



COMMONWEALTH OF PENNSYLVANIA

PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

July 17, 2023

Docket No. A-2023-3038880

**TBM AMBULANCE SERVICES CORP
225 WILMINGTON WEST CHESTER PIKE
CHADDS FORD PA 19317**

RE: Application of TBM Ambulance Services Corp., 225 Wilmington West Chester Pike, Chadds Ford, Delaware County, PA 19317. 609-972-1492

To Whom It May Concern:

On March 8, 2023, the applicant of TBM AMBULANCE SERVICES CORP, was accepted by the Commission; however, multiple issues must be prior to approving the application. Please review page two of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/efiling/default>**


Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Tom B. Mbori, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,


Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2023-3038880
TBM AMBULANCE SERVICES CORP
Data Request

1. Your response to Questions 1 of the applicant's verified statements is insufficient. Please provide a title and appropriate contact information for the person making the statement on behalf of the applicant.

Question 1 from the application: "Legal Name of Applicant (Individual, Partnership or Corporation)"

Company: TBM Ambulance Services CORP
Authorized Personnel: Tom B. Mbori, COO
Contact information: Phone: 609-972-1402
Email: Tom.Mbori@tbmhealthservices.com or
TBMhealthservicesllc2019@gmail.com

2. As presently submitted, the response to question 5 of the verified statements does not indicate essential hiring and employment requisites. You are expected to provide a PLAN that satisfies the requirements of 52 Pa Code. You are hereby directed to fully review the following chapters of 52 Pa Code and to provide a summarization of your revised and compliant plan for drivers.
 - § 29.503. Age restrictions - Requirements for EMS drivers and Paratransit drivers differ. Ensure your policy for hiring drivers complies with Paratransit requirements.
 - § 29.504. Driver history – Schedule not provided.
 - § 29.505. Criminal history – Schedule not provided.

Question 5 from the application: Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:

TBM Ambulance Services currently has 24 drivers on staff. We are currently contracted for BLS services with our clients. These same clients would utilize paratransit services for us as well, thus we are able to control the demand. We are able to assess the number of drivers we need based on the volume projected by the facilities we will provide services to.

a. Your hiring standards for drivers;

All TBM EMSVOs must successfully pass, a criminal background test (including motor vehicle record report), drug test, and E-Verify. EMSVOs are also required to possess a current EMSVO certification, be twenty-one (21) years of age or older*, possess a current and valid Motor Vehicle Operators License, free from physical or mental defect or disease that may impair the person's ability to drive a ground paratransit vehicle.

EMSVOs must also **have not:**

1. Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.
2. Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation.

*If a paratransit driver is at least 18 years of age but under 21 years of age the following conditions must be met:

1. The person shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).

2. The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code § 1023.21(h) (relating to general rights and responsibilities).
3. The carrier shall verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records must be available for inspection by Commission staff upon request.
4. TBM Ambulance Services will notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver who is under 21 years of age:
 - a. an accident, regardless of the severity of the accident.
 - b. a driving-related violation such as a moving violation.
 - c. reckless driving.
 - d. driving under the influence of alcohol or drugs

b. Your system for conducting criminal background checks;

Criminal background checks are ran through a third party background check system called Checkr. Background checks are ran after obtaining consent via our employment application. All applicants must be cleared (no violations on background check) prior to working. Background check includes, local, state and federal background check searches. Background check also includes a 3 year history motor vehicle records check (where available).

c. Your driver training program;

TBM Ambulance Services provides a 3-Day driving program. This program teaches our drivers to be safe and efficient. The first day consists of a PowerPoint presentation on driver safety, properly operating wheelchair vans, and emergency procedures. The second consists of competency skill drills such as ability to properly strap and load a wheelchair, safely loading and unloading a wheelchair and locking and lock a wheelchair ramp properly (see attached for full list). The second day also consists of driving skill observations. The third day consists of competency tests on all topics aforementioned.

d. Your system for conducting driver license checks;

All TBM driver personnel files include their Motor Vehicle Record report. The reports are obtained through our third party background check system, Chekr (where available), or directly from the state(s) that the employee held their license for the previous three years. Motor Vehicle Records are reviewed for any violations and are cleared by the TBM compliance and HR departments. Motor Vehicle Records are pulled annually from the date of initial receipt of the record. Motor Vehicle Records and the initial receipt date is stored in the Traumasoft system that our company utilizes. The Traumasoft system notifies when we are 90, 60, and 30 days away from needing to run an annual Motor Vehicle Record check. A copy of all Motor Vehicle Records are

obtained for at least two years.

e. Your policies regarding alcohol and drug use by your drivers.

It is the Policy of TBM Ambulance Services Corp (The Company) to maintain its property and to provide a drug-free working environment that is both safe for our employees, including others having business with the Company or on Company property, and is conducive to efficient and productive work standards.

The following prohibited substances include but are not limited to the following.

1. Alcohol
2. Amphetamines
3. Barbiturates
4. Cocaine/Crack
5. Heroin
6. Marijuana

The possession, use, sale or distribution of drugs or alcohol by employees while on duty, including break periods, as well as reporting to work under the influence of drugs or alcohol is prohibited. The Company reserves the right to require its employees to undergo reasonable suspicion testing. This type of drug or alcohol testing is performed if the employer has reason to believe that the employee is using drugs or alcohol in violation of this policy. The Company will perform testing if it is a client's requirement at a work site.

Suspicion may include, but is not limited to: problems with work performance, absenteeism, lateness, appearance, reliable information from other sources, or evidence of drug paraphernalia.

The Company will conduct post-accident testing. After any work-related accident that results in injury or property damage or is otherwise a reportable incident, the employee(s) involved in that incident will be tested for drug and alcohol use. Failure to submit to testing will be construed as a "positive result" and termination of employment will be immediate.

3. You are required to provide a complete and **dated** balance sheet for the applicant. The information must be comprised of information which is less than 6 months old and should consist of **accurate information based on the date of the presented statement and NOT ROUNDED NUMBERS OR ESTIMATES.**
The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (TBM AMBULANCE

SERVICES CORP), and not the individual member. Any property listed must be registered or titled to the corporation. If you are unsure of how to properly construct and format a balance sheet it is highly recommended that you consult with an accounting professional PRIOR to re-submission.

Attached.

Statement of Financial Position (Balance Sheet)
As of (date) 06/30/2023
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$97,848.56	
Other Current Assets (specify)	\$76,028.25 (accounts receivables attached)	
Total Current Assets		\$97,848.56
Tangible Assets		
Motor Vehicle Equipment	\$311,290.23	
Property (buildings, land, etc.)		
Office Equipment	\$10,673.89	
TOTAL ASSETS		\$495,840.93

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$37,421.54	
Credit cards/revolving credit	\$5000.00	
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		\$42,421.54
TOTAL LIABILITIES + EQUITY		453,419.39
		\$495,840.93

AMBULANCE INVOICES

WEEK	INVOICE #	CUSTOMER	AMOUNT
05/21-05/27	1869	Langhorne Gardens Health & Rehabilitation Center	\$ 1,126.47
WEEK TOTAL			\$ 1,126.47
05/28-06/03	1870	Langhorne Gardens Health & Rehabilitation Center	\$ 6,089.37
WEEK TOTAL			\$ 6,089.37
06/04-06/10	1873	Bryn Mawr Extended Care	\$ 1,872.10
	1874	Langhorne Gardens Health & Rehabilitation Center	\$ 1,542.78
WEEK TOTAL			\$ 3,414.88
06/11-06/17	1876	Langhorne Gardens Health & Rehabilitation Center	\$ 3,083.73
	1877	Bryn Mawr Extended Care	\$ 5,432.04
	1878	Broomall Manor Care	\$ 1,546.95
WEEK TOTAL			\$ 10,062.72
06/18-06/24	1881	Langhorne Gardens Health & Rehabilitation Center	\$ 6,542.37
	1882	Broomall Manor Care	\$ 2,174.05
	1883	Bryn Mawr Extended Care	\$ 7,283.15
WEEK TOTAL			\$ 15,999.57
06/25-07/01	1884	Langhorne Gardens Health & Rehabilitation Center	\$ 3,455.17
	1885	Bryn Mawr Extended Care	\$ 8,157.59
	1886	Broomall Manor Care	\$ 2,029.90
WEEK TOTAL			\$ 13,642.66
07/02-07/08	1889	Bryn Mawr Extended Care	\$ 9,083.44
	1890	Langhorne Gardens Health & Rehabilitation Center	\$ 3,135.01
	1891	Broomall Manor Care	\$ 343.61
WEEK TOTAL			\$ 12,562.06
07/09-07/15	1897	Bryn Mawr Extended Care	\$ 8,717.51
	1898	Broomall Manor Care	\$ 3,747.38
	1899	Langhorne Gardens Health & Rehabilitation Center	\$ 665.63
WEEK TOTAL			\$ 13,130.52
OVERALL TOTAL			\$ 76,028.25



ADDRESS

16 Regency Plaza
Suite 4
Glen Mills, Pa. 19342

PHONE & FAX

(Cell) 1.609.972.1402
(Office) 1.484.473.8198
(Fax) 1.610-514-2535

COMPETENCY SKILLS CHECKLIST

Competency Statement

Demonstrates knowledge, conceptual, interpersonal and technical skills necessary to provide age specific patient transfers and mobility in the in-patient care setting.

Equipment/Supplies: Wheelchair, Stretcher, Stair chair, Bariatric Stretcher & Wheelchair

Standards: Given the needed equipment, training and a place to work, employee will perform these skills with an above average accuracy.

Evaluation Criteria	Needs more Work	Average	Above Average
<p>1. Vehicle Assessment</p> <ul style="list-style-type: none"> -Able to properly complete the required pre-trip forms, both ambulance and paratransit van. - Has excellent driving skills. - Understands proper use of the ambulance control buttons and sirens 			
<p>2. Stretcher</p> <ul style="list-style-type: none"> - Knows how to properly operate a regular and bariatric stretcher. - Locking & unlocking the stretcher on the lock bar. - Loading and unloading the stretcher both with a patient and without. - Can properly strap the belts safely around the patient. 			
<p>3. Stair Chair</p> <ul style="list-style-type: none"> -Can properly operate a regular and bariatric stair chair. -Can properly secure the stair chair in the ambulance 			



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- Able to lift a stair chair loaded with a patient up and down at least 10 steps.			
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Evaluation Criteria	Needs more Work	Average	Above Average
4. Wheelchair - Can properly strap a loaded wheelchair. - Loading and unloading the wheelchair. - Safely push or pull a wheelchair at least 50 feet - Lock and Unlock wheelchair ramp properly			
5. Transferring Patients - Sheet Pull Method - 2 Man Extremity Lift - From Stretcher to Quiklitter - Able to walk 20-25 feet with patient on Quiklitter			
6. Work Ethics - Great communication skills - Team work - Patient care and customer service. - Understands proper body mechanics skills			

After completing the above skills, the candidate will then be evaluated on the same skills in the field during calls and runs. Candidate is expected to also have an above average performance. A brief report of the performance will be collected from the team members and from the instructor.



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Crew Remarks

Name: _____

Credential: _____

Name: _____

Credential: _____

Instructor Remarks

Name: _____

Credential: _____

As the instructor I acknowledge that _____ has fully undergone competency training and is knowledgeable of the daily operations and obligations of their position.

Passing Grade Above Average

Overall Grade: _____

Name: _____



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Title: _____

Signature: _____

I, Tom B. Mbori, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signed,

A handwritten signature in black ink, appearing to read "Tom B. Mbori". The signature is written in a cursive style with a large initial "T" and "M".