2014-2016
NORTH DAKOTA LICENSE RENEWAL APPLICATION
INDUSTRIAL GROUND AMBULANCE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60167
9/2014

Name of Industrial Ground Ambulance Service	License Number

Where as, the above-named ambulance service provides emergency medical care and uses corporately or privately owned vehicles upon the streets or highways of this state for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless, and holds itself to its employees, for such a service or regularly provides such a service.

Where as, the above-named ambulance service will provide services which meet the standards of Chapter 23-27 of the North Dakota Century Code, and regulations promulgated by the State Health Council governing industrial ground ambulance service.

Application is hereby made to operate as an industrial ground ambulance service until midnight October thirty first of the year 2016.

This license is nontransferable and substation ambulances may not operate independently outside the primary license holder. This licensure is not valid for general public response. An EMS agency licensed as an Industrial Ground Ambulance is not eligible for training, funding area or other grants administered by the Division of EMS and Trauma.

The license fee of $50.00 is enclosed and made payable to:

North Dakota Department of Health.

Signature	Date

DEMST OFFICE USE ONLY
License Number
Date Issued
Substations
Amount Due
Approved by

STATE USE ONLY
Date Received
Amount Received
Cash MO Check Number _____

Name of Industrial Ground Ambulance Service		License Number
Physical Address of Service		
City	State	ZIP Code
Mailing Address of Service		
City	State	ZIP Code
County	Region	
Day Telephone Number	Evening Telephone Number	Fax Number
Agency E-mail Address		
Squad Leader		
Contact Person (if different)		
Squad leader and contact person must be listed on your service roster.		

TYPE OF INDUSTRY

Check all that apply ☐ Oil and Gas ☐ Mining ☐ Military ☐ Construction
☐ Other Please explain

OWNERSHIP

Name of Exact Ownership of Service				
Check one:	☐ Hospital Based	☐ Fire Based	☐ Private / Independent	☐ Government / Non-Fire Entity

TYPE OF CONTROL

Governmental	☐ County	☐ Municipal	☐ County and City	☐ Tribal	☐ Federal
Non-profit	☐ Corporation		☐ Association		
For-profit	☐ Individual		☐ Partnership		☐ Corporation

STAFFING

Number of staff members on a scheduled shift

What type of shifts are service personnel scheduled?

☐ 8 hours ☐ 12 hours ☐ 16 hours ☐ 24 hours ☐ 1 week ☐ 2 weeks
☐ Other Please explain

Name of Industrial Ground Ambulance Service	License Number

VEHICLE AND LIABILITY INSURANCE CARRIERS

Name of Vehicle Insurance Company		
Agent Name	Agent Address	
City	State	ZIP Code
Name of Medical Liability Insurance Company		
Agent Name	Agent Address	
City	State	ZIP Code

DISPATCHING

Who dispatches your service? (Check all that apply)	☐ County	☐ State Radio	☐ Hospital	☐ Nursing Home
	☐ Other (Please explain)			
Name of emergency dispatching agency				
Location (City)	Contact Phone Number			
Is a 911 call center able to dispatch your service directly?			☐ Yes	☐ No
If no, who does the 911 call center contact in order to dispatch?				
List any numbers (other than *911) the service may be dispatched by				
How are your personnel notified?	☐ Pager	☐ Radio	☐ Telephone	☐ Other (Please explain)

MUTUAL AID AGREEMENT: INDUSTRIAL GROUND AMBULANCE

List ambulance services that this service has formal written agreements with for mutual aid. If no agreements have been made, leave this area blank.

Service	City

Name of Industrial Ground Ambulance Service	License Number

☐ Check here if you have updated your vehicle roster online. If so you may leave this page blank.

VEHICLE ROSTER INFORMATION: INDUSTRIAL GROUND AMBULANCE

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Unit Number (Radio)					Year	Make
VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

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VIN Number						Mileage
Ambulance Cell Phone Number						☐ Primary Vehicle ☐ Backup Vehicle

Name of Industrial Ground Ambulance Service	License Number

AMBULANCE PERSONNEL ROSTER: INDUSTRIAL GROUND AMBULANCE

☐ Check here if you have updated your personnel roster online. If so you may leave this page blank.

NOTE: State ID numbers are required. Application will be rejected if this information is not provided. If you are listing new members, you must include EMS registration forms or ALS licensure forms.

First Name	Last Name	State ID Number	Provider Level

Name of Industrial Ground Ambulance Service	License Number

AMBULANCE PERSONNEL ROSTER: INDUSTRIAL GROUND AMBULANCE

First Name	Last Name	State ID Number	Provider Level

Name of Industrial Ground Ambulance Service	License Number

CHECKLIST OF REQUIRED EQUIPMENT: INDUSTRIAL GROUND AMBULANCE

Total Number of Vehicles in Service

Item *Please make copies if additional pages are needed.* **Please place an "X" in boxes if stocked.**	**Unit Number(s)**			
	UNIT #	UNIT #	UNIT #	UNIT #
Mounted ambulance cot with retaining straps				
Stretchers with retaining straps. Vehicle design dictates quantity.				
Piped oxygen system - with appropriate regulator and flow meter, or two "E" size bottles for minimum oxygen supply with regulator and flow meter				
Portable oxygen unit with carrying case. To include one "D" size bottle with another "D" bottle in reserve				
Three nasal cannula, three non-rebreather oxygen masks in adult sizes, and three sets of oxygen supply tubing				
Suction wall mounted and portable capable of achieving 400 mm/hg 4 seconds or less, w/catheters in adult sizes, rigid and soft				
Bag valve mask resuscitation units with appropriate sized face masks or pocket masks with oxygen inlet				
Spine boards - one full size and one half size - with retaining straps				
Head to board immobilization device				
Commercial fracture splints usable for open and closed fractures or padded boards usable for adult patients				
Hot packs - four minimum				
Cold packs - four minimum				
Soft roller self adhering bandages - five yards (4.75 meters) long - twelve minimum				
Sterile burn sheets - two minimum				
Triangular bandages - three minimum				
Sterile gauze pads - four inches (10.16 centimeters) by four inches - twenty five minimum				
Trauma dressing - approximately 10 inches by thirty six inches - two minimum				
Oral airways - one set minimum				
Sterile occlusive dressings - approximately three inches by nine inches				
Tape - assorted sizes - four rolls minimum				
Blunt Shears - two minimum				
Lower extremity traction splint				
Disposable gloves - small, medium and large - one box each min.				
Bedpan, emesis basin and urinal - single use or sterilizable; one each minimum				
Distilled water or saline solution - one gallon minimum				
Flashlights - two minimum				
Reflectorized flares for securing scene - three sets minimum				
Red biohazard bags - three minimum				
Cervical collars - small, medium and large one each minimum				

Name of Industrial Ground Ambulance Service	License Number

CHECKLIST OF REQUIRED EQUIPMENT: INDUSTRIAL GROUND AMBULANCE

Item *Please make copies if additional pages are needed.* **Please place an "X" in boxes if stocked.**	**Unit Number(s)**			
	UNIT #	UNIT #	UNIT #	UNIT #
Two blankets, two pillows, four sheets and four towels.				
Tubiculcidal disinfectant product				
Fire extinguisher - dry chemical, mounted, five pound (2.27 Kg) minimum				
Stethoscope				
Blood pressure manometer with cuff				
VHF radio with capabilities of meeting EMS standards as determined by the department				
Portable radio capable of reaching law enforcement & hospitals				
Personal protection equipment, such as mask, non-absorbant gown, protective eyewear - four each minimum				
Biological fluid cleanup kit				
Reflective vest - minimum of two				

I hereby affirm that all information entered on this license application is true and correct to the best of my knowledge. I understand that any fraudulent entries may be sufficient cause for rejection or revocation of agency licensure.

This licensure is intended for industrial use only and the holder of this license may not offer or advertise EMS services to the general public. The service is also not eligible for any grants administered by the Division of EMS and Trauma of the North Dakota Department of Health.

I further agree to notify the North Dakota Department of Health Division of EMS and Trauma immediately if any changes in status occur. I agree that this industrial ground ambulance service completes a trip ticket for each call and submits the required data to the Division of EMS and Trauma within 30 days of the call.

Signature	Date

Click here to print completed form.
Sign and mail with payment to the address below.

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF ACCOUNTING
600 E. BOULEVARD AVE. DEPT 301
BISMARCK, ND 58505-0200

MEDICAL DIRECTOR AGREEMENT: INDUSTRIAL GROUND AMBULANCE

INSTRUCTIONS: This form must be completed with each ambulance licensure application or at any time a change or addition of medical directors is made. All ALS personnel license applications, etc. must be signed by the medical director on record or they will be returned. A current medical director agreement must be on file for each service at all times.

PHYSICIAN MEDICAL DIRECTOR

First Name	Last Name	MI

Street Address / PO Box	City

State	Zip Code	Telephone Number

ND License Number

Ambulance Service License Number

I, the above-named physician, agree to function as Physician Medical Director for the above-named ambulance service. As Medical Director I understand that I am responsible for all patient care standards associated with the above named ambulance service. The emergency medical services personnel working either as volunteers or as compensated employees for these services are acting as my designated agents when providing patient care. It is my duty to assure that a system for quality improvement / quality assurance is developed and implemented. I will provide input on training issues and provide online medical direction when necessary.

The expiration date of this agreement will coincide with the expiration date of the ambulance license or may be terminated upon written notification by the listed ambulance service or by myself to the Division of Emergency Medical Service and Trauma.

☐ Remove previous medical director from service roster.

☐ Add to service roster as additional medical director.

Medical Director Signature	Date