



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE
A-2014-2403391

September 20, 2014

**HAMPTON TOWNSHIP EMERGENCY MEDICAL SERVICES
PO BOX 833
ALLISON PARK, PA 15101**

RECEIVED
OCT 31 2014
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

In Re: A-2014-2403391– APPLICATION OF HAMPTON TOWNSHIP EMERGENCY
MEDICAL SERVICES FOR PARATRANSIT SERVICE.

James M. Kline:

The above referenced application is now unopposed and has been assigned for review without further oral hearing. In order to reach a determination on the application, you are required to file verified statements in support of the application in accordance with 52 Pa. Code §3.381(e)(1).

You are required to file:

- A. VERIFIED STATEMENT OF APPLICANT.**
- B. VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION.**

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline form should be a separate section or paragraph. The enclosed form may be used for your convenience.

Please be aware of the fact that the verified statements will be reviewed based on the Commission's decision in the Application of Blue Bird Coach Lines, Inc., (A-00088807, F.2, Am-K) 72 Pa. P.U.C. 262 (1990), which indicates: (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding; (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including request for vice versa authority; and (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description. You are proposing service in the counties of Allegheny, Beaver, and Lawrence; therefore, it is necessary for you to include supporters from points in those areas. A sample form for supporting witnesses has also been enclosed. This form may be copied for the use of the supporting witnesses.

In accordance with 52 Pa. Code §3.381(c)(1)(iii)(A)(I), applicants are given an initial 30 days to file verified statements; your statements will be due on or before *October 20, 2014*. Pursuant to 52 Pa. Code §3.381(c)(1)(iii)(A)(IV), additional time to file verified statements, up to 45 days, may be requested by letter explaining the *extenuating* circumstances why an extension of time should be granted. This written request must be received prior to the initial due date of the verified statements. Failure to file this information within the allotted time, or to receive an extension as specified above, will result in the dismissal of your application.

Questions about the application should be directed to me at (717) 214-7155.

Sincerely,

A handwritten signature in black ink, appearing to read "David P. Thompson". The signature is fluid and cursive, written over a white background.

David P. Thompson
Compliance Specialist
Bureau of Technical Utility Services

Enclosures

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

PUC Application Docket No.

Hampton Township Emergency Medical Services, Inc.
Legal Name of Applicant

Trade Name, if any

4725 William Floyd Hwy. *Allison Park* *PA.* *15101*
Street Address (principal place of business) City or Municipality State Zip
Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

James M. Kline, CEO

RECEIVED

OCT 31 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

N/A

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

I am a Certified Emergency Medical Technician & Emergency Vehicle Operations Course Instructor for past 29 years. The business of Hampton Twp. EMS Inc. started in 1985 & has been in business since.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

The Location of Business is 4725 William Floyd Hwy / Route 8 All-Sea Park, PA 15101. The Building Has 3 Bays, office For Crews + a Business Office. 4 Phones Thru out Building with 4 Computers.

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers.

Customer Request are Received By Telephone or a Cellular Phone, Typed up and Handed to Each Driver. All communication is Thru the Chief to the Drivers Cell Phones.

6. Please explain:

- a. Your hiring standards for drivers;

All Drivers are Emergency Medical Technicians Who have a Drivers License Check Every 6 months. EVOC/EVDT Certified Every 3 Yrs., Criminal Background Check + Act 33 + 34 Clearances.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

YES

- c. Your driver training program;

Emergency Vehicle Operations Course (EVOC/EVDT)
Emergency Vehicle Defensive Training. Every 3 Yrs.

- d. Your system for ensuring that your drivers are properly licensed at all times;

Drivers License Check Every 6 months

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

Every Employee at Time of Hire Has to have a Criminal Background check Along with Act 33 + 34 Child Clearance + Every 6 months a Drivers Check

- f. Your policies regarding alcohol and drug use by your drivers.

Please See Attached Policy.

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

| <u>YEAR</u> | <u>MAKE</u> | <u>MODEL</u> | <u>SEATING CAPACITY</u> | <u>VEHICLE ID #</u> |
|-------------|-------------|--------------|-------------------------|---------------------|
| 2013 | DODGE | CARAVAN | 3 | WCV-1 |
| 2005 | FORD | E-250 | 3 | WCV-2 |
| | | | | |
| | | | | |

8. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan;

Vehicles ARE serviced + Inspected Every 3,000 miles.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

our vehicles are serviced @ Dealership or Schieler's AUTOMOTIVE in Glenshaw, PA.

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

N/A

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

N/A

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

American ALTERNATIVE INSURANCE CORP
 Policy# VFIS TR 206564502
 EFFECTIVE 11/15/2013 TO 11/15/2014

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES ___ NO X

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) 12/31/2013

ASSETS

Current Assets

Cash

Other Current Assets (specify)

570,211.71

Other Assets

Motor Vehicle Equipment

Building and Structures

Office Equipment

Investments and Funds (specify)

413,876.55
130,000.00
79,190.02

TOTAL ASSETS

859,870.07

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

859,870.07

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

Hampton Twp. Emergency Medical Services Inc.
Balance Sheet
 As of December 31, 2013

| | <u>Dec 31, 13</u> |
|--|--------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 10001 · PNC Bank - Checking | 71,064.92 |
| 10002 · PNC Bank - Money Market | 0.95 |
| 10003 · First Commonwealth Bank | 99,145.84 |
| 10009 · TREASURY BILLS | <u>400,000.00</u> |
| Total Checking/Savings | 570,211.71 |
| Other Current Assets | |
| 12500 · Prepaid Expenses | 5,479.43 |
| 13000 · Inventory | <u>200.00</u> |
| Total Other Current Assets | <u>5,679.43</u> |
| Total Current Assets | 575,891.14 |
| Fixed Assets | |
| 14000 · Building | 130,000.00 |
| 14100 · Land | 100,000.00 |
| 14500 · Building Improvements | 21,613.05 |
| 15000 · Vehicles | 413,876.55 |
| 16000 · Computers & Software | 29,790.02 |
| 16100 · Medical Equipment | 53,791.60 |
| 16200 · Office Furniture/Equipment | 2,525.01 |
| 17000 · Accumulated Depreciation | <u>-467,617.30</u> |
| Total Fixed Assets | <u>283,978.93</u> |
| TOTAL ASSETS | <u><u>859,870.07</u></u> |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 24100 · Payroll Tax Liability | 1,299.87 |
| 24200 · Wage Attachment Liability | <u>650.00</u> |
| Total Other Current Liabilities | <u>1,949.87</u> |
| Total Current Liabilities | <u>1,949.87</u> |
| Total Liabilities | 1,949.87 |
| Equity | |
| 32000 · Unrestricted Fund Balance | 1,193,093.13 |
| Net Income | <u>-335,172.93</u> |
| Total Equity | <u>857,920.20</u> |
| TOTAL LIABILITIES & EQUITY | <u><u>859,870.07</u></u> |

SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A-

52 Pa. Code Section 41.14(a), states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated as needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and, 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Ado - Kline, CEO
(Signature)

10/31/2014
(Date)

JAMES M. KLINE, Chief Executive Officer
(Name and Title, printed or typed)

Please print or type.

Village of Hampton Fields
Name of Supporter
4480 Mount Royal Blvd. Allison Park PA 15101
Street Address City or Municipality State Zip
Code

Hampton Township EMS Inc.
Name of Applicant

- Describe the type of transportation service needed.
wheel-chair van for outside appointments, and to return residents from hospital stays & emergency visits.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Passavant Hospital, St. Margaret's Hospital, Hampton Fields Village, Veteran's Hospital - Aspinwall, Allegheny General Hospital.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly or more often.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
None
- Have you supported similar applications in the past? If so, who was the applicant?
No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Gloria L. Camb
(Signature of Supporter)

10-30-14
(Date)

Gloria L. Camb
(Supporter's Name, printed or typed)

Please print or type.

ORION Personal Care Residence
Name of Supporter

2191 EDELSON ROAD ALISON PARK PA 15701
Street Address City or Municipality State Zip Code

Hampton Twp. EMS Inc
Name of Applicant

- Describe the type of transportation service needed. Wheelchair van for outside appointments, plus return residents from the ER + hospital visits.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
ORION PCH TO ER'S - PESSUMPT HOSPITAL ALISON PARK PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
ORION PCH TO CLINIC AT PESSUMPT HOSPITAL ALISON PARK PA
AS needed for emergency ER VISITS + DECOR / Return to clinic appointment >
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NONE ORION PCH.
- Have you supported similar applications in the past? If so, who was the applicant? NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Signature]
(Signature of Supporter)

10-30-14
(Date)

M. SHERMAN DEVLON
(Supporter's Name, printed or typed)

Please print or type.

Elmerott of Allison Park

Name of Supporter

2224 Walters Rd Allison Park

Street Address

City or Municipality

PA

State

15101

Zip

Code

Hampton Township EMS

Name of Applicant

- Describe the type of transportation service needed.

Wheel chair van for outside appts and return from hospital stays/ER visits.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Origin - Elmerott of Allison Park (Hampton Twp.)
destination - Psh area locations (Allegheny, City of Psh)

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily - weekly - monthly as needed

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

There are no others in the township that provide this service.

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Handwritten Signature]

(Signature of Supporter)

10-30-14
(Date)

Marcia McAfee

(Supporter's Name, printed or typed)

Hampton Township Emergency Medical Services, Inc.

RULES, REGULATIONS, AND OPERATING PROCEDURES

PROFESSIONAL APPEARANCE:

Our business is providing quality medical care and transportation. Because the image you project is a reflection on Hampton Township Emergency Medical Services, Inc. ("Hampton EMS"), each employee must report for work in a **clean approved uniform**, and clean-shaven, or with hair (including Go Tee's and moustaches) neatly trimmed. A professional appearance is required of all employees and volunteers, at all times. Approved uniform items must be worn while on duty, or when responding to a call during off-duty hours.

Our standard uniform is: navy blue pants with no outside pockets, light blue uniform shirt, black work shoes or boots and a black belt. Navy Blue Fleece Spie-Wak Jacket and a Two Tone Outer Shell with High Vis.

Long Sleeve Shirts will be worn from October 15 to April 15. A service patch will be displayed on the left sleeve and a reverse US flag and certification rank will be displayed on the right sleeve. The employee may purchase and wear an approved name badge. Approved Hampton EMS ball caps are to be worn at night or rainy weather only and approved skull caps can be worn in winter with temperature below 20 degrees. The above items are the only items allowed to be worn. *We do not allow long sleeve shirts under the uniform or any other look that detracts from professional image.*

REPORTING INFORMATION:

Any employee or volunteer charged with a violation of law must report the charge of offense to his/her Chief as soon as reasonably possible. All charges including motor vehicle moving violations, summary, misdemeanor, felony, civil, and criminal offenses must be reported. Time off will be granted for court appearances and other legal matters. Depending on the nature and severity of the charges, the employee or volunteer may face suspension, without pay, pending final judgment. Failure to report information may result in termination of employment.

SUBSTANCE ABUSE:

Hampton EMS is committed to maintaining an environment that is safe, productive and beneficial for all employees, patients, guests, clients and visitors. Therefore, Hampton EMS has developed a substance abuse program to help eliminate on-the-job impairment due to chemical substance abuse.

This policy covers the abuse of alcohol and all other drugs or chemical substances - legal or illegal - which could impair or diminish work performance. All employees are responsible for arriving at the work site free of the effects of alcohol, drugs or any other substance that might impair their ability to perform their duties in the safest and most productive manner. All employees must behave in a lawful manner on Hampton EMS premises and while on Hampton EMS business.

- *Pre-employment Drug Screening will be conducted as part of the post-offer, pre-employment physical examination. If the results of the drug screening are positive, indicating*

the use of prohibited chemical substances, the applicant will not be considered further for employment.

- Reasonable Cause Drug Screening will be based on objective observations of behavior or performance that is reasonably believed to be the result of impairment. The screening will be done on the recommendation of the Chief. In addition, if Hampton EMS is made aware, through a firsthand account, that an employee may be in possession of or using alcohol or drugs on the job, the employee may be asked to submit to a drug and/or alcohol screening.
- The sale, purchase, transfer, use or possession of illegal drugs, the misuse of prescription, over-the-counter drugs or alcohol, and/ or working under the influence of any substance that could impair an employee's ability to work safely and efficiently is forbidden on Hampton EMS property, when driving a Hampton EMS vehicle, or while on Hampton EMS business.
- Employees must notify their chief of any prescription or over-the-counter medication usage that may result in impairment of ability or performance before reporting for duty.
- Employees who violate this policy, refuse reasonable cause substance abuse screening, or choose not to comply with treatment requirements after positive screening results, will be subject to disciplinary action which may include termination.
- Hampton EMS reserves the right to carry out reasonable searches of employees and their property while on Company premises. An employee who refuses to immediately submit to such a search will be subject to discharge on the first offense.
- Temporary agency employees, vendors and contractors supplying workers or performing work for the Company are required to adhere to the Hampton EMS's Substance Abuse Policy. Workers who violate the policy will be subject to removal from the property.

CONFIDENTIALITY

All employees / volunteers must maintain the confidentiality of Hampton EMS information at all times, including but not limited to Patient, Company and Employee/Volunteer information.

Do not discuss events of a call, patient information, proprietary information, scheduled work hours, telephone/pager numbers, address, etc., outside of the Company, or reproduce Company documents, forms, memos, etc. outside of Hampton EMS or in the presence of others.

STATION RESPONSIBILITIES:

All employees must complete the daily duties, as given by the CEO, James M. Kline at the beginning of the shift. Responsibilities include, but are not limited to:

- Documenting thorough vehicle checks;
- Cleaning the vehicles;
- Cleaning of the station;
- Care and maintenance of the station and its equipment and supplies, etc.;
- Completion of a base duty completion form for every shift;
- Completion of disinfecting forms and vehicle check lists

- * The employee must notify the CEO as soon as possible upon receipt of a subpoena, notice or summons.
- * The employee must submit a document from the court showing the time spent and amount paid to the CEO.
- * The company will pay the difference between what the court pays and the employee's regular rate of pay.
- * Verification of an employee being seated on a jury, being detained in a jury pool or subpoenaed as a witness is required.
- * An employee who is subpoenaed to serve as a witness for reasons not related to company business must use vacation time.
- * If the court dismisses the jury early, the employee is expected to return to work as soon as possible.
- * Should the employee's work duties with the company be vital to its operation, the company may ask the court to excuse the employee from jury duty.

VOTING:

The company encourages its employees to vote in every election however, we do not provide time off for voting with or without pay. Employees should make arrangements to vote prior to or following normal working hours.

EMPLOYMENT PHYSICAL EXAMINATION:

After an offer of employment, a physical examination may be required. The employment physical examination will be conducted by a company appointed physician at the company's expense.

When an employment physical examination is requested, employment and assignment will be conditional pending the receipt of a satisfactory physician's report.

MOTOR VEHICLE RECORD (MVR) INQUIRY:

Prospective employees expected to drive company vehicles will have their Driver License checked every six months. Employment and assignment will be conditional pending the receipt of a satisfactory report from the Division of Motor Vehicles.

EMPLOYMENT OF RELATIVES:

The company discourages the employment of close relatives. However under certain conditions, management may waive this policy in favor of employing close relatives within the organization for the benefit and needs of **Hampton EMS**. Close relatives are defined as: spouse, parent, son, daughter, brother, sister, grandparent and in-laws.

II. CONDITIONS OF EMPLOYMENT

EMPLOYMENT AT WILL:

We hope that each employee's period of employment with **Hampton EMS Inc.** will be a rewarding. However, circumstances change, and some employees may seek opportunities elsewhere or choose to leave for other reasons. Others may not fulfill the operational needs of the company or changed circumstances may reduce available employment opportunities which may result in involuntary termination.

REDUCTION OF WORKFORCE:

In the event that a reduction in the company's workforce becomes necessary, the number of employees over and above those determined by the company as needed to perform the available work will be terminated. In determining those employees to be retained, consideration will be given to employees' skills and certifications, the quality of each employee's past performance, the need for the position held by the employee and, with all other factors being equal, the length of service of each employee.

CARE OF EQUIPMENT AND FACILITIES:

All employees should be concerned with the care and safe use of company-owned equipment and facilities. Good housekeeping is expected of every employee.

PARKING:

Parking area is provided for employees and Employees may park in any space behind the station that is not marked, "Reserved". Please do not block any gate, door, or driveway. Please do not bring valuables to work. We do not assume any responsibility for an employee's vehicle or its contents while on company property.

TOBACCO USE POLICY:

Hampton EMS is dedicated to providing a healthy, comfortable and productive work environment for our employees. Therefore, tobacco use is prohibited throughout company facilities except in designated tobacco use areas.

No tobacco use is permitted in the ambulances or wheel chair vans.

PERSONAL BELONGINGS:

Hampton EMS will not take responsibility for any personal belongings left in the station or in any Ambulance. All Personal belongings should remain in your vehicle unless it's needed for your Job.

* The company does *not* allow pornographic material in the workplace and if it is found it will be disposed of and disciplinary action will follow.

BREAK ROOM:

The company provides a kitchen area equipped with all necessary appliances for storing and cooking of food for the convenience of our employees. Employees are encouraged to use the kitchen for their breaks and lunch periods. Employees owe it to fellow employees to keep the kitchen neat and clean. Any food left in the kitchen or refrigerator **MUST** be Dated and there last name placed on it. If there is no date or last name it will be thrown away.

CONFLICTS OF INTEREST:

Employees shall avoid outside employment, activities, investments, and other interests that involves obligations which may compete with or be in conflict with the interests of Hampton EMS.

EMERGENCY VEHICLE RESPONSE PLAN:

Operating Guidelines

In Responding to emergency calls, the *Hampton Township EMS* places much responsibility on our emergency vehicle drivers to provide prompt conveyance of vehicles, equipment and personnel to serve those in need also to serve patients in the safest and most prudent manner possible.

Because we trust the care and control of most of our major assets (personnel, vehicles, portable equipment,) to Emergency Vehicle drivers, we hold drivers to a high standard of care to always operate with high regard for the safety of others. Drivers must constantly monitor and minimize the risk and exposure to potential losses during every response.

Safe arrivals are our first priority. Accordingly, Drivers must be familiar with and constantly abide by these Emergency Vehicle Response procedures:

1. EMERGENCY RESPONSES--An Emergency is a call where a real risk of death, serious injury or significant property loss may be reduced by a faster response than normal traffic flow, without warning devices, might otherwise permit. In responding to Emergencies, Drivers must follow these procedures:

- a. Circle of Safety.
 - i. Before entering the cab or starting the vehicle, circle the vehicle and visually inspect the top and all 4 sides of the vehicle to confirm that,
 - a. All equipment is secured;
 - b. All compartment doors are securely closed; and
 - c. All potential physical obstructions are out of the way.
 - ii. Before moving the vehicle (on any call-- emergency or non-emergency), verify right side and rear clearance with the person riding in the officer position.
- b. Warning Devices.
 - i. When responding to any emergency, activate all audible and visual warning devices and keep them on regardless of time of day or traffic conditions;
 - ii. Account for the fact that warning devices may not make others aware of your presence—they only request the right-of- way, they do not insure the right-of-way!
- c. Vehicle Control and Right-of-way:

- i. Operate your vehicle to provide the maximum level of safety for both their passengers and the public.
 1. Anticipate that other drivers may not react properly or even with due care;
 2. When passing or overtaking vehicles, have options available.
 3. If another vehicle fails to yield the right of way, don't assume, force or take the right of way, until the other vehicle yields to you;
 4. Be aware of your *rate of closure* on other vehicles and pedestrians;
 5. Keep a safe following distance, allowing 1 second of following distance for every 10 feet of vehicle length for speeds under 40 mph and add 1 additional second for each 10 mph for speeds over 40 mph. **[Jim, this last one is confusing to me]**

d. Response Speed.

- i. Drive as close to the posted speed limit as possible, but do not exceed ten (10) miles per hour over the posted speed limit, conditions permitting. (Conditions requiring slower response speeds include slippery roads, inclement weather, poor visibility heavy or slow traffic and sharp curves.

e. Intersections.

- i. Take extreme care approaching every intersection—that is where most major accidents occur. Drivers are required to follow the Pennsylvania Vehicle Code, Title 75.
- ii. Uncontrolled Intersections.
 1. As you approach any intersection without a working control device, (stop sign, yield or traffic signal in your direction of travel) or where a control signal is green:
 - a. Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast, etc.) and observe traffic in all four directions (left, right, front, rear).
 - b. Slow down for potential hazards and cover the-brake pedal with your foot.

- c. Change the siren cadence before you are 200' from intersection.
- d. Avoid using the opposing lane of traffic if at all possible;
- e. Always be prepared to stop. If another vehicle fails to yield the right of way, don't force the right of way or assume the right of way, but wait until the other vehicle yields to you.

iii. Controlled Intersections:

1. As you approach any intersection controlled by a stop sign, yield sign, yellow traffic light or a red traffic light:
 - a. Begin to slow down well before reaching the intersection and cover the brake pedal with the driver's foot, continue to scan in 4 directions (left, right, front, rear);
 - b. Change the siren Cadence not less than 200' from intersection;
 - c. Come to a **complete STOP!!**
 - d. Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling too fast, etc.) as well as driver options;
 - e. Scan intersection for possible passing options (pass on the right, left, wait, etc.) avoid using the opposing lane of traffic if at all possible;
 - f. Do not rely on warning devices to clear traffic; and
 - g. Establish eye contact with other vehicle drivers; have your partner communicate all is clear; reconfirm all other vehicles are stopped. Proceed one lane of traffic at a time treating each lane of traffic as a separate intersection.

iv. Railroad Intersections.

1. As you approach an unguarded rail crossing, come to a **complete STOP** before entering the grade crossing;
2. Before proceeding,

- 1
- a. Turn off all sirens, air horns and any other sound producing equipment; and while at idle, open the windows and listen to make sure no train horn can be heard.
2. **NON-EMERGENCY**--A Non-Emergency is a call that can be responded to within the normal flow of traffic without increased risk of death, serious injury or significant property loss.
 - a. Non-emergency response (E-3 or E-4): When responding to a call in a non-emergency response mode or normal flow of traffic (E-3 or E-4) or when not responding to a an emergency, no audible or visual warning devices should be used and all Pennsylvania motor vehicle laws that apply to civilian traffic should be followed.
 - b. At no time should any emergency vehicle be operated during response with only visual warning devices.
 3. Ordinary Travel.
 - a. Obey all traffic laws and traffic control devices when driving under ordinary travel conditions. Any driver observed breaking any traffic law or driving a vehicle in an aggressive manner is subject to discipline, including suspension of driving privileges and/or termination.
 4. Riding.
 - a. Everyone riding in a Hampton Twp. Emergency Medical Services Inc. vehicle must be in approved riding positions and be secured to the vehicle by seatbelts whenever the vehicle is in motion.
 - b. The driver and/or the person riding in the officer's position shall verify that all personnel are properly seated and in seatbelts before the vehicle is moved.
 - c. Standard communication signals should be formulated and utilized by all personnel.
 5. Backing.
 - a. Backing emergency vehicles requires great care where rear field of vision is obstructed. Whenever possible, drivers should avoid backing.
 - b. When it is necessary to back up, before putting the vehicle in reverse, position a spotter near the rear of the vehicle where the driver can see the spotter at all times. If the driver loses sight of the spotter, he/she shall STOP immediately until the spotter is visible again. If conditions exist that make use of spotters impossible, all drivers, before attempting to back up any Hampton Twp. Emergency Medical

Services Inc. vehicle, shall make a circle of safety to see that no person or persons are directly behind the vehicle or in its intended path of travel, all equipment is secured and that all compartment doors are securely closed; any physical obstructions are moved out of the way. The emergency vehicle driver should also note all potential obstructions in the intended path of travel.

6. Response in Private Owned Vehicles.

- a. Members or employees responding to the station or to the scene of an emergency in a private vehicle, must strictly adhere to all Pennsylvania Motor Vehicle Laws / title 75. (Private vehicles do not have the same exemptions as emergency vehicles and violations, (like speeding, going through traffic control devices, unsafe passing, are not allowed.)
- b. Members or employees responding to an emergency call in a private vehicle shall have an approved DOT blue light with an approved form filled out and signed by the Chief of the department.

Any driver observed breaking any traffic laws or operating any vehicle in an aggressive or unsafe manner will be subject to disciplinary action including suspension, loss of driving privileges, withdraw of courtesy light permit and / or termination from the department.

1. When driving a Hampton EMS vehicle do not use hand-held communication devices (mobile phones, pagers and the like) or any devices prohibited by law. If it is necessary to use such a device, pull off the road to a safe location before using the device.

2. Do not drive if you are tired or for any reason unable to concentrate on driving.

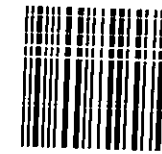
3. Do not drive while under the influence of any substance, including over-the-counter medications, that diminish your ability to concentrate, think, react or control your actions.

4. If you believe that a supervisor or other employee has performed or asked you to perform an unsafe activity, report it immediately to the Hampton EMS CEO.

5. Do not transport anyone while in a Hampton EMS Vehicle without authorization.

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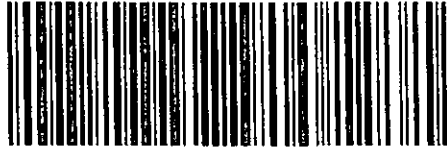
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