F				

LOC	E6. Latitude (degrees, minutes, seconds)	E7. Longitude (degrees, minutes, seconds)	E8. Ground Elevation (meters)
A			
B			
C			
D			
E			
F			

CONTROLS MEETING THE 20 FOOT CRITERIA, MOBILE OR TEMPORARY LOCATIONS

LOC	E9. Radius (km)	E10. Area of Operation Code	E11.				E12. Operations (S) South of Line A and/or (W) West of Line C
			LATITUDE	LONGITUDE	COUNTY	STATE	
G	30	P	35 - 59 - 54	076 - 56 - 48	Bertie	NC	
			- -	- -			
			- -	- -			
			- -	- -			
			- -	- -			
			- -	- -			

Agency Properties

Agency Number: **0081138**

Associated System: **Bertie**

FCC Call Sign: **KYU757**

FCC Call Sign Expiration Date: **07/09/0191**

Craven County
Request for Ambulance Service Franchise

The type and level of service Coastal Medical Transport (CMT) will provide is non-emergency, Basic Life Support. Upon receiving a franchise, CMT will acquire an office in Craven County. Currently, CMT has offices in the following locations:

101 South Granville Street Windsor, NC (Corporate Office)
308 South Pearl Street Williamston, NC (Satellite Station)
118 Avon Avenue Washington, NC (Satellite)
1834 Progress Road Greenville, NC. (Satellite)

The public will be able to contact CMT 24 hours per day and 7 days per week by calling the numbers listed below:

Toll Free: (844) 294-0999
Bertie County: (252) 794-4149
Martin County: (252) 792-8929
Beaufort County: (252) 946-1449
Pitt County: (252) 329-1222

Vehicles are dispatched using cellular phones. Each unit is assigned a cellular phone for dispatching purposes. Units will also have 2- way radio communication capability.

All EMTs & Medical Responders are required to be NC State certified and verified through CIS website. We require all EMTs and Medical Responders to provide their original certification prior to hire. All EMTs and Medical Responders have to maintain the required continuing education and all con-ed hours are documented and kept on file at our corporate office. Each EMT and MR must have 24-36 con-ed hours each year.

Currently, there are 19 ambulances in service. All ambulances are checked weekly by company equipment and supply list and all vehicles are inspected by EMTs and Supervisors each month using NC Office of Emergency Medical Services Inspection Report. Ambulances are checked daily by EMTs and documentation is completed to report any problem(s) and stored in the corporate office. Routine maintenance checks are completed by our on-site automotive technician.

The minimum estimated time for response is 15 minutes, and the maximum response time is 30-45 minutes depending on location and weather.

When needed and as directed, we will assist the Emergency System of Craven County in whatever capacity possible (in the event of natural disasters, DOAs, etc.)

Path: [My Profile](#) > [View Agency](#) > [Agency Roster](#)**Agency Roster: Coastal Medical Transport, Inc. (Bertie)**

State Id	Name	Job Title(s)	TechID	Certifications	Exp Date	
P108098	Kallyn Yates Abrams	EMS Technician	P108098	EMT-Basic	07/31/19	View Delete Edit Jobs
P109341	Kyenna N Arnold	EMS Technician	P109341	EMT-Basic	01/31/20	View Delete Edit Jobs
P104436	Allison F Austin	EMS Technician	P104436	EMT-Basic	11/30/18	View Delete Edit Jobs
P110078	Alexis Barrett	EMS Technician	P110078	EMT-Basic	02/29/20	View Delete Edit Jobs
P050279	Tamara Y Bazemore	Secretary	T1838			View Delete Edit Jobs
P009387	Timothy Bazemore, JR	Agency Primary Contact, Director	T7804			View Delete Edit Jobs
P065695	Timothy Bazemore, III	Administrator, EMS Technician, Secretary	P065695	EMT-Basic	12/31/17	View Delete Edit Jobs
P083154	Stacey R Bell	EMS Technician	P08652	EMT-Basic	08/31/19	View Delete Edit Jobs
P013107	Laquesta Bond	EMS Technician	P013107	EMT-Basic	03/31/17	View Delete Edit Jobs
P098916	Casey M Bradshaw	EMS Technician	P098916	EMT-Basic	05/31/18	View Delete Edit Jobs
P104731	Lisa Cannon Britt	EMS Technician	P104731	EMT-Basic	01/31/19	View Delete Edit Jobs
P089119	Shanequa Q Brockers	EMS Technician	P089119	EMT-Basic	09/30/16	View Delete Edit Jobs
P034485	Grady L Chosewood	EMS Technician	P034485	EMT-Basic	05/31/20	View Delete Edit Jobs
P110107	Mattie S Cromwell	EMS Technician	P110107	EMT-Basic	01/31/20	View Delete Edit Jobs
P110104	Mallory Ebner	EMS Technician	P110104	EMT-Basic	01/31/20	View Delete Edit Jobs
P104209	Jax Eddleman	EMS Technician	P104209	EMT-Basic	02/28/19	View Delete Edit Jobs
P107394	Tonya N Gardner	EMS Technician	P107394	EMT-Basic	10/31/19	View Delete Edit Jobs
P107229	Jazmin Garrett	EMS Technician	P107229	EMT-Basic	02/29/20	View Delete Edit Jobs
P106924	David Giro	EMS Technician	P106924	EMT-Basic	06/30/19	View Delete Edit Jobs
P104905	Melinda Godard	EMS Technician	P104905	EMT-Basic	03/31/19	View Delete Edit Jobs
P079557	John Austin Hardee	EMS Technician	P079557	EMT-Basic	03/31/19	View Delete Edit Jobs
P062126	Robert Lee Hyatt	EMS Technician	R7643	Medical Responder	09/30/20	View Delete Edit Jobs
P109364	Jacobi M Hyman	EMS Technician	P109364	EMT-Basic	01/31/20	View Delete Edit Jobs
P109394	Piorria Hyman	EMS Technician	P109394	EMT-Basic	03/31/20	View Delete Edit Jobs
P076709	Lance L Joyner	EMS Technician	P076709	EMT-Basic	02/28/19	View Delete Edit Jobs
P095027	Tyler James Kelly	EMS Technician	P095027	EMT-Basic	08/31/17	View Delete Edit Jobs
P108209	Francesca King	EMS Technician	P108209	EMT-Basic	12/31/19	View Delete Edit Jobs
P109594	Bethany T Langley	EMS Technician	P109594	EMT-Basic	01/31/20	View Delete Edit Jobs
P109466	Abby J McKenzie	EMS Technician	P109466	EMT-Basic	01/31/20	View Delete Edit Jobs
P031400	Danielle W Palmer	EMS Technician	D8612	EMT-Basic	05/31/17	View Delete Edit Jobs
P112893	Neal Patel	EMS Technician	P112893	EMT-Basic	07/31/20	View Delete Edit Jobs
P031814	Vanessa V Pierce	EMS Technician	V4784	EMT-Basic	02/28/19	View Delete Edit Jobs
P063746	Carlene Rascoe	EMS Technician	P063746	EMT-Basic	06/30/17	View Delete Edit Jobs
P071875	Raymond V Rease, Jr	EMS Technician	R8015	EMT-Basic	05/31/18	View Delete Edit Jobs
P096969	Benjamin Charles Shockley	EMS Technician	P096969	EMT-Basic	11/30/17	View Delete Edit Jobs
P012713	Anthony Smallwood	EMS Technician	P012713	EMT-Basic	05/31/17	View Delete Edit Jobs
P074554	Brittany Anne Smith	EMS Technician	P074554	EMT-Basic	05/31/17	View Delete Edit Jobs
P016491	Samuel D Strickland	EMS Technician	P016491	EMT-Basic	02/29/20	View Delete Edit Jobs
P023603	Christopher L Webb	Medical Responder	P023603	Medical Responder	06/30/17	View Delete Edit Jobs
P104901	Brittany S Williams	EMS Technician	P104901	EMT-Intermediate	11/30/19	View Delete Edit Jobs

Export options: [CSV](#) | [Excel](#) | [XML](#)[+](#) [ADD](#) [🕒](#) [HISTORY](#)

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Coastal Medical Transport, Inc. Employee Contact List

Employee	SS No.	Main Phone	Address
Abrams, Kailyn Y	241-79-1552	252-544-0808	10575 Hwy 111 N Hobgood, NC 27843
Arnold, Kyenna N	192-62-2028	252-508-3126	115 Carolina Pines Williamston, NC 27892
Barnes, Willie	243-94-2808	252-355-3792	2605 CHEROKEE DRIVE GREENVILLE, NC 27834
Barrette, Alexis D	246-77-3228	252-258-6125	4133 Kitrell Farms Drive Greenville, NC 27858
Bazemore III, Timothy	241-47-6624		404 Cedar Landing Rd Windsor, NC 27983
Bazemore Jr, Timothy	237-98-7804		PO BOX 582 WINDSOR, NC 27983
Bell, Stacey R	239-57-8652		1570 McCaskey Road Williamston, NC 27892
Bond, Laquesta	239-43-5157		211 Outlaw Farm Rd WINDSOR, NC 27983
Bradshaw, Casey M	243-37-6242	252-933-1491	186 Loop Road Belhaven, NC 27810
Britt, Lisa C	244-43-2783	252-481-3993	170 West Askewville Street Windsor, NC 27983-7240
Brockers, Shanequa Q	240-45-0130	252-217-0450	119 Carolina Pines Williamston, NC 27892
Bullard, Kevin T	240-71-2420	910-827-4753	4125 Kittrell Farms Drive Apt 203 Greenville, NC 278...
Chosewood, Grady L	258-11-1313	252-945-4016	190 Mill Hole Road Washington, NC 27889
Clayton, John W	243-81-5160	252-532-1194	314 Kemp Avenue Roanoke Rapids, NC 27870-1517
Cofield, Keavin L	245-41-9777	252-794-3931	339 Cedar Landing Road WINDSOR, NC 27983
Cromwell, Mattie S	226-33-6222	434-808-9417	387 E Pungo Street Belhaven, NC 27810
Ebner, Mallory L	651-03-8082	252-947-0739	85 Swan Point Drive Washington, NC 27889
Eddleman, Jax J	535-33-3545	252-945-1756	1108 West Main Street Belhaven, NC 27810
Evans, Christel	246-19-2728	910-323-2597	880 John Nunnery Road Stedman, NC 28391
Gardner, Tonya N	243-49-5496	252-717-1474	405 North Railroad Street Hamilton, NC 27840
Garrett, Jazmin S	243-69-5657	252-484-2326	519 Reno Road Plymouth, NC 27962
Giro, David J	015-72-1240	508-769-8364	322 B Cottonfield Court Ayden, NC 28513
Godard, Melinda J	246-43-4523	252-802-1795	1301 Miltons Lane Williamston, NC 27892
Hardee, John A	241-63-2051	252-917-3140	2710 Thompson Street Simpson, NC 27879
Harper, Vanisha L	244-45-4848	252-493-1962	200 Rollins Drive Greenville, NC 27834
Hernandez, Erik O	592-35-4664	9103810289	302 William Sharp Way Jacksonville, NC 28546
Hyatt, Robert L	242-23-7643	792-7471	20599 NC 125 WILLIAMSTON, NC 27982
Hyman, Jacobi M	237-77-2663	252-508-8131	704 Hyman St Williamston, NC 27892
Hyman, Piorria M	246-49-3469	252-508-8131	704 Hyman Street Williamston, NC 27892
Joyner, Lance L	238-96-4064		110 South Grandy Lane Windsor, NC 27983
Kelly, Tyler J	246-67-7775	252-945-0071	504 Bay Lake Drive Chocowinity, NC 27817
King, Franchesca C	240-71-4431	252-227-2113	2926 Westhills Drive Apt F Greenville, NC 27834
Langley, Bethany T	239-75-6056	252-230-3076	516 Brighton Park Drive Apt 9 Greenville, NC 27834
McKenzie, Abby J	315-96-4030	260-450-2929	3000 Golden Road APT 11 Greenville, NC 27858
Nichols, Tamara Y	242-71-1838		P.O. Box 51 Windsor, NC 27983
Palmer, Danielle W.	246-25-8612	252-943-3085	258 Slade Road Pantego, NC 27860
Patel, Neal J	245-77-1866	252-367-2396	504 Ashburton Road Greenville, NC 27858
Peele, Jeanette	241-35-5435	252-717-4019	1100-A Price Drive Greenville, NC 27834
Pierce, Vanesha V.	246-37-4784		1701-B Tollie Court GREENVILLE, NC 27858
Price, Douglas D	242-67-5794		1014 Taylor Street Greenville, NC 27834-1471
Rascoe, Carlene E	100-54-1337	252-794-9683	129 Quitsna Road WINDSOR, NC 27983-7677
Rease, Raymond V	237-41-8015		102 B Buckles Berry Road Windsor, NC 27983
Rhines, Sarita L	238-19-2621	252-325-4198	202 George Street Windsor, NC 27983
Shockley, Benjamin C	238-61-2496	252-945-0409	1134 Maple Street Washington, NC 27889
Slade, Allison A	244-59-3608	252-209-4852	225 Millennium Road Aulander, NC 27805
Smallwood, Anthony	239-33-4487	252-794-9366	328 CEDAR LANDING ROAD WINDSOR, NC 27983
Smith, Brittany A	243-71-5305	252-325-4552	128 Mizelle Lane Windsor, NC 27983
Strickland, Samuel D	240-59-0816	252-916-1268	4229-E West Horne Street Farmville, NC 27828
Watson-Askew, Katrina D	240-21-9775		301 North Commerce Street Aulander, NC 27805
Weaver-Howard, Tomika L	239-23-5772	252-531-1196	2603-A Bluffview Drive Greenville, NC 27834

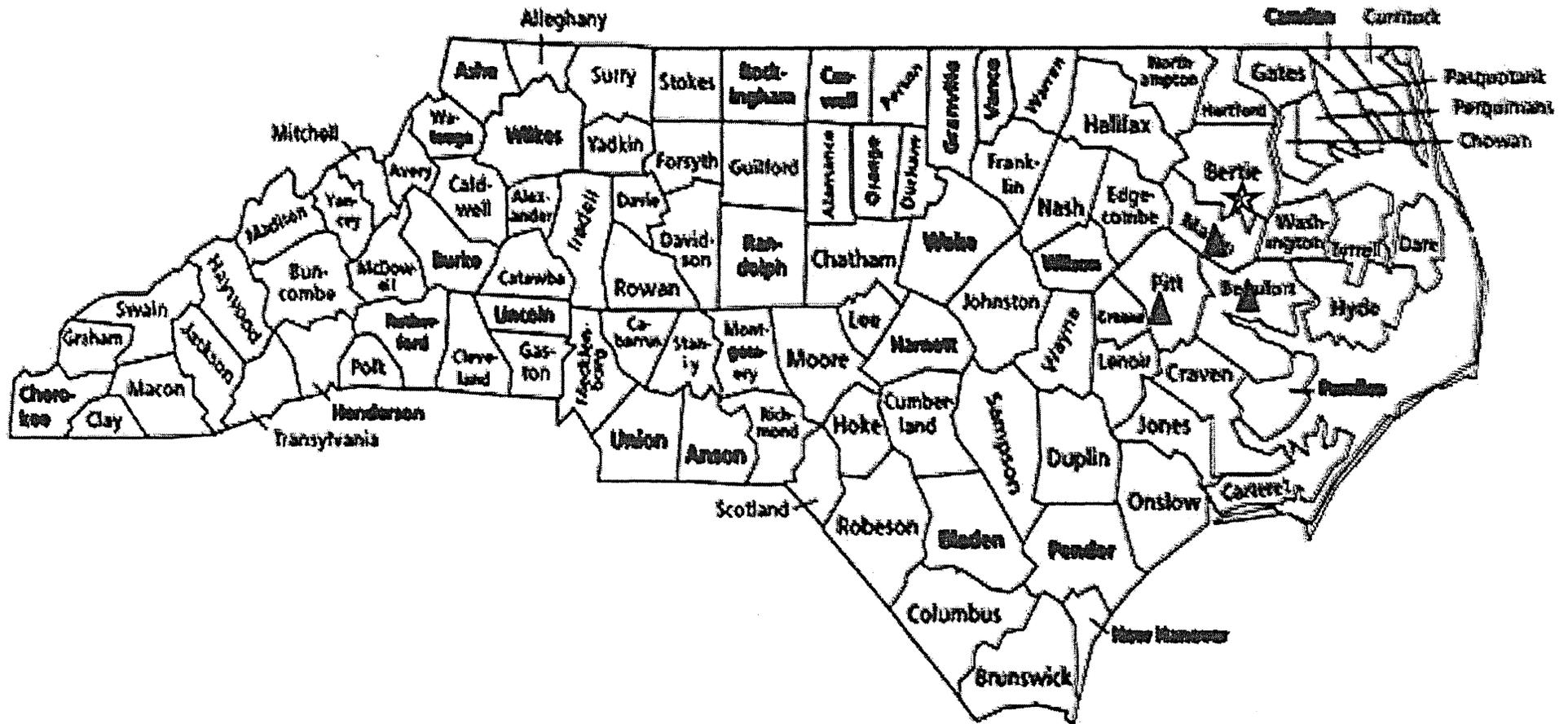
9:44 AM

09/06/16

Coastal Medical Transport, Inc. Employee Contact List

Employee	SS No.	Main Phone	Address
Webb, Chris	243-37-1104	252 795-4554	P O Box 520 Robersonville, NC 27871
Williams, Brittany S	682-10-8091	252-217-2765	1069 Faith Lane Williamston, NC 27892

The corporate office is marked by the red star. Other office locations (satellite stations) are marked by blue triangles. We serve eastern North Carolina and transport within the following counties: Pitt, Lenoir, Bertie, Martin and Beaufort.



Request for Qualifications for Engineering Services Related to Construction
of Craven County Solid Waste Convenience Center Site
7240 US Hwy 70 East

Craven County is soliciting qualification proposals for engineering services related to the construction of a new solid waste convenience site. The County has been notified by the North Carolina Department of Transportation (NCDOT) that the Havelock Bypass project will effectively take over the existing Hickman Hill Solid Waste Convenience Site located off of US Highway 70 in Township 6. In August 2016, Craven County purchased property in order to relocate the convenience center, which is prompting this request for qualifications. The parcel identification number for this property is 6-025-002. The property address is 7240 US Highway 70 East and the site is approximately 2.74 acres.

SCOPE OF ENGINEER'S SERVICES

1. Preliminary Phase. Conduct necessary engineering surveys; prepare designs, sketches, estimates, and documents; and provide preliminary consultation services to Craven County.
2. Design Phase. Prepare total project design and engineer's report for submittal to Craven County; prepare drawings, specifications, and contract documents for the furnishing of all labor, materials and equipment necessary for each of the projects described herein, including the preparation of such documents as may be required; obtain the approval of such agencies and legally constituted authorities having jurisdiction over the review of drawings, specifications, contract, and other required documents. Design services will include, at a minimum:
 - Topographic Survey
 - Site Layout Plan
 - Site Grading Plan
 - Stormwater Management Design and Permitting
 - Erosion and Sedimentation Control Plan and Permitting
 - Utility Plan and Permitting
 - NCDOT Driveway Permit and Encroachment for Utilities
 - Accommodations for Modular Type Office (no building design).
3. Construction Phase. Administer the letting of all contracts relative to the project; advise and assist Craven County in making the contract award; make necessary visits to the job site to observe the progress and quality of the work and determine if the work is in accordance with the contract documents, plans, and specifications; be available to the contractor for interpretation of contract documents, plans, and specifications; review shop drawings, diagrams, illustrations, catalog data, samples, test results, inspections, and other data which the contractor and/or laboratory submits for compliance with their contracts; prepare contract change orders that do not involve substantial changes in the general scope of the project; review contractor's application for payment and determine amounts due to contractors based upon the contract documents/ prepare periodic reports required by federal, state, and local agencies; conduct final inspections of work for compliance with contract documents, plans, and specifications; and approve in writing final payment to the contractor.

4. As-Built Drawings. Upon completion of all construction and work involved, furnish Craven County one set of reproducible as-built drawings and two sets of blue line as-built drawings for the project.
5. Project Construction and Work Inspection. Furnish and maintain at the job site a competent project Inspector during periods of significant construction and work being done. Said inspector shall inspect all materials and workmanship, check all layouts of work, keep the necessary or required daily or weekly diaries or records, review estimates for payment to contractors, and provide liaison between the engineer and Craven County.

PROPOSAL INSTRUCTIONS

Please submit **two (2) copies** and provide the following information in the proposal for engineering services:

1. Name of firm
2. Location of offices
3. List of references
4. Civil engineering experience of firm, including Site Design Services.
5. Names and qualifications, including civil engineering experience, of all personnel who will work on the project, including project inspector.
6. Projected availability of design/inspection personnel assigned to the project over the next 12-month period. **Craven County expects the selected Engineering Consultant to design and bid the project within 90 days following award of a professional services contract.**
7. Hourly rates for personnel to be utilized on the project. **Include a table outlining the percentage of total work to be assigned to each pay classification of project team members.**

Two (2) proposals must be submitted by **2:00 p.m., Wednesday September 14, 2016.** Submit proposals to:

Gene Hodges, Assistant County Manager
Craven County
406 Craven Street
New Bern, NC 28560

SELECTION PROCEDURE FOR CONSULTING ENGINEER

Based upon competitive negotiations, Craven County will select one consulting engineering firm. Proposals will be solicited from all firms who wish to be considered for this project. Proposals submitted by the deadline established in the Instructions to Proposers will be reviewed and evaluated by Craven County in accordance with the following selection criteria:

1. Firm's experience in civil engineering, and specifically in Site Design projects;
2. Engineering and Site Design Services qualifications and competence of key personnel assigned to the project;
3. Capability of the firm to perform the desired services within an acceptable time frame and within financial constraints;
4. Availability of a qualified project inspector;
5. Evaluation of existing and anticipated additional workload of the firm during project development;
6. Hourly rates of personnel assigned to the project.

Craven County will select the firm (ranked in order of qualifications) best qualified to perform the engineering services detailed in these instructions.

Craven County will attempt to negotiate a fee with the number one ranked firm. If a mutually satisfactory fee is negotiated by the parties, it will be approved. If efforts to negotiate a fair and reasonable fee are unsuccessful with the number one ranked firm, negotiations will cease with that firm and begin with the second ranked firm. If Craven County is unable to negotiate a satisfactory agreement with either of the firms, Craven County will select additional firms in order of their competence and qualifications and continue negotiations until a satisfactory agreement has been reached and approved by Craven County.

ATTACHMENT A
CRAVEN COUNTY GIS PROPERTY MAP

New Convenience Site

US 70 HWY E

US 70 HWY E

551 Feet

211 Feet

PID - 6-025-002

209 Feet

588 Feet



Summary Rating Sheet for Consulting Engineer Proposals

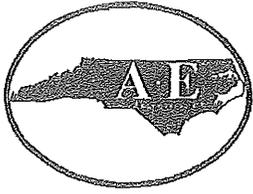
Rating Factor	Max Points Total (100)	Avolis Engineering	Thomas Engineering	Vaughn Melton	
Civil Engineer (Site Design Projects) Experience	30	30	30	30	
Personnel Qualifications	20	20	20	20	
Time Frame/Budget	20	20	10	10	
Availability/Qual's	15	10	5	15	
Workload Evaluation	15	10	10	10	
Total Points	100	90	75	85	

Notes:

Signatures:

Donald Baumgardner
[Signature]
MSchoel J

Planning Director
Asst. Planning Director
 Craven County
Asst. County Manager



AVOLIS ENGINEERING, P.A.

P.O. Box 15564 · New Bern, North Carolina 28561 · Office: 252.633.0068

September 22, 2016

Mr. Chad Strawn
Assistant Director of Planning and Community Development
406 Craven Street
New Bern, NC 28560-4971

Re: Proposal for Engineering Design Services, Convenience Center Site,
7240 E. US 70 Highway

Dear Chad:

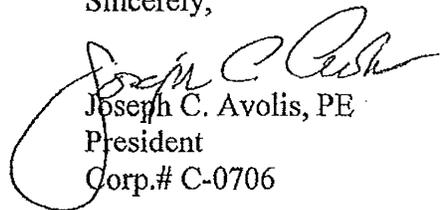
We appreciate you contacting us to provide a proposal for the above-referenced project. The site is approximately 2.74 acres in size and is tax parcel 6-025-002. Our proposed scope of work is as follows:

- Site layout plan
- Site grading plan
- Stormwater management design and permitting
- Erosion and sedimentation control plan and permitting
- Utility plan and permitting
- NCDOT driveway permit and encroachment for utilities
- Accommodation for modular type office (no building design)

Our proposed fee for the above scope of services is \$23,685 and is inclusive of permitting fees.

Should you have any questions, please do not hesitate to give me a call.

Sincerely,


Joseph C. Avolis, PE
President
Corp.# C-0706

NORTH CAROLINA

LEASE AGREEMENT

CRAVEN COUNTY

THIS LEASE AGREEMENT, made and entered into as of the Contract Date, and effective as of the Effective Date, by and between **TYSON & HINES INVESTMENTS, LLC**, a North Carolina limited liability company (hereinafter referred to as "Landlord"); and **CRAVEN COUNTY**, a body politic and corporate of the State of North Carolina (hereinafter referred to as "Tenant").

WITNESSETH:

ARTICLE 1

Definitions

Certain terms having specific definitions are used in this Agreement, and these terms and definitions, unless the context clearly indicates to the contrary, are as set forth in this Article. The defined terms appearing in this Article are set forth in the Agreement in the exact capitalized form as they appear between the quotation marks. When the same term is used in this Agreement with the meaning as assigned herein, it shall appear in the identical capitalized form. Otherwise, the meaning shall be as used in the context of the sentence in which it appears and not necessarily that as defined herein.

1.1 **"Agreement"** - means and refers to this Lease Agreement and any amendments hereto.

1.2 **"Contract Date"** – means and refers to the 3rd day of October, 2016.

1.3 **"Effective Date"** - means and refers to the 1st of November, 2016.

1.4 **"Hazardous Material"** – means and refers to any hazardous, toxic or dangerous waste, substance or material defined as such in or for purposes of state or federal environmental regulations or laws, or listed as such by the Environmental Protection Agency.

1.5 **"Landlord"** – means and refers to Tyson & Hines Investments, LLC.

Prepared By:
Sumrell, Sugg, Carmichael, Hicks & Hart, P.A.
416 Pollock Street
New Bern, North Carolina 28563

1.6 "Leased Premises" - means and refers to that certain real property located at 2402 Martin Luther King Jr. Boulevard, New Bern, North Carolina, and more particularly described in that certain deed recorded in Deed Book 3356 at Page 712 in the Craven County Registry.

1.7 "Tenant" – means and refers to Craven County.

1.8 "Term" – means and refers to that period of time more particularly set forth in Section 4.1 below.

ARTICLE 2

Recitals

The following recitals are incorporated herein as an integral part of this Agreement:

2.1 Landlord desires to lease the Leased Premises to Tenant.

2.2 Tenant desires to lease the Leased Premises from Landlord.

2.3 The parties hereto desire to enter into this Agreement in order to provide a statement of their respective responsibilities, understandings and duties in connection with the purposes of this Agreement and the terms herein during the term of this Agreement.

ARTICLE 3

Leased Premises

Landlord does hereby let and lease to Tenant the Leased Premises, and Tenant accepts the same, all based upon the terms and conditions contained herein. Provided, however, that Landlord shall undertake the following repairs and/or improvements prior to the Effective Date:

- A. Install a flag pole at a location mutually agreed to by the parties.
- B. Seal coat and stripe the parking lot.
- C. Remove cabinetry as designated by the Tenant.
- D. Clean all carpets.
- E. Patch all walls as needed.
- F. Paint the entire interior in a color agreed upon by the parties, excluding those office which are identified in Article 8. Tenant shall be responsible for painting these offices.

ARTICLE 4

Term

4.1 **Term:** The initial term of this Agreement shall commence on the Effective Date and continue for a period of three (3) calendar years ("Initial Term"). Thereafter, provided it is not then in default, Tenant shall have the right to renew this Agreement for one additional three (3) year term ("Extended Term").

4.2 **Termination:** After the expiration of the Term of this Agreement, Tenant shall clean and repair the Leased Premises and surrender the same to Landlord in good a condition, normal wear and tear excepted. In conjunction therewith, Tenant shall remove all signs from the Leased Premises, including but not limited to lettering on plate glass windows.

ARTICLE 5

Rent; Security Deposit

5.1 **Rent:** During the Initial Term, Tenant shall pay to Landlord as rent the sum of \$2,000.00 per month, in advance, on the first day of each month, beginning on the Effective Date, at such place as Landlord may direct, with rent for any partial month to be prorated. During any Extended Term, the monthly rent shall be increased to \$2,100.00.

5.2 **Security Deposit:** Tenant shall not be required to pay Landlord a security deposit.

ARTICLE 6

Use of Premises

The Landlord shall allow the Tenant to utilize and occupy the Leased Premises for a Veterans Service Center, or for any governmental purpose. Landlord makes no warranty, express or implied, concerning the fitness or suitability of the Leased Premises for any purpose. Tenant hereby acknowledges and certifies that, prior to the Effective Date, Tenant has satisfied itself that the Leased Premises is suitable for Tenant's intended use.

ARTICLE 7

Repairs; Renovations

7.1 **Repairs:** Except as may be due to the fault of Tenant or its agents and employees, Landlord, at its sole cost and expense, shall maintain and keep in good repair all exterior and

structural components of the Leased Premises, including but not limited to the foundation, exterior and supporting walls, roof, HVAC, electrical, water heater, and plumbing systems. Tenant, at its sole cost and expense, shall maintain and keep in good repair the interior premises, and shall be responsible for all routine maintenance.

7.2 Quality of Repairs: All repairs and replacements shall be of quality and class at least equal to the quality and class of the Leased Premises at the time of entry by Tenant, ordinary wear and tear excepted.

7.3 Renovations by Tenant: Tenant at its sole cost and expense shall have the right to make renovations, additions and improvements of or to the Leased Premises at any time and from time to time in accordance with plans and specifications submitted to and approved in writing by Landlord, which approval may be withheld for any reason.

7.4 Ownership of Fixtures: Any and all repairs, replacements, renovations, additions or improvements of or to the Leased Premises shall be and become the property of the Landlord and shall remain to be surrendered as part of the Leased Premises.

ARTICLE 8

Upgrades and Improvements to the Leased Premises

Tenant may only make such upgrades and improvements to the Leased Premises as consented to by Landlord in writing, which consent may only be withheld for good reason. The Landlord expressly consents for the Tenant to install a door between those two offices that are 14'5"x11'10" and 12'x11'10" in dimensions.

ARTICLE 9

Utilities; Taxes

9.1 Tenant shall be solely responsible for all utilities at the Leased Premises.

9.2 Landlord shall be responsible for all ad valorem assessed against the real property comprising the Leased Premises that existed as of the Effective Date. Tenant shall be responsible for all ad valorem taxes associated with any personal property of the Tenant.

ARTICLE 10

Default; Termination

10.1 Default by Tenant: This Agreement is made upon the express condition that if the Tenant fails or neglects to perform, meet, or observe any of the Tenant's obligations hereunder, and such failure or neglect shall continue for a period of ten (10) days after notice thereof from the Landlord to the Tenant, then the Landlord at any time thereafter by written notice to the Tenant may lawfully declare the termination hereof and re-enter said Leased Premises or any part thereof, and by due process of law expel, remove and put out the Tenant or any person or persons occupying said premises.

10.2 Acceleration. In the event Tenant defaults in any of its obligations hereunder, then the balance of the installments of rent for the entire term of this Agreement under Article 5 shall become due and payable at once upon written demand and notice by Landlord, unless cured by Tenant within ten (10) days of such demand or notice. Landlord must mitigate its damages by attempting to immediately rent or lease the Leased Premises in a reasonable commercial manner, under terms similar to those contained herein.

ARTICLE 11

Entry and Inspections

Landlord shall have the right to enter into, upon, over and under the Leased Premises during the term of this lease for the purpose of inspection, construction, repair or other emergency matters, or under government order or requirement. Prior to entering the Leased Premises for any non-emergency reason, Landlord shall give Tenant reasonable notice of the same, and such entry shall be done during reasonable hours of the Tenant, Monday through Friday, but only if accompanied by the Tenant's designee.

ARTICLE 12

Hazardous Materials

Tenant warrants that it shall not allow the discharge or escape of Hazardous Materials at or from the Leased Premises, that it shall permit no release of Hazardous Materials, of any type, onto or from the Leased Premises in violation of any environmental law, and that Tenant shall indemnify and hold harmless the Landlord from and against all losses, expenses and claims of every kind suffered by or asserted against it as a direct or indirect result of violation of this Article 12.

ARTICLE 13

Indemnity and Insurance

13.1 Type of Insurance: Tenant shall, at its own expense, maintain and carry insurance as follows:

<u>Types of Insurance</u>	<u>Limits of Liability</u>
Worker's Compensation	Statutory Minimum
Commercial General Liability	\$500,000/\$1,000,000

Tenant shall furnish appropriate insurance certificates to Landlord. No deductible for any insurance policy hereunder shall have the deductible greater than \$5,000.00 per occurrence. Tenant shall purchase whatever additional insurance is requested by Landlord, if available, from a carrier acceptable to the parties, provided the cost for such additional insurance is reimbursed by Landlord. Any and all insurance required hereunder shall name Landlord or any other person designated by Landlord as an additional insured, as their interest may appear. In addition, all insurance required hereunder shall require the insuring entity to provide thirty (30) days advance written notice to Landlord before the same may be terminated or otherwise canceled.

13.2 Indemnity: Except for the intentional acts or omissions, or willful misconduct of Landlord, its agents, or employees, Tenant shall protect, indemnify and save Landlord harmless from and against any and all liabilities, obligations, claims, damages, costs and expenses, including but not limited to attorneys fees that may occur at the Leased Premises.

ARTICLE 14

Landlord/Tenant Relationship

The execution of this Agreement and the performance of any act pursuant to the provisions hereof shall not be deemed or construed to have the effect of creating between Landlord and Tenant the relationship of principal and agent, employer, and employee, partnership, joint venture or any other relationship other than that of landlord and tenant.

ARTICLE 15

Condemnation or Destruction of the Premises

In the event that twenty-five (25%) or more of the Leased Premises is destroyed or

condemned, taken or appropriated by any public or quasi-public authority under the power of eminent domain, police power or similar, either party shall have the right to terminate this Agreement upon thirty (30) days written notice. Regardless of whether this Agreement is terminated hereunder, Landlord shall be entitled to any and all insurance, income, rent, award or interest which may be paid in connections with the destruction, condemnation or appropriation. Nothing herein shall prevent Tenant from bringing a separate action or proceeding for compensation for any of Tenant's property taken.

ARTICLE 16

Insolvency

Either party shall have the right, in its discretion, to declare the Agreement terminated, if:

16.1 Insolvency: By the order of a court of competent jurisdiction, a receiver, liquidator, custodian or trustee of the other party (hereinafter "Insolvent Party"), shall be appointed and the order shall not have been discharged within sixty (60) days, or if, by decree of such a court, said Insolvent Party shall be adjudicated insolvent or a major part of its property shall have been sequestered and such decree shall have continued undischarged and unstayed for sixty (60) days after the entry thereof, or if a petition to reorganize the Insolvent Party pursuant to the Federal Bankruptcy Code or any other similar statute applicable to the Insolvent Party, as now or hereinafter in effect, shall be filed against the other party and such petition shall not be dismissed within sixty (60) days after such filing, or Insolvent Party shall be adjudicated bankrupt or shall file a petition in voluntary bankruptcy under any provision of any bankruptcy law or shall consent to the filing of any bankruptcy or reorganization petition against it under any such law; or

16.2 Assignment: The Insolvent Party shall make an assignment for the benefit of its creditors, shall admit in writing its inability to pay its debts generally as they become due, or shall consent to the appointment of a receiver or liquidator or trustee or assignee in bankruptcy or insolvency of it or of a major part of its property.

ARTICLE 17

Miscellaneous

17.1 Entire Agreement; Modification: This Agreement supersedes all prior agreements and constitutes the entire agreement between the parties hereto with regard to the subject matter

hereof. It may not be amended or modified except by an instrument executed by both parties.

17.2 Severability: If any of the provisions of this Agreement shall be held by a court of competent jurisdiction to be unconstitutional or unenforceable, the decision of such court shall not affect or impair any of the remaining provisions of this Agreement, and the parties shall, to the extent they deem to be appropriate, take such actions as are necessary to correct any such unconstitutional or unenforceable provision. It is hereby declared to be the intent of the parties that this Agreement would have been approved and executed had such an unconstitutional or unenforceable provision been excluded therefrom.

17.3 Non-Waiver: No delay or failure by either party to exercise any right hereunder, and no partial or single exercise of any such right, shall constitute a waiver of that or any other right, unless otherwise expressly provided herein.

17.4 Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective legal representatives, successors, and assigns.

17.5 Assignment and Subletting: Except as may otherwise be expressly provided herein, Tenant shall not assign any right, obligation, or liability arising hereunder without Landlord's prior written consent, which consent may be withheld for any reason. Any such assignment or attempted assignment shall be null and void. Nor will Tenant sublet the Leased Premises without first having obtained the written consent of the Landlord, which consent may be withheld for any reason.

17.6 Laws and Regulations: Tenant at its own cost and expense shall comply promptly with all laws, rules and orders of all federal, state and municipal governments or departments which are applicable to the Leased Premises, and shall not knowingly utilize the premises for any illegal, unsafe, or offensive purposes, functions or acts whatsoever.

17.7 Covenant of Further Assurances: The parties agree that from and after execution of this Agreement, each will, upon the request of the other, execute and deliver such other documents and instruments and take such other actions as may be reasonably required to carry out the purpose and intent of this Agreement.

17.8 Force Majeure: A party shall not be deemed to have defaulted or failed to perform hereunder if that party's inability to perform or default shall have been caused by an event or events beyond the control and without the fault of that party, including (without limitation) acts of Government, embargoes, fire, flood, explosions, acts of God or a public enemy, strikes, labor

disputes, vandalism, civil riots or commotions, or the inability to procure necessary raw material, supplies or equipment.

17.9 Headings: Headings in this Agreement are for convenience and reference only and shall be not used to interpret or construe its provisions.

17.10 Multiple Originals: This Agreement shall be executed in duplicate multiple originals, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

17.11 Governing Law; Exclusive Venue: This Agreement shall be construed in accordance with and governed by the laws of the State of North Carolina. Exclusive venue for any action, whether at law or in equity, shall be Craven County, North Carolina.

17.12 Subordination and Estoppel: Tenant agrees that this Agreement is and shall be subordinate and subject to any mortgage, deed of trust and other hypothecation for security which has been or which hereafter may be placed upon the Leased Premises by Landlord at any time during the term of this Agreement. Tenant shall execute any documentation required by Landlord to evidence such subordination. Each party hereto agrees that it will, upon request, execute an estoppel certificate upon ten (10) days written notice.

17.13 Marketing of Property: During the final 180 days of the Term, Landlord and its agents shall have right to enter the Leased Premises at reasonable times for the purpose of showing the Leased Premises to any prospective tenant or purchaser, but only during Tenant's office hours. Further, Landlord may erect any signage upon the Leased Premises for purposes of marketing the Leased Premises to any prospective tenant or purchaser.

17.14 Iran Divestment Certification: Landlord certifies that: (i) it is not listed on the Iran Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58 (the "Final Divestment List"), and (ii) it will not utilize any subcontractor performing work under this Agreement which is listed on the Final Divestment List. The Final Divestment List can be found on the State Treasurer's website at the address www.nctreasurer.com/Iran and should be updated every 180 days.

17.15 E-Verify Certification: Landlord shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if Tenant utilizes a subcontractor for any purpose under this Agreement, Landlord shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes.

17.16 **Consideration:** The consideration for the execution of this Agreement is the agreement among the parties affixing their signatures hereto agree to the matters and things set forth herein.

IN TESTIMONY WHEREOF, the parties hereto have set their hand and adopted their seal on the year and date above first written.

LANDLORD:

Tyson & Hines Investments, LLC

By: Charles F. Tyson
Its: General Partner

TENANT:

Craven County

By: _____
Its: _____

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

CRAIG WARREN
Craven County Finance Officer

NORTH CAROLINA
CRAVEN COUNTY

MEMORANDUM OF LEASE

THIS MEMORANDUM OF LEASE, executed this 3rd day of October, 2016, and effective as of the 1st day of November, 2016, to establish that **TYSON & HINES INVESTMENTS, LLC** (“Lessor”) hereby leases to **CRAVEN COUNTY** (“Lessee”) for a term beginning the 1st day of November, 2016, and continuing for a potential period of six (6) years, the following property:

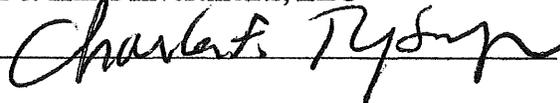
Being all of that certain property more particularly described in Deed Book 3356, at Page 712 in the Craven County Registry, and further identified as Parcel No. 8-036-105. Said property has a postal enumeration of 2402 Martin Luther King Jr Boulevard, New Bern, North Carolina, 28560.

The provisions set forth in a written lease agreement between the parties dated the 3rd day of October, 2016 and effective the 1st day of November, 2016, are hereby incorporated in this memorandum of lease.

LESSOR:

Tyson & Hines Investments, LLC

By: _____



Prepared By:
Sumrell, Sugg, Carmichael, Hicks & Hart, P.A.
416 Pollock Street
New Bern, North Carolina 28563

CRAVEN COUNTY

(County Seal)

By: GEORGE LINER, Chairman
Craven County Board of Commissioners

ATTEST:

GWENDOLYN M. BRYAN, Clerk
Craven County Board of Commissioners

NORTH CAROLINA
Craven COUNTY

I, the undersigned Notary Public of the County of Craven and State of North Carolina, do hereby certify that Charles F. Tyson Sr. personally appeared before me this day and acknowledged (i) that he is the General Partner of TYSON & HINES INVESTMENTS, LLC, a limited liability company, and (ii) that by authority duly given and as the act of such limited liability company, he signed the foregoing instrument in the name of such limited liability company on such limited liability company's behalf as its act and deed.

WITNESS my hand and notarial seal, this 28th day of September, 2016.

Andrea B. Thompson
NOTARY PUBLIC

My Commission Expires:

May 25, 2018



NORTH CAROLINA
_____ COUNTY OF

I, _____, Notary Public in and for said County and State, do hereby certify that on the ____ day of _____, 2016, before me personally appeared GEORGE LINER, with whom I am personally acquainted, who, being by me duly sworn, says that he is the Chairman of the Board of Commissioners for Craven County, and that GWENDOLYN M. BRYAN is the Clerk of the Board of Commissioners for Craven County, the body politic and corporate described in and which executed the foregoing instrument; that he knows the common seal of said body politic and corporate; that the seal affixed to the foregoing instrument is said common seal; that the name of the body politic and corporate was subscribed thereto by the said Chairman; that the said common seal was affixed, all by order of the Board of Commissioners of said body politic and corporate; and that the said instrument is the act and deed of said body politic and corporate.

WITNESS my hand and official seal this the ____ day of _____, 2016.

Notary Public

My Commission Expires:

Attachment #9.A.

Recreation Advisory Board Quarterly Meeting

Craven County Recreation & Parks Dept.

Meeting Minutes

September 19, 2016

Opening:

The meeting of the Recreation Advisory Board was called to order at 6:00 PM on 9/19/16 by Eddie Games.

Present:

REC STAFF: Eddie Games, Director
Billy Wilkes, Asst. Director
Mark Seymour, Program Manager
Kim Galloway, Administrative Asst.

BOARD MEMBERS PRESENT: Buddy Allen, Jim Bernthal, Kristen McCoy, Bill Taylor and Eugene Bauer.

INVITED GUEST: Travis Adams, Director of Havelock Parks & Rec, was also present as requested by Commissioner Liner.

BOARD MEMBERS ABSENT: Chad Braxton, Daniel Miller, Cathy Frazier, Abel Sandoval, Matt Webb, Dickie Fairburn and Forrestine Riggs

Quorum Validation:

5 of 12 members present

A) Opening Discussion: Eddie Games

Eddie discussed the success of the CCR&P online portal for program registrations, shelter reservations and the sharing of information with the public for programs and services offered. Also, the use of our Facebook page to promote and share the success of the new inclusive playground at Creekside Park, and the "public created" Facebook page where the public is sharing pictures of fun at the park. Several board members have visited the new playground with children/grandchildren and all feedback was positive. The brick campaign was mentioned as well, bricks sold and how many are needed to place future orders.

Further discussion was held on the use of remaining/current capital for future improvements such as, landscaping and benches, new restroom facilities at the Congleton shelter, dugout tops, extension of backstops, and lights/electrical for the Rocky Run shelter.

B) Old Business:

There was no old business to discuss

C) New Business: All

Past and present attendance for meetings:

- Eddie talked about low attendance for meetings in past year and lack of responses from current members, asked for input/ideas to increase participation
- Discussed possibility of reducing the number of board members from 12 to 7, with 2 at large having one member for each Commissioner district and working more closely with the Commissioners to increase the ability to have more quorums at meetings
- Buddy Allen discussed his position between two districts and how he floats between the two when they can be served well by one from each district
- Kristen McCoy stated she would be better served by focusing on the Cove City board and had

- All discussed possibility and benefits of having someone closely related to the school system on the board to facilitate/increase participation in current and future programs
- Process for becoming a board member was discussed
- All agreed there was no negative impact from reducing board size because most are not participating and the board is unable to vote as it stands.
- ***Buddy Allen made a motion to reduce board to 7 members with 2 at large and it was seconded by Eugene Bauer. None opposed.***

D) New Projects: Billy

- Applications for fall grants which would be used to make more areas of the park inclusive such as the need for a shelter and accessible paths/parking for the large and growing Special Needs Baseball program, with an end goal to make all of the parks inclusive and accessible
- Shared info about new bocce courts at Creekside donated by Lowes for Special Olympics
- Popularity of new tennis courts
- High usage of parks by the many leagues/organizations, 3 youth football leagues, youth baseball, softball, soccer; adult and coed kickball, baseball, softball; new lacrosse league to begin soon
- Field use by local school groups, Craven Community College, Epiphany, New Bern Christian Academy and others
- Discussed Harlowe improvements

E) Current Events: Mark

- Mark added info about popularity of New Bern and Vanceboro girls volleyball leagues
- Special Olympics fundraisers, Craven's Got Talent and Spaghetti dinner
- Promoted Knockerball tournament in October @ Creekside

F) Board Member Reports:

- Eugene Bauer discussed possibility of a dog park and success of River Bend's dog park. Eddie mentioned new dog park in process by Jill's Pet Spa to satisfy community need
- Members discussed possible obstacle course for Spartan type races and how they have grown in popularity
- Kristen McCoy discussed need for more programs in her rural area and working with schools to use their facilities, ie. Zumba classes, youth sports. She stated it is difficult for parents to commute to New Bern/Creekside Park for activities.

G) Next Meeting: December 19, 2016

H) Adjournment:

Meeting was adjourned at 7:10 PM

(For Internal Use Only)

Date Received: 9-26-16

Date Appointed _____; Reappointed _____

Volunteer Board Information and Interest Sheet Craven County, North Carolina

Names of board, committee, authority, etc., in which you are interested. Please list in order of priority:

Recreation Advisory Committee, Regional Library Board

Name: Paul Whitaker
Home Address: 306 Panther Trail City Limits: Yes No
City: Havelock Zip Code: 28532
Township: _____ Home Phone: _____
Occupation: Production Controller Business Phone: _____
Place of Employment: Fleet Readiness Center East Cell Phone: (760) 547-4344
E-Mail Address: paul.whitaker1986@gmail.com Fax Number: _____

(Please indicate your preferred contact number.)

Education

Sports & Recreation Management, BA 2016

Master of Public Administration, 2018

Business and Civic Experience

I am currently developing and installing a family business called "Whit's Photography" based on photo-shooting and picture taking.

Areas of Expertise, Interest, Skills

Logistics, inventory and management. Non-profit, charity, and community assistance in the public sector. Promoting involvement within the community, recreational activities, and giving back to those who have served this country.

Why do you want to serve?

I want to learn and gain experience to contribute to my educational background in Public Administration. I also want to contribute and assist the community as much as possible. There is a great deal of potential within the county.

Please List Other Local, Regional and Statewide Boards, Committees or Commissions on Which You Serve

I am a member of Victory Chapel Christian Fellowship Ministries and serve as a minister within the church.

(A resume may be attached to this form, but will not be accepted in lieu of the form.)

Date: 09/26/2016

Signature: 

Please be advised that this form is a public record, and must be made available to the public upon request.

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This form will remain active until two years after date received.

(For Internal Use Only)

Date Received: _____

Date Appointed _____; Reappointed _____

Volunteer Board Information and Interest Sheet Craven County, North Carolina

Names of board, committee, authority, etc., in which you are interested. Please list in order of priority:

Craven County Recreation Advisory Committee

Name: Stacey Lewis

Home Address: 128 Webster Ln City Limits: Yes X No

City: Vanceboro, NC Zip Code: 28586

Township: One Home Phone: (252) 514-3617

Occupation: Firefighter Business Phone: _____

Place of Employment: New Bern Fire & Rescue Cell Phone: (252) 514-3617

E-Mail Address: vanceboro6@yahoo.com Fax Number: _____

(Please indicate your preferred contact number.)

Education

West Craven High School Graduate, Associates Degree from Craven Community College

Business and Civic Experience

Firefighter with the City of New Bern, Volunteer firefighter with Vanceboro Fire Department

Areas of Expertise, Interest, Skills

Involved in coaching Little League Baseball and a travel ball team in the county

Why do you want to serve?

To help the kids of Craven County have recreational activities and equipment available to them

Please List Other Local, Regional and Statewide Boards, Committees or Commissions on Which You Serve

I currently serve as Chief of Vanceboro Fire Department where I serve on several boards with the department

(A resume may be attached to this form, but will not be accepted in lieu of the form.)

Date: 7-7-2016

Signature: *Stacey A. Lewis*

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Volunteer Board Information and Interest Sheet

Craven County, North Carolina

Names of board, committee, authority, etc., in which you are interested. Please list in order of priority:

Any available open board or committee positions. Zoning (not eligible); Recreation + Parks

Name:	Ryan Purtle		Home Phone:	9105148146
Home Address:	2409 Educational Drive			
City:	New Bern		Zip Code:	28562
Township:	New Bern		City Limits:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	County Planner		Business Phone:	9105148146
Place of Employment:	Onslow County		Fax Number:	
E-Mail Address:	ryanpurtle@gmail.com			

(Please indicate your preferred contact number.)

Education

B.S. from East Carolina University in Industrial Distribution and Logistics

Business and Civic Experience

Former ECU Athletic Operations Management Team Member

Former Project Engineer for PPS Engineering

Current County Planner for Onslow County

Areas of Expertise, Interest, Skills

Planning and Development; Project Management; Parks and Recreation; Supply Chain Management;

Community and Professional Networking

Why do you want to serve?

I believe that I can be of service to the county I live in. I want to ensure that Craven county continues to grow and thrive. I moved here right after graduating and instantly fell in love with the area and would love to see it grow.

Please List Other Local, Regional and Statewide Boards, Committees or Commissions on Which You Serve

(A resume may be attached to this form, but will not be accepted in lieu of the form.)

Date: 12/07/2015

Signature: _____

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This form will remain active until two years after date received.

REC'D NOV 03 2015

Volunteer Board Information and Interest Sheet Craven County, North Carolina

Names of board, committee, authority, etc., in which you are interested. Please list in order of priority:
Highway 70 Corridor Committee, Craven County Planning Board, Craven Community College Board of Trustees,
Recreation and Parks Advisory Board, Coastal Carolina Airport Authority

Name: Todd W. Frankson Home Phone: (252)649-1294
Home Address: 110 Wadsworth Lane
City: New Bern Zip Code: 28562
Township: Township 9 City Limits: Yes No
Occupation: Self Employed Business Phone: (252)649-1294
Place of Employment: 110 Wadsworth Lane Fax Number: _____
E-Mail Address: ToddFrankson@Gmail.com

(Please indicate your preferred contact number.)

Education

Craven County Community College- (no degree)
State University of New York Old Westbury-Business Administration (no degree)
Packer Collegiate Institute-High School Diploma, Arizona State University- Aerospace Engineering (no degree)

Business and Civic Experience

Havelock Chamber of Commerce Ambassador-2014-2015- received New Business Member of the Year award for 2014, Member of Havelock and New Bern Chambers of Commerce for 2013,2014 and 2015. Co-founder and Co-Coordinator of the Spring Acres Community Watch.

Areas of Expertise, Interest, Skills

Almost 20 years of computer programming experience, ranging from project management to clinical trials data.

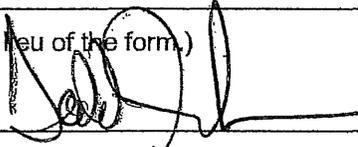
Why do you want to serve?

I believe it is important to give back to the community I live in to the best of my ability.

Please List Other Local, Regional and Statewide Boards, Committees or Commissions on Which You Serve
None.

(A resume may be attached to this form, but will not be accepted in lieu of the form.)

Date: 11/03/2015

Signature: 

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This form will remain active until two years after date received.

Todd W. Frankson
110 Wadsworth Lane
New Bern, NC 28562
(252) 649-1294

EMPLOYMENT HISTORY:

Nov. 2011-Present

President

Compunet Resources, L.L.C., New Bern NC

- Creator/Owner of CravenCountyWebsites.com
- Received New Business of the Year Award for our work with the Havelock Chamber of Commerce.
- Work with other small businesses regarding community concerns via the Havelock Ambassadors program..

Feb. 2011-Mar.2014

I.M.S. Supervisor

Walmart, New Bern NC

- Supervised a team of 4-14 unloading all trucks to Walmart.
- Ensured on time delivery of freight to 3rd shift at the appropriate hour.
- Constantly adapt and change staff assignments to meet business needs.

Nov. 2010-Feb.2011

Lawn and Garden Associate

Walmart, New Bern NC

- Provided assistance to customers.
- Monitored stock and replenished shelves as needed.
- Monitored and ensured work area was neat and organized.

Oct. 2008 to Sept. 2010

Independent Consultant

Media, PA

- Provided independent consulting to several local firms and individuals.
- Monitored Department of Transportation paperwork for a large towing company.
- Monitored and Report all International Fuel Tax Association Mileage (I.F.T.A.) and reported all fuel mileages to the state.
- Resolved all computer network, software, and hardware issue for my clients.
- Created a custom interface and database for the dispatcher of the towing company.
- Created SDLC Documentation for several clients located in the US and abroad.

Jan. 2006 to Aug 2008-

Delphi Programmer/Analyst

MedTrials, Media, PA

- Provided Delphi 7 support to a Clinical Trials database applications group.
- Maintained a Code base of over 2,000,000 lines of code.
- Maintained consistency within multiple databases, 2 copies of each with records totaling over 2,000,000.
- Supported the System Architect, and the Data management group for reporting needs. The system was a 3-part N-tier system.
- Wrote custom ad-hoc SQL on a regular basis for management. Exported data to several formats. Imported data from several formats. Wrote stored procedures and triggers for the RDBMS.
- Interacted with other Departments and managers.
- I wrote many small utilities to help my group, as well as other groups, perform their tasks.

Feb. 2004 to Dec. 2005-

Consultant

Modis IT, Conshohocken, PA.

A.I.G.

- Coded Insurance Policy Forms utilizing DocuCreate.
- Supported users of Docuview Software with both installation and end user help as needed.
- Coded A.I.P.S.O. forms of Policies as Endorsements to Policies.
- Interacted with the Compliance Department regarding accuracy and to solicit sign off on forms.
- Managed over 700 forms, and status/location of the forms between 4 Departments, including farming out some of the document load to an A.I.G. division located in India.
- Worked with A.I.G. India on a daily basis via Phone as support for their issues regarding DocuCreate installation, setup and ongoing support.
- Analyzed documents and provided workload estimates.

GLAXO SMITH KLINE

- Utilized Delphi 6.0 for bug fixes and enhancements in a client server application provided to 4000 users worldwide, as well as provided end user support to the user base via phone and email.
- Worked with end users worldwide in testing bug fixes and new bug reports.
- Utilized PL/SQL to debug and enhance Oracle Packages/Stored Procedures.
- Utilized InstallShield and WinInstall for deployment in 3 different standard configurations for company wide rollouts.
- 2 Version releases in less than 6 months time company wide.
- Documented system for turnover to a 3rd party for future support.

Sept. 2000 to Mar. 2003-

Systems Administrator II / Delphi Programmer
Pharmaceutical Research Associates, Inc., Charlottesville VA

- Provided end user support for a project management application.
- Supported over 900 users at start, system ended with over 2000 users.
- The system projected financial data for the company.
- The system was a 3-part N-tier system. A web interface for project data, a stand alone application for users, and an Oracle database. I re-wrote the client application in Delphi 5-6 to ensure the company could expand at the rate it did.
- I troubleshot the Web interface and coded in HTML, CSS and ASP to resolve bugs.
- I wrote PL/SQL to help retire the system. Assisted in Implementing Lawson and Data-basics to replace the system
- Interacted with other Departments and managers.
- I wrote many small utilities to help my group, as well as other groups, perform their tasks.
- I was promoted From System Administrator I to System Administrator II during my time at P.R.A.

Dec. 1999 to Sept. 2000-

Programmer / Analyst III
First Virginia Banks, Inc., Falls Church, VA

- I maintained a client / server GUI application using Delphi 3.0 named the Automated Collateral Management System.
- The system contained all collateral documentation for all loans with the bank.
- There were 70 client workstations connected to an Oracle Database containing 100+ GB of scanned documents and corresponding data.
- I was also responsible for a Sendero Asset Liability Management Oracle database on a Microsoft N.T. server
- I worked closely with the acting Oracle DBA regarding both the ACM database and the Sendero database.

Nov. 1998 to Nov 1999-

GUI Programmer / Analyst
Alta Systems, Inc., Alexandria, VA

- I developed client/server GUI applications using Delphi 3.0-4.0. The database utilized was SYBASE.
- I completed the project I was hired for a month ahead of schedule.
- The project was a prototype of data analysis software for the detection of welfare fraud by retailers.
- The software was used by Food and Nutritional Services agents to detect discrepancies in sales within these stores by running algorithms against their transaction data.
- Upon completion, I merged this prototype into a distributed software package, producing an upgrade. The software is called A.L.E.R.T. (Anti-fraud Locator using EBT Retailer Transactions).
- Merging the products was completed on schedule.

Dec. 1997 to Nov. 1998-

Applications Developer / Analyst
Telco Communications / Excel, Chantilly, VA

- My function was to develop in-house and vendor bound software.
- The in-house development ranged from converting Clipper / FoxPro database applications, utilizing over 50 tables, to client/server applications with SYBASE database.
- I was a member of a team of developers primarily using Delphi 2.0 and Delphi 3.0 client/server to complete the task.
- I used and wrote stored procedures and queries. I also wrote new utilities almost daily to process data in the legacy system (dBase / Clipper).
- I wrote several stand-alone applications for individuals within Telco, as needed and to their specifications, utilizing Install Shield Express for installation.
- I also created a custom PC inventory program to inventory specific directories of machines, and silently connect and logon to a secured server and write the information to the specified drive.
- The vendor bound software involved several different teams, and several different applications. I was required to write a utility that could extract data via query, and create several output files. It also read the "return" files from outside agencies, and updated the database as needed.
- I was involved in the life cycle of the project from specifications to delivery and worked hand-in-hand with Quality Assurance personnel to be proactive in identifying issues and correcting them.

Jul 1997 to Dec 1997-

Technical Consultant
Financial Dynamics, Inc., McLean, VA

- My duties were to answer questions and address technical issues for end users of American Express P.O.S Software.
- I was also responsible for assisting the development teams, in beta testing software, and assisting in development as needed.
- I wrote several Delphi components at this time. I wrote several freeware programs that were available on the Internet.
- I also started learning C++, J++ and Visual Basic at this time to enhance my skills and productivity as a developer. I taught myself HTML and built my own Web site.

Mar 1997 to Jul 1997-

Technical Support Specialist
C.A. Consulting for ICF Kaiser, Fairfax, VA

- My duties as a Technical Support Specialist were to provide end user support to over 1200 users.
- I provided telephone as well as on site support for users nation wide.
- I installed most major software packages of the time, as well as used these applications on a daily basis.
- I wrote several small utilities to assist the technical support team in maintaining the end-user's PCs.

EDUCATION:

Certifications

ClinPlus

- ClinPlus Data Management
- ClinPlus Reports

DataCeutics

- G.C.P. Computer Systems Validation
- S.D.L.C. User Training

Element K

- Active Server Pages: Level 1, Part One
- Active Server Pages: Level 1, Part Two
- HTML 4.01 Web Authoring: Level 1
- HTML 4.01 Web Authoring: Level 2
- HTML 4.01 Web Authoring: Level 1 (Accessible)
- HTML 4.01 Web Authoring: Level 2 1 (Accessible)
- A+ Certification: Core Hardware Part One
- Object-Oriented Programming Principles
- Windows 2000 for Windows NT Administrators, Part One
- Windows 2000: Installation and Administration, Part One
- I-Net+ Certification, Second Edition, Part One
- I-Net+ Certification, Second Edition, Part Two
- E-Business: Fundamentals of E-Commerce
- Server+ Certification
- A+ Certification: Operating Systems, Part One
- I-Net+ Certification (Third Edition)
- Gathering and Analyzing Business Requirements
- Project Management Fundamentals, Part One
- Project Management Fundamentals, Part Two
- A+ Certification: Operating Systems, Part Two

Learning Tree

- Oracle PL/SQL Programming: Hands-On

Brainbench

- MS Windows 95 Navigation
- WWW Concepts
- SQL (ANSI)
- MS Windows 95 Administration
- Web Server Administration
- Delphi 3.0
- Programmer/Analyst Aptitude
- MS Windows 98 Navigation

High School College

Diploma, 1988-The Packer Collegiate Institute, Brooklyn, NY

Aerospace engineering, no degree, 1988-1991-Arizona State University, Tempe Az

Business Administration, no degree, 1991-State University of New York, Old Westbury

Liberal Arts, continuing, Craven County Community College

SOFTWARE / HARDWARE:

Delphi 1-Delphi XE7, Microsoft Visual Basic 4.0, Microsoft Visual C++, Visual J++, Oracle SQL, Sybase SQL, Clipper, FoxPro, HTML, Lotus 1-2-3, Microsoft Windows (3.1, 3.11, 95, 98, NT 4.0, 2000, 2000 Advanced Server and XP), Microsoft Office (Professional and Standard versions 4.3, 95, 97, 2000 and 2003), WordPerfect version 6.1, WordPerfect Office Suite, Lotus Notes, Remote Mail (RAS), Microsoft Mail, Microsoft Messaging, Microsoft Internet Explorer, Netscape Navigator, Peoplesoft, Lawson, Data-basics, DocuCreate, IBExpert. 15+ years experience with full life-cycle development.

NETWORK:

Administrator on a 1200+ user Token Ring LAN/WAN; setup and configuration of Windows 95 peer-to-peer network; built, configured and installed Windows NT 4.0 servers; troubleshoot network technical difficulties, install and configure printer drivers for HP 5SI, HP 4MP, HP III, test and troubleshoot memory, software, hardware and end user PC issues; repair and maintain laptop and desktop PCs.

Volunteer Board Information and Interest Sheet

Craven County, North Carolina

Names of board, committee, authority, etc., in which you are interested. Please list in order of priority:

Craven County Training Board, Craven Community College
Board of Trustees, Coastal Carolina Community College

Name: Terina L. Massey Home Phone: 252-637-4360
 Home Address: 3131 Drew Ave. 716-367-9950 (cell)

City: New Bern Zip Code: 28552

Township: _____ City Limits: Yes No

Occupation: Government Contractor Business Phone: 252-360-1683

Place of Employment: Integrity National Corp. Fax Number: _____

E-Mail Address: terinamassey@att.net

(Please indicate your preferred contact number.)

Education

HS Diploma, Completion Certificate, 104 credit hours
@ University of Maryland University (currently attending)

Business and Civic Experience

Member of Urban Chapter of Commerce, Member
of OES, Volunteer of National Institute of Crime
Prevention, Mayor of British Civil Leadership member

Areas of Expertise, Interest, Skills

CPED Training, Marine Corps Veteran

Why do you want to serve?

I have always been a leader and public servant
in my communities. The reward I would like to continue.

Please List Other Local, Regional and Statewide Boards, Committees or Commissions on Which You Serve

Treasurer of Board for Protaka Health Co-founder
of Protaka Health (women's empowerment), TEAM program
Protaka Health - Women's Empowerment

(A resume may be attached to this form, but will not be accepted in lieu of the form.)

Date: 2/11/15 Signature: Terina Massey

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RESOLUTION

THAT WHEREAS, Craven County has received an offer to purchase a parcel of property owned by it identified as 2302 McKinley Avenue, New Bern, NC, Tax Parcel Number 8-038-237, and more particularly described in Deed Book 3225 at Page 599 in the Craven County Registry (hereinafter the "Real Property"), a copy of said offer is attached hereto as Exhibit A; and

WHEREAS, the Board of Commissioners is authorized to sell the County's interest in the property pursuant to the provisions of North Carolina General Statute §160A-269.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF CRAVEN COUNTY:

1. That the Board of Commissioners hereby authorizes the initiation of the upset bid process for the Real Property by advertising notice of the offer to purchase in accordance with the provisions of North Carolina General Statute §160A-269.

2. That the County Manager, Clerk and/or Attorney are authorized to take all actions necessary to accomplish the purposes of this Resolution.

ADOPTED THIS 3rd DAY OF October, 2016.

GEORGE LINER, Chairman

(County Seal)

GWENDOLYN BRYAN,
Clerk to the Board

NORTH CAROLINA

OFFER TO PURCHASE AND CONTRACT

CRAVEN COUNTY

Victor J. Dove

as Buyer, hereby offers to purchase and CRAVEN COUNTY and the CITY OF NEW BERN, collectively as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below (hereafter referred to as the "Property"), upon the following terms and conditions:

1. REAL PROPERTY: Located in or near the City of New Bern, Craven County, North Carolina, being known as and more particularly described as:

Street Address: 2302 McKinley Avenue

Subdivision Name:

Tax Parcel ID No.: 8-038-064

Plat Reference:

Being all of that property more particularly described in Deed Book 3225, Page 599 in the Craven County Registry.

2. PURCHASE PRICE: The purchase price is \$ 2,000.00 and shall be paid as follows:

(a) \$ 100.00, EARNEST MONY DEPOSIT with this offer by [] cash [X] bank check [] certified check to be held by Seller until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise properly terminated. In the event this offer is not accepted, then all earnest monies shall be refunded to Buyer. In the event of breach of this contract by Seller, all earnest monies shall be refunded to Buyer upon Buyer's request. In the event of breach of this contract by Buyer, then all earnest monies shall be forfeited to Seller upon Seller's request, but such forfeiture shall not affect any other remedies available to Seller for such breach.

(b) \$ 1,900.00, BALANCE of the purchase price in cash or readily available funds at Closing.

3. CONDITIONS:

(a) This contract is not subject to Buyer obtaining financing.

(b) The Property must be in substantially the same or better condition at Closing as on the date of this offer, reasonable wear and tear excepted.

(c) The Property is being sold subject to all liens and encumbrances of record, if any.

(d) Other than as provided herein, the Property is being conveyed "as is".

(e) This contract is subject to the provisions of G.S. §160A-269. Buyer acknowledges that this contract is subject to certain notice provisions and the rights in others to submit upset bids in accordance therewith.

(f) Title shall be delivered at Closing by QUITCLAIM DEED

4. SPECIAL ASSESSMENTS: Seller makes no warranty or representation as to any pending or confirmed governmental special assessments for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, or pending or confirmed owners' association special assessments. Buyer shall take title subject to all pending assessments, if any.

5. PAYMENT OF TAXES: Any ad valorem taxes to which the Property is subject shall be paid in their entirety by Buyer.

6. EXPENSES: Buyer shall be responsible for all costs with respect to any title search, title insurance, recording of the deed, its legal fees, and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at Closing. Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for any excise tax (revenue stamps) required by law.

7. EVIDENCE OF TITLE: Not Applicable.

8. CLOSING: Closing shall be defined as the date and time of recording of the deed. All parties agree to execute any and all documents and papers necessary in connection with Closing and transfer of title within thirty (30) days of the granting of final approval of the sale by Craven County's Board of Commissioners and the City of New Bern's Board of Aldermen pursuant to G.S. §160A-269. The deed is to be made to Dove Development Group.

9. POSSESSION: Unless otherwise provided herein, possession shall be delivered at Closing.

10. PROPERTY INSPECTION, APPRAISAL, INVESTIGATION:

(a) This contract is not subject to inspection, appraisal or investigation, as the Property is being bought "as is." Seller makes no representation as to water, sewer, conditions, title, access, or fitness for any intended use.

(b) CLOSING SHALL CONSTITUTE ACCEPTANCE OF THE PROPERTY IN ITS THEN EXISTING CONDITION.

11. RIGHT OF ENTRY, RESTORATION AND INDEMNITY: Buyer and Buyer's agents and contractors shall not have the right to enter upon the Property for any purpose without advance written permission of the Seller. If such permission is given, Buyer will indemnify and hold Seller harmless from all loss, damage, claims, suits or costs, which shall arise out of any contract, agreement, or injury to any person or property as a result of any activities of Buyer and Buyer's agents and contractors relating to the Property. This indemnity shall survive this contract and any termination hereof.

Buyer Initials VJD Seller Initials

12. OTHER PROVISIONS AND CONDITIONS: (ITEMIZE ALL ADDENDA TO THIS CONTRACT AND ATTACH HERETO.): None.

13. RISK OF LOSS: The risk of loss or damage by fire or other casualty prior to Closing shall be upon Seller.

14. ASSIGNMENTS: This contract may not be assigned without the written consent of all parties, but if assigned by agreement, then this contract shall be binding on the assignee and the assignee's heirs, successors or assigns (as the case may be).

15. PARTIES: This contract shall be binding upon and shall inure to the benefit of the parties, i.e., Buyer and Seller and their heirs, successors and assigns. As used herein, words in the singular include the plural and the masculine includes the feminine and neuter genders, as appropriate.

16. SURVIVAL: If any provision herein contained which by its nature and effect is required to be observed, kept or performed after the Closing, it shall survive the Closing and remain binding upon and for the benefit of the parties hereto until fully observed, kept or performed.

17. ENTIRE AGREEMENT: This contract contains the entire agreement of the parties and there are no representations, inducements or other provisions other than those expressed herein. All changes, additions or deletions hereto must be in writing and signed by all parties.

18. NOTICE AND EXECUTION: Any notice or communication to be given to a party herein may be given to the party or to such party's agent. This offer shall become a binding contract (the "Effective Date") when signed by both Buyer and Seller and such signing is communicated to the offering party. This contract is executed under seal in signed multiple originals, all of which together constitute one and the same instrument, with a signed original being retained by each party, and the parties adopt the word "SEAL" beside their signatures below.

BUYER:

(If an individual)

Victor J. Dove (SEAL)
Name: Victor J. Dove
Date: 08/24/16
Address: PO Box 14
New Bern, NC 28563
Phone: 252-670-1927

SELLER

CRAVEN COUNTY

By: _____ (SEAL)
Its: _____
Date: _____

(If a business entity)

CITY OF NEW BERN

By: _____ (SEAL)
Its: _____
Date: _____
Address: _____
Phone: _____

By: _____ (SEAL)
Its: _____
Date: _____

Buyer Initials VJD Seller Initials _____

Craven County Geographic Information System

Craven County does NOT warrant the information shown on this page and should be used ONLY for tax assessment purposes.

This report was created by Craven County GIS reporting services on 8/24/2016 4:26:32 PM

Parcel ID : 8-038 -064
Owner : CRAVEN COUNTY & NEW BERN-CITY
Mailing Address : 406 CRAVEN ST NEW BERN NC 28580
Property Address : 2302 MCKINLEY AVE
Description : 295-96 PEMBROKE
Lot Description :



Assessed Acreage : 0.233 **Calculated Acreage :** 0.230
Deed Reference : 3225-0599 **Recorded Date :** 8 28 2013
Recorded Survey : 5-2-
Estate Number :
Land Value : \$6,080 **Tax Exempt :** Yes
Improvement Value : \$0 **# of Improvements :** 0
Total Value : \$6,080
City Name : NEW BERN **Fire tax District :**
Drainage District : **Special District :**
Land use : VACANT-RESIDENTIAL TRACT

Recent Sales Information

SALE DATE	Sellers Name	Buyers Name	Sale Type	Sale Price
8/28/2013	BROADDUS, DELORES J CROOM	CRAVEN COUNTY & NEW BERN-CITY	STRAIGHT TRANSFER	\$3,500
1/1/1953	HOLMAN, JULIA HARRIS	BROADDUS, DELORES J CROOM	STRAIGHT TRANSFER	\$0

List of Improvements to Site

No improvements listed for this parcel



Image ID: 00002267378 Type: CRP
 Recorded: 08/28/2013 at 01:14:02 PM
 Fee Amt: \$33.00 Page 1 of 3
 Revenue Tax: \$7.00
 Workflow# 000098867-0001
 Craven, NC
 Sherri B. Richard Register of Deeds

BK **3225** PG **599**

NORTH CAROLINA
 CRAVEN COUNTY

COMMISSIONER'S DEED

Revenue Stamps: \$7.00
 Parcel # 8-038-064

THIS COMMISSIONER'S DEED, made and executed this 28th day of August, 2013, by and between JIMMIE B. HICKS, JR., Commissioner, pursuant to a judgment of the District Court of the N.C. General Court of Justice in Craven County, North Carolina in an action entitled "Craven County, Plaintiff v. Delores J. Croom Broadus, et al, Defendants (12-CVD-1694)". Grantor, to Craven County and the City of New Bern, whose mailing address is: 406 Craven Street, New Bern, NC 28560, Grantee.

WITNESSETH:

WHEREAS, said Jimmie B. Hicks, Jr., Commissioner, being empowered and directed by a judgment in the said action, did, on the 16th day of July, 2013, after due advertisement according to law, and as directed by said judgment, expose the land hereinafter described to public sale at the door of the Craven County Courthouse, where and when Craven County and the City of New Bern became the last and highest bidder for said land at the public sale for the sum of \$3,136.20;

WHEREAS, on the 16th day of July, 2013, Jimmie B. Hicks, Jr., Commissioner, reported to the Court that Craven County and the City of New Bern were the last and highest bidders for said property in the amount of \$3,136.20.

WHEREAS, more than 10 days elapsed since the report of sale was filed and no upset bid was offered;

✓
 Prepared By:
 Sumrell, Sugg, Carmichael, Hicks & Hart, P.A.
 416 Pollock Street
 New Bern, NC 28560

RECORDED: 08/28/2013

① BILLOH
 3



WHEREAS, an order confirming the sale to Craven County and the City of New Bern was entered by the Assistant Craven County Clerk of Superior Court on or about August 7, 2013.

WHEREAS, on or about the 7th day of August, 2013, Jimmie B. Hicks, Jr., Commissioner, was ordered by judgment of said Court to execute a deed in fee simple to Craven County and the City of New Bern; and

NOW THEREFORE, in consideration of the premises, the said Jimmie B. Hicks, Jr., Commissioner, as aforesaid, does hereby grant, bargain, sell, and convey to Craven County and the City of New Bern, all of that certain tract or parcel of land lying, situate and being in Number Eight Township, Craven County, North Carolina, and more particularly described as follows:

All of that certain property more particularly described in Craven County Estate File 01-E-403 and described in Deed Book 493 at Page 121, in the Craven County Registry. This property is also commonly referred to by its tax parcel identification number which is 8-038-064.

This parcel is not the primary residence of the grantor.

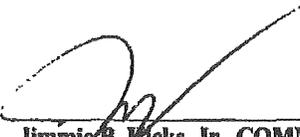
TO HAVE AND TO HOLD the aforesaid tracts or parcels of land and all privileges and appurtenances thereunto belonging to, the said Grantee, in fee simple forever, in as full and ample manner as said Jimmie B. Hicks, Jr., Commissioner, as aforesaid, is authorized and empowered to convey same.

Regarding Parcel ID 8-038-064, the title conveyed by this Commissioner's Deed is held pursuant to N.C. Gen. Stat. § 105-376, with Craven County having \$2,619.18 in taxes, interest, penalties, fees and costs associated with this matter and the City of New Bern having \$517.02 in taxes, interest, penalties, fees and costs associated with this matter, all of which constitute a first and prior lien as of the date of the sale. Upon subsequent sale of this parcel, the proceeds will be



distributed between Craven County and the City of New Bern pursuant to N.C. Gen. Stat. § 105-376.

IN WITNESS WHEREOF, the said Jimmie B. Hicks, Jr., Commissioner, has thereunto set his hand and seal the day and year first above written.

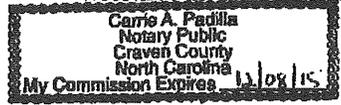


Jimmie B. Hicks, Jr., COMMISSIONER (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF CRAVEN

I, Carrie A. Padilla, a Notary Public of the County of Craven, State of North Carolina, do hereby certify that Jimmie B. Hicks, Jr., Commissioner, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

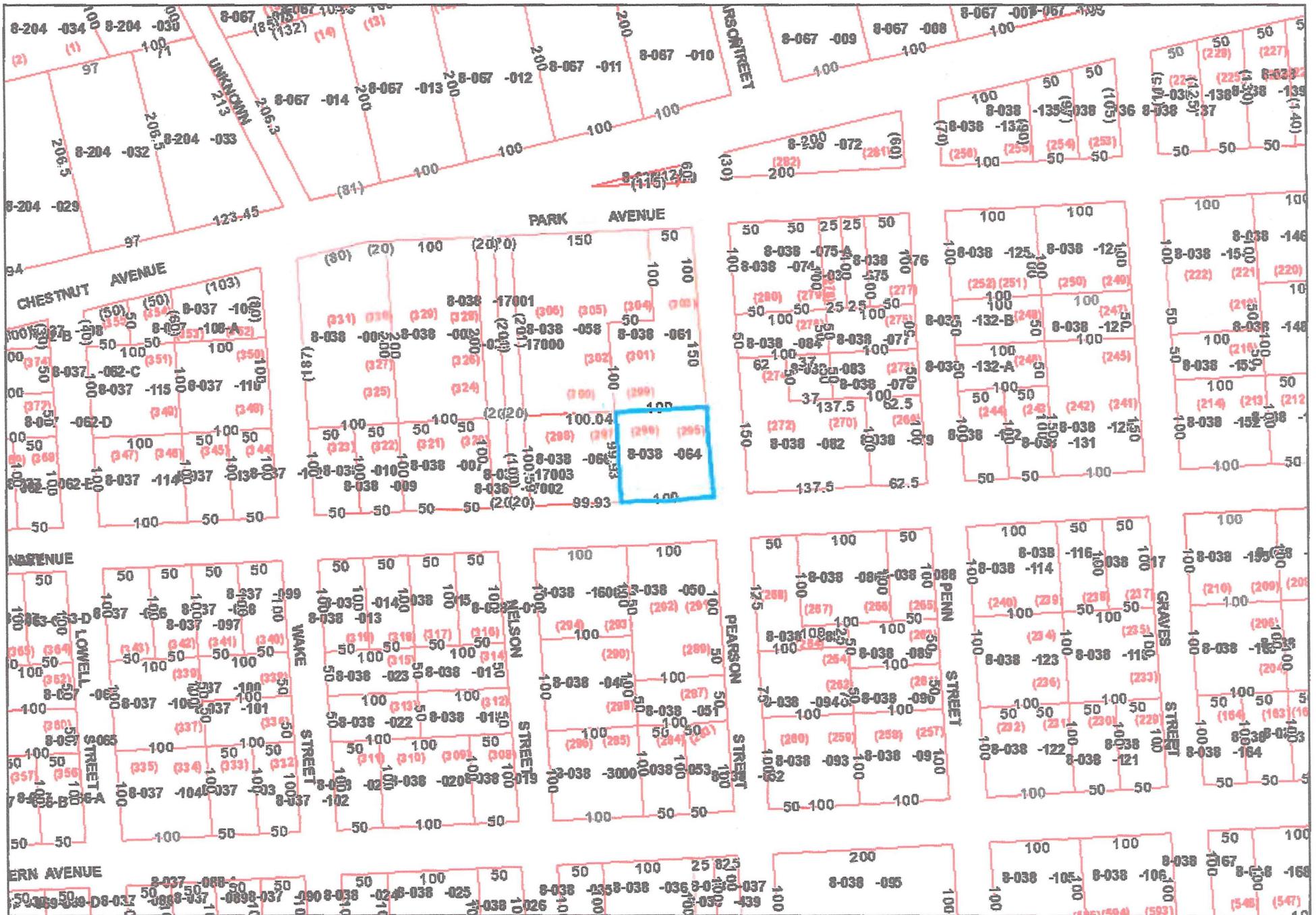
WITNESS my hand and notarial stamp or seal, this 28th day of August, 2013.



My Commission Expires:
12/08/15

MS:\SERVER04\krtdcc\00000009\00044104.000.DOC

Carrie A. Padilla
NOTARY PUBLIC



Craven GIS

Craven County does NOT warrant the information shown on this map and should be used ONLY for tax assessment purposes.



1 inch = 137 feet



RESOLUTION

THAT WHEREAS, Craven County has received an offer to purchase a parcel of property owned by it identified as 1801 McKinley Avenue, New Bern, NC, Tax Parcel Number 8-038-237, and more particularly described in Deed Book 3351 at Page 777 in the Craven County Registry (hereinafter the "Real Property"), a copy of said offer is attached hereto as Exhibit A; and

WHEREAS, the Board of Commissioners is authorized to sell the County's interest in the property pursuant to the provisions of North Carolina General Statute §160A-269.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF CRAVEN COUNTY:

1. That the Board of Commissioners hereby authorizes the initiation of the upset bid process for the Real Property by advertising notice of the offer to purchase in accordance with the provisions of North Carolina General Statute §160A-269.

2. That the County Manager, Clerk and/or Attorney are authorized to take all actions necessary to accomplish the purposes of this Resolution.

ADOPTED THIS 3rd DAY OF October, 2016.

GEORGE LINER, Chairman

(County Seal)

GWENDOLYN BRYAN,
Clerk to the Board

NORTH CAROLINA

OFFER TO PURCHASE AND CONTRACT

CRAVEN COUNTY

Melba Curmen, as Buyer, hereby offers to purchase and CRAVEN COUNTY and the CITY OF NEW BERN, collectively as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below (hereafter referred to as the "Property"), upon the following terms and conditions:

1. REAL PROPERTY: Located in or near the City/Town of New Bern, Craven County, North Carolina, being known as and more particularly described as:

Street Address: 1801 McKinley Avenue

Subdivision Name: _____

Tax Parcel ID No.: 8-038-237

Plat Reference: _____

Being all of that property more particularly described in Deed Book 3351, Page 0777 in the Craven County Registry.

2. PURCHASE PRICE: The purchase price is \$ 1,250.00 and shall be paid as follows:

(a) \$ 63.00, EARNEST MONEY DEPOSIT with this offer by cash bank check certified check to be held by Seller until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise properly terminated. In the event: (1) this offer is not accepted; or (2) any of the Seller's conditions hereto are not satisfied, then all earnest monies shall be refunded to Buyer. In the event of breach of this contract by Seller, all earnest monies shall be refunded to Buyer upon Buyer's request. In the event of breach of this contract by Buyer, then all earnest monies shall be forfeited to Seller upon Seller's request, but such forfeiture shall not affect any other remedies available to Seller for such breach.

(b) \$ 1,187.00, BALANCE of the purchase price in cash or readily available funds at Closing.

3. CONDITIONS:

(a) This contract is not subject to Buyer obtaining financing.

(b) The Property must be in substantially the same or better condition at Closing as on the date of this offer, reasonable wear and tear excepted.

(c) The Property is being sold subject to all liens and encumbrances of record, if any.

(d) Other than as provided herein, the Property is being conveyed "as is".

(e) This contract is subject to the provisions of G.S. §160A-269. Buyer acknowledges that this contract is subject to certain notice provisions and the rights in others to submit upset bids in accordance therewith.

(f) Title shall be delivered at Closing by QUITCLAIM DEED

4. SPECIAL ASSESSMENTS: Seller makes no warranty or representation as to any pending or confirmed governmental special assessments for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, or pending or confirmed owners' association special assessments. Buyer shall take title subject to all pending assessments, if any.

5. PRORATIONS AND ADJUSTMENTS: Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at Closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of Closing; (b) All late listing penalties, if any, shall be paid by Seller; and (c) Rents, if any, for the Property shall be prorated through the date of Closing.

6. EXPENSES: Buyer shall be responsible for all costs with respect to any title search, title insurance, recording of the deed, its legal fees, and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at Closing. Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for any excise tax (revenue stamps) required by law.

7. EVIDENCE OF TITLE: Not Applicable.

8. LABOR AND MATERIAL: Seller shall furnish at Closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of Closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

9. CLOSING: Closing shall be defined as the date and time of recording of the deed. All parties agree to execute any and all documents and papers necessary in connection with Closing and transfer of title on or before thirty (30) days after no subsequent upset bids are submitted in accordance with G.S. §160A-269. The deed is to be made to Melba Curmen.

CLOSING SHALL CONSTITUTE ACCEPTANCE OF THE PROPERTY IN ITS THEN EXISTING CONDITION.

10. POSSESSION: Unless otherwise provided herein, possession shall be delivered at Closing.

Buyer Initials MC Seller Initials _____

11. PROPERTY INSPECTION, APPRAISAL, INVESTIGATION:

(a) This contract is not subject to inspection, appraisal or investigation, as the Property is being bought "as is". Seller makes no representation as to water, sewer, conditions, title, access, or fitness for any intended use.

(b) CLOSING SHALL CONSTITUTE ACCEPTANCE OF THE PROPERTY IN ITS THEN EXISTING CONDITION.

12. RIGHT OF ENTRY, RESTORATION AND INDEMNITY: Buyer and Buyer's agents and contractors shall not have the right to enter upon the Property for any purpose without advance written permission of the Seller. If such permission is given, Buyer will indemnify and hold Seller harmless from all loss, damage, claims, suits or costs, which shall arise out of any contract, agreement, or injury to any person or property as a result of any activities of Buyer and Buyer's agents and contractors relating to the Property. This indemnity shall survive this contract and any termination hereof.

13. OTHER PROVISIONS AND CONDITIONS: (ITEMIZE ALL ADDENDA TO THIS CONTRACT AND ATTACH HERETO): None.

14. RISK OF LOSS: The risk of loss or damage by fire or other casualty prior to Closing shall be upon Seller.

15. ASSIGNMENTS: This contract may not be assigned without the written consent of all parties, but if assigned by agreement, then this contract shall be binding on the assignee and the assignee's heirs, successors or assigns (as the case may be).

16. PARTIES: This contract shall be binding upon and shall inure to the benefit of the parties, i.e., Buyer and Seller and their heirs, successors and assigns. As used herein, words in the singular include the plural and the masculine includes the feminine and neuter genders, as appropriate.

17. SURVIVAL: If any provision herein contained which by its nature and effect is required to be observed, kept or performed after the Closing, it shall survive the Closing and remain binding upon and for the benefit of the parties hereto until fully observed, kept or performed.

18. ENTIRE AGREEMENT: This contract contains the entire agreement of the parties and there are no representations, inducements or other provisions other than those expressed herein. All changes, additions or deletions hereto must be in writing and signed by all parties.

19. NOTICE AND EXECUTION: Any notice or communication to be given to a party herein may be given to the party or to such party's agent. This offer shall become a binding contract (the "Effective Date") when signed by both Buyer and Seller and such signing is communicated to the offering party. This contract is executed under seal in signed multiple originals, all of which together constitute one and the same instrument, with a signed original being retained by each party, and the parties adopt the word "SEAL" beside their signatures below.

BUYER:

SELLER

(If an individual)

CRAVEN COUNTY

Melba Curmon (SEAL)

By: _____ (SEAL)

Name: Melba Curmon

Its: _____

Date: 7/27/16

Date: _____

(If a business entity)

CITY OF NEW BERN

By: _____ (SEAL)

By: _____ (SEAL)

Its: _____

Its: _____

Date: _____

Date: _____

Buyer Initials MC Seller Initials _____

Craven County Geographic Information System

Craven County does NOT warrant the information shown on this page and should be used ONLY for tax assessment purposes.

This report was created by Craven County GIS reporting services on 7/26/2016 4:43:23 PM

Parcel ID : 8-038 -237
Owner : CRAVEN COUNTY & NEW BERN-CITY
Mailing Address : 406 CRAVEN ST NEW BERN NC 28560
Property Address : 1801 MCKINLEY AVE
Description : 143 PEMBROKE
Lot Description :



Assessed Acreage : 0.115 **Calculated Acreage :** 0.120
Deed Reference : 3351-0777 **Recorded Date :** 4 29 2015
Recorded Survey : 5-2-
Estate Number :
Land Value : \$5,000 **Tax Exempt :** Yes
Improvement Value : \$0 **# of Improvements :** 0
Total Value : \$5,000
City Name : NEW BERN **Fire tax District :**
Drainage District : **Special District :**
Land use : VACANT-RESIDENTIAL TRACT

Recent Sales Information

SALE DATE	Sellers Name	Buyers Name	Sale Type	Sale Price
4/29/2015	BROCK, JETTIE HRS	CRAVEN COUNTY & NEW BERN-CITY	STRAIGHT TRANSFER	\$2,500

List of Improvements to Site

No improvements listed for this parcel

Image ID: 000002454368 Type: CRP
Recorded: 04/29/2015 at 11:29:54 AM
Fee Amt: \$31.00 Page 1 of 3
Revenue Tax: \$5.00
Workflow# 0000133066-0002
Craven, NC
Sherril B. Richard Register of Deeds
BK 3351 Pg 777

NORTH CAROLINA
CRAVEN COUNTY

COMMISSIONER'S DEED

Revenue Stamps: \$5.00
Parcel # 8-038-237

THIS COMMISSIONER'S DEED, made and executed this 28 day of April, 2015, by and between AARON D. ARNETTE, Commissioner, pursuant to a judgment of the General Court of Justice, Craven County, North Carolina in an action entitled "Craven County, Plaintiff v. LILLIE M. HILL, et al, Defendants." (14-CVD-846), Grantor, to Craven County and the City of New Bern whose mailing addresses are: 406 Craven St., New Bern, NC 28560 and 300 Pollock St., New Bern, NC 28560, respectively, collectively as Grantee

WITNESSETH:

WHEREAS, said AARON D. ARNETTE, Commissioner, being empowered and directed by a judgment in the said action, did, on the 14th day of April, 2015, after due advertisement according to law, and as directed by said judgment, expose the land hereinafter described to public sale at the door of the Craven County Courthouse, where and when Grantee became the highest bidder for said land at the public sale in the sum of \$2,255.55;

WHEREAS, on the 14th day of April, 2015, AARON D. ARNETTE., Commissioner, reported to the Court that Grantee was the highest bidder for said land in the amount of 2,255.55;

Prepared By
✓ Sumrell, Sugg, Carmichael, Hicks and Hart, P.A.
Attorneys at Law
416 Pollock Street
New Bern, North Carolina 28560

MSX @
3



WHEREAS, more than 10 days passed after the entry of said bids without any advance or upset bids being offered and the reports thereof were timely filed with the Court; and

WHEREAS, on the 28th day of April, 2015, AARON D. ARNETTE, Commissioner was ordered by judgment of said Court to execute a deed in fee simple to Grantee;

NOW THEREFORE, in consideration of the premises, the said AARON D. ARNETTE, Commissioner, as aforesaid, does hereby grant, bargain, sell, and convey to Grantee all of that certain tracts or parcels of land lying and being situated in Number Eight (8) Township, Craven County, North Carolina, and being more particularly described as follows:

Situated near New Bern, NC in a certain townsite which is plotted and known by the name of Pembroke, the plot of which is the same which is recorded in the office of the Register of Deeds of Craven County, in Book 183, page 290 to which refer. The land herein conveyed being the certain lot which is designed on said plot by number one hundred (143) forty-three.

This property is also commonly referred to by its tax parcel identification number which is 8-038-237.

This property is not the Grantor's primary residence.

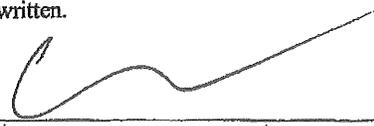
TO HAVE AND TO HOLD the aforesaid tracts or parcels of land and all privileges and appurtenances thereto belonging to the said Grantor, in fee simple forever, in as full and ample manner as said AARON D. ARNETTE, Commissioner, as aforesaid, is authorized and empowered to convey same.

Regarding Parcel ID 8-038-237 the title conveyed by this Commissioner's Deed is held pursuant to N.C. Gen. Stat. § 105-376, with Craven County having \$2,219.22 in taxes, interest, penalties, fees and costs associated with this matter and the City of New Bern having \$36.33 in taxes, interest, penalties, fees and costs associated with this matter, all of which constitute a first and



prior lien as of the date of the sale. Upon subsequent sale of this parcel, the proceeds will be distributed between Craven County and the City of New Bern pursuant to N.C. Gen. Stat. § 105-376

IN WITNESS WHEREOF, the said AARON D. ARNETTE, Commissioner, hath hereunto set his hand and seal the day and year first above written.



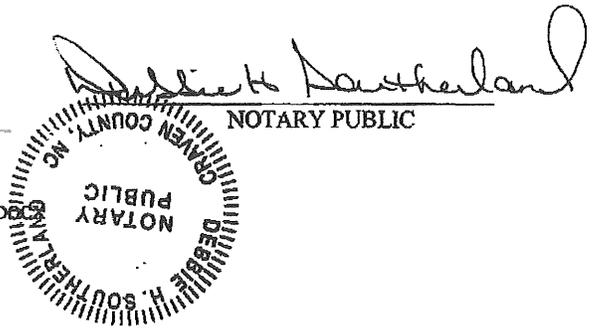
(SEAL)
AARON D. ARNETTE, COMMISSIONER

STATE OF NORTH CAROLINA
COUNTY OF CRAVEN

I, Debbie H. Southerland, a Notary Public of the County of Craven State of North Carolina, do hereby certify that AARON D. ARNETTE, Commissioner, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial stamp or seal, this 28th day of April, 2015.

My Commission Expires:
2/11/17



\\SERVER04\lssdocs\00000024\00058978.000.DOC



Craven GIS

Craven County does NOT warrant the information shown on this map and should be used ONLY for tax assessment purposes.



1 inch = 86 feet



RESOLUTION
2102 New Bern Avenue, New Bern, North Carolina

THAT WHEREAS, Craven County and the City of New Bern have received an offer to purchase a parcel of property owned by the County and City identified as 2102 New Bern Avenue, and being more particularly described herein; and

WHEREAS, the Board of Commissioners is authorized to sell the County's interest in the property pursuant to North Carolina General Statute §160A-269; and

WHEREAS, the offer to purchase was advertised as required by said statute; and

WHEREAS, the final offer to purchase was in the sum of \$8,000.00 by Jesse L. Mars, and Beatrice Mars; and

WHEREAS, the Board of Commissioners deems it advisable and in the best interest of the County to sell its interest in the subject property to the successful bidder and to convey its interest in said property by quitclaim deed.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF CRAVEN COUNTY:

Section 1. That the last and highest bid of Jesse L. Mars, and Beatrice Mars, in the sum of \$8,000.00 for said parcel identified as 2102 New Bern Avenue, and being more particularly described herein, be and the same is hereby accepted as to the County's interest in said property, and the Chairman, County Manager and/or Clerk be and they are hereby authorized and directed to execute a quitclaim deed to the purchasers for the County's interest in said property.

Section 2. That a copy of said quitclaim deed is attached hereto and incorporated herein by reference, and the original deed shall be delivered to said purchasers once the same has been executed on behalf of the County and City, upon payment of the purchase price.

Section 3. That the subject property is more particularly described as follows:

All that certain lot or parcel of land lying and being situate in Number Eight (8) Township, Craven County, North Carolina, and being more particularly described as follows:

All of that certain property more fully described in Deed Book 3414 at Page 437 in the Craven County Registry. This property is also commonly referred to by its tax parcel identification number which is 8-038-120.

ADOPTED THIS 3rd DAY OF OCTOBER, 2016.

GEORGE LINER, Chairman

(County Seal)

GWENDOLYN BRYAN,
Clerk to the Board

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Prepared by and return to:

Michael Scott Davis
DAVIS HARTMAN WRIGHT PLLC
209 Pollock Street
New Bern, NC 28560

Tax Parcel # 8-038-120
Revenue Stamps \$0.00

STATE OF NORTH CAROLINA

COUNTY OF CRAVEN

QUITCLAIM DEED

THIS QUITCLAIM DEED, made this 27th day of September, 2016, by and between the CITY OF NEW BERN, a municipal corporation of the State of North Carolina, and CRAVEN COUNTY, a body politic and corporate of the State of North Carolina (“Grantors”); to JESSE L. MARS, SR. and wife, BEATRICE MARS, whose mailing address is _____, (“Grantees”);

WITNESSETH:

That said Grantors for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable consideration to Grantors paid by the Grantees, the receipt of which is hereby acknowledged, have remised and released, and by these presents do remise, release and forever quitclaim unto the Grantees, Grantees’ heirs and assigns, the following described property, to wit:

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

The property herein conveyed does not include the primary residence of a Grantor.

DAVIS HARTMAN WRIGHT PLLC
Attorneys at Law
209 Pollock Street
New Bern, NC 28560

TO HAVE AND TO HOLD the above described lot or parcel of land and all privileges and appurtenances thereunto belonging to the Grantees, Grantees' heirs and assigns, free and discharged from all right, title, claim or interest of the said Grantors or anyone claiming by, through or under the Grantors.

IN TESTIMONY WHEREOF, the CITY OF NEW BERN has caused this instrument to be executed as its act and deed by its Mayor, attested by its City Clerk, and its seal to be hereunto affixed, all by the authority of its Board of Aldermen, and CRAVEN COUNTY has caused this instrument to be executed as its act and deed by the Chairman of its Board of Commissioners, attested by its Clerk, and its seal to be hereunto affixed, all by the authority of its Board of Commissioners, as of the day and year first above written.

CITY OF NEW BERN

(SEAL)

By: _____
Mayor

ATTEST:

City Clerk

STATE OF NORTH CAROLINA

COUNTY OF CRAVEN

I, _____, Notary Public in and for said County and State, do hereby certify that on the ____ day of September, 2016, before me personally appeared DANA E. OUTLAW, with whom I am personally acquainted, who, being by me duly sworn, says that he is the Mayor and that BRENDA BLANCO is the City Clerk for the City of New Bern, the municipal corporation described in and which executed the foregoing instrument; that he knows the common seal of said municipal corporation; that the seal affixed to the foregoing instrument is said common seal; that the name of the municipal corporation was subscribed thereto by the said Mayor; that the said common seal was affixed, all by order of the Board of Aldermen of said municipal corporation; and that the said instrument is the act and deed of said municipal corporation.

WITNESS my hand and official seal this the ____ day of September, 2016.

Notary Public

My Commission Expires:

CRAVEN COUNTY

By: _____
Chairman, Craven County Board of
Commissioners

(SEAL)

ATTEST:

Clerk, Craven County Board of
Commissioners

STATE OF NORTH CAROLINA

COUNTY OF CRAVEN

I, _____, Notary Public in and for said County and State, do hereby certify that on the ____ day of _____, 2016, before me personally appeared GEORGE S. LINER, with whom I am personally acquainted, who, being by me duly sworn, says that he is the Chairman of the Board of Commissioners for Craven County, and that GWENDOLYN M. BRYAN is the Clerk of the Board of Commissioners for Craven County, the body politic and corporate described in and which executed the foregoing instrument; that he knows the common seal of said body politic and corporate; that the seal affixed to the foregoing instrument is said common seal; that the name of the body politic and corporate was subscribed thereto by the said Chairman; that the said common seal was affixed, all by order of the Board of Commissioners of said body politic and corporate; and that the said instrument is the act and deed of said body politic and corporate.

WITNESS my hand and official seal this the ____ day of _____, 2016.

Notary Public

My Commission Expires:

EXHIBIT A

All that certain lot or parcel of land lying and being situate in Number Eight (8) Township, Craven County, North Carolina, and being more particularly described as follows:

Near the City of New Bern, in the townsite known as PEMBROKE, the plot of which is recorded in Book 183 at Page 290, said lot being known and designated as Lot #229 on said plot to which reference is made for a better description. Being the same lot conveyed to Dellia Simmons, widow by deed dated June 12, 1948, recorded in Book 421, Page 311, Register of Deeds Office of Craven County, North Carolina. The property is commonly referred to by its tax parcel identification number which is 8-038-120.

Being also that same property conveyed to Craven County and the City of New Bern by Commissioner's Deed recorded February 4, 2016 in Book 3414 at Page 437 of the Craven County Registry.

**OWNER AFFIDAVIT AND INDEMNITY AGREEMENT
(NO RECENT IMPROVEMENTS AND NO EXECUTORY CONTRACTS FOR IMPROVEMENTS)**

PARTIES: All parties identified in this section must execute this Agreement.

Owner: Craven County, a body politic and corporate

(NOTE: A separate Agreement is required for each successive owner in the 120-Day Lien Period.)

PROPERTY: See "EXHIBIT A" attached hereto and incorporated herein by reference

(Insert street address or brief description and/or attach a description as Exhibit A. Include here any real estate that is a portion of a larger, pre-unsegregated tract when that area is reasonably necessary for the convenient use and occupation of Improvements on the larger tract.)

DEFINITIONS: The following capitalized terms as used in this Agreement shall have the following meanings:

- **Improvement:** All or any part of any building, structure, erection, alteration, demolition, excavation, clearing, grading, filling, or landscaping, including tree shrubbery, driveways, and private roadways on the Property as defined below.
- **Labor, Services or Materials:** ALL labor, services, materials for which a lien can be claimed under NCGS Chapter 44A, Article 2, including but not limited to professional design services (including architectural, engineering, landscaping and surveying) and/or rental equipment.
- **Contractor:** Any person or entity who has performed or furnished or has contracted to perform or furnish Labor, Services or Materials pursuant to a contract either express or implied, with the Owner of real property for the making of an Improvement thereon. (Note that services by architects, engineers, landscapers, surveyors, furnishers of rental equipment and contracts for construction on Property of Improvements are often provided before there is evidence of construction.)
- **120-Day Lien Period:** The 120 days immediately preceding the date of recordation of the latter of the deed to purchaser or deed of trust to lender in the Register of Deeds of the county in which the Property is located.
- **Owner:** Any person or entity, as defined in NCGS Chapter 44A, Article 2, who has or has had any interest in the Property within the 120-Day Lien Period. For the purposes of this Agreement, the term Owner includes: (i) a seller of the Property or a borrower under a loan agreement secured by the Property and with rights to purchase the Property under a contract and for whom an Improvement is made and who ordered the Improvement to be made; and (ii) the Owner's successors in interest and agents of the Owner acting within their authority.
- **Company:** The title insurance company providing the title policy for the transaction contemplated by the parties herein.
- **Property:** The real estate described above or on Exhibit A and any leaseholds, tenements, hereditaments, and improvements placed thereon.
- All defined terms shall include the singular or plural as required by context.

AGREEMENT: For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and as an inducement to the purchase of the Property by a purchaser and/or the making of a loan by a lender secured by a deed of trust encumbering the Property and the issuance of a title insurance policy by Company insuring title to the Property without exception to liens for Labor, Services or Materials; Owner first being duly sworn, deposes, says and certifies:

1. **Certifications:** Owner certifies that at no time during the 120-Day Lien Period have any Labor, Services or Materials been furnished in connection with the purchase of the Property, express or implied, for Improvements to the Property (including architectural, engineering, landscaping or surveying services or materials or rental equipment for which a lien can be claimed under NCGS Chapter 44A) nor have any Labor, Services or Materials been furnished on the Property prior to the 120-Day Lien Period that will or may be completed after the date of this affidavit OR only minor repairs and/or alterations to pre-existing Improvements have been made and Owner certifies that such repairs and/or alterations have been completed and those providing Labor, Services or Materials for the repairs have been paid in full. The Owner certifies that no Mechanics Lien Agent has been appointed.

2. **Reliance and Indemnification:** This Agreement may be relied upon by the purchaser in the purchase of the Property, a lender to make a loan secured by a deed of trust encumbering the Property and by Company in issuance of a title insurance policy or policies insuring title to the Property without exception to liens for Labor, Services or Materials as certified in this Agreement. The provisions of this Agreement shall survive the disbursement of funds and closing of this transaction and shall be binding upon and anyone claiming by, through or under Owner.

Owner agrees to indemnify and hold purchaser, lender, and Company harmless of and from any and all loss, cost, damage and expense of every kind, and all fees, costs and expenses, which the purchaser, lender or Company shall or may incur or become liable for, directly or indirectly, as a result of reliance on the certifications of Owner made herein or in enforcement of the Company's rights hereunder.

3. **NCLTA Copyright and Entire Agreement:** This Agreement and any attachments hereto represent the entire agreement between the Owner and the Company and no prior or contemporaneous agreement or understanding inconsistent herewith (whether oral or written) pertaining to such matters is effective.

THIS IS A COPYRIGHT FORM and any variances in the form provisions hereof must be specifically stated in the blank below and agreed to in writing by the Owner and the Company.

No modification of this Agreement, and no waiver of any of its terms or conditions, shall be effective unless made in writing and approved by the Company.

PROVIDING A FALSE AFFIDAVIT IS A CRIMINAL OFFENSE

Craven County, a body politic and corporate By: _____ Printed or Typed Name/Title: _____ (Seal)	State of <u>NORTH CAROLINA</u> County of <u>Craven</u> Signed and sworn to (or affirmed) before me this day by _____ As _____ of <u>Craven County, a body politic and corporate.</u> Date: _____ _____, Notary Public My Commission Expires: _____
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[Notary Official/Notarial Seal]

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