

REGULAR MEETING
AUGUST 22, 2011
5:30 P.M.

Book 32 Page 107

The Lafayette County Commission met on the above date and hour for a regular scheduled meeting. The meeting was held in the County Commissioner's Meeting Room in Mayo, Florida. The following members were present: Commissioner Lance Lamb, Dist. 1; Commissioner Gail Garrard, Dist. 2; Commissioner Donnie Hamlin, Dist. 3; Commissioner T. Jack Byrd, Dist. 4; Commissioner Earnest L. Jones, Dist. 5; and Lafayette County Attorney Leenette McMillan-Fredriksson.

APPROVE THE MINUTES

On a motion by Mr. Byrd and a second by Mrs. Garrard, the Board voted unanimously to approve the minutes.

NORTH CENTRAL FLORIDA REGIONAL PLANNING COUNCIL PRESENTATION

Ms. Sondra Joseph, with the North Central Florida Regional Planning Council, did a presentation before the Board regarding laws effecting land use in Lafayette County. No action was taken on this issue.

NEW EMS SCHEDULING POLICY

On a motion by Mr. Lamb and a second by Mr. Hamlin, the Board voted unanimously to approve the new EMS scheduling policy as presented to the Board by Mr. Donnie Land.

REPLACING TABLES AT THE COMMUNITY CENTERS

Mr. Bobby Johnson discussed replacing some of the tables at the Community Centers. The Board will have Marcus Calhoun do an inventory at all the Community Centers and get a total number of all tables that need to be replaced.

APPROVE THE BILLS

On a motion by Mr. Byrd and a second by Mr. Hamlin, with the exception of the Paul Lamb bill, the Board voted unanimously to approve the following bills:

General Fund - \$37,497.54

Industrial Park Fund - \$58.44

Emergency 911 Fund - \$725.00

On a motion by Mrs. Garrard and a second by Mr. Byrd, with Mr. Lamb abstaining, the Board voted unanimously to approve the Paul Lamb bill in the amount of \$282.00.

REQUEST TO PURCHASE EQUIPMENT FOR 911 DISPATCH ROOM

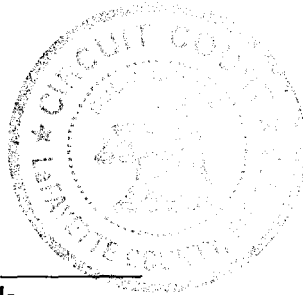
On a motion by Mrs. Garrard and a second by Mr. Hamlin, the Board voted unanimously to approve the request from Clemons Rutherford & Associates, Inc. to purchase the equipment for the 911 Dispatch Room in the amount of \$25,246.47 from Xybix Dispatch.

APPROVE THE ANNUAL SHIP REPORT

On a motion by Mr. Hamlin and a second by Mr. Lamb, the Board voted unanimously to approve the annual SHIP Report.

ADJOURN

On a motion by Mr. Byrd and a second by Mrs. Garrard, the Board voted unanimously to adjourn.



Earnest L. Jones
Earnest L. Jones, Chairman

Attest:

Ricky Lyons
Ricky Lyons, Clerk

Approved this 12th day of September, 2011.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME LAMB, LANCE F.	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Lafayette County Board of County Commissioners
MAILING ADDRESS 509 S.W. County Road 350	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Mayo	COUNTY Lafayette
DATE ON WHICH VOTE OCCURRED 8/22/11	NAME OF POLITICAL SUBDIVISION: Lafayette County, Florida
MY POSITION IS: <input checked="" type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE	

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, LANCE F. LAMB, hereby disclose that on 8/22, 2011:

(a) A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, Paul Lamb;
- inured to the special gain or loss of _____, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

Invoice payable to Paul Lamb considered and approved to be paid.

_____ 8/22/11
Date Filed

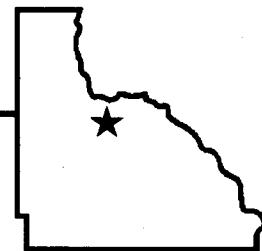
Signature Lance F. Lamb

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



LAFAYETTE COUNTY
Board of County Commissioners

P.O. BOX 88 • MAYO, FL 32066
(386) 294-1600
FAX (386) 294-4231



Lance Lamb – Dist. 1
Gail F. Garrard – Dist. 2
Donnie Hamlin – Dist. 3

Tweed Jack Byrd – Dist. 4
Earnest Jones – Dist. 5

Book 32 Page 111

Part-Time and PRN EMS Employee Schedule Policy

In order to operate in the most cost efficient manner while continuing to provide the best possible level of service to the community, it is the Boards policy that all Part-time and PRN employees will adhere to the following policy.

When shift availability is offered to you, and you accept the responsibility to provide coverage for that shift, it is assumed that you will fulfill that obligation. With the understanding that emergencies do arise from time to time, you are expected to meet your obligation as part of your conditions of employment.

If you need to call off of a shift that you have accepted the responsibility to cover, you are required to do so at a minimum of 72 hours prior to the beginning of that shift. With the exception of true emergencies that will be evaluated on a case by case basis. This will assist in the possibility of finding an alternate replacement without creating emergency overtime that burdens the county's financial budget.

If you call in for three (3) shifts that you have accepted the responsibility to provide coverage for within any 6 month time frame, regardless of advance notice, you will be removed from the on-call schedule and your position with the county will be filled with an alternate employee.

Policy Adopted in open meeting: August 22, 2011

A handwritten signature in cursive script that reads "Earnest Jones".

Earnest Jones, Chairman of the Board

Ricky Lyons

From: trevor@lafayettecountyrescue.com
Sent: Friday, August 19, 2011 12:18 PM
To: kelley@lafayettecountyrescue.com; Deborah Langford; Regina Byrd; Chris Land; JC Lawson
Cc: Ricky Lyons; Donnie Land
Subject: Inspection Results
Attachments: EMS_2011_Inspection.pdf

On 08/16/2011 EMS had another state inspection. As with the announced inspection in 2007, the unannounced 2009 and the unannounced 2011. The results are all the same NO DEFICIENCIES. I think that the county should be proud of the EMS employees that work very hard to keep our system compliant at all times. I am very proud of all involved.

I have copied the Public Safety Director as well as the Clerk of The Court so that your efforts do not go unnoticed.

Again, thank you all for what you do to keep our residents safe and providing excellent care.

Trevor D. Hicks, PMD, BSBA, RN, FP-C
Director - Lafayette County Rescue
Board Certified Critical Care Transport Specialist
Office: (386)294-1633
Cell: (904)673-7213
Fax: (386)294-4242

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)



Service Name: Lafayette County EMS Inspection Date: 08/16/11 Phone: (386) 294-1633
 County: Lafayette Type of Inspection: Random Unannounced
 Vehicle Information: Transport Unit# Rescue 5 Year/Make Dodge—2008 Permit Typ ALS Permit# 14729
 VIN # 3D6WC66A88G148483 Tag # 192238

Inspection Codes: Rating Categories:
 1 = Item meets inspection criteria. 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
 1a = Item corrected during inspection to meet criteria. 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
 2 = Items not in compliance with inspection criteria. 3 = Minimal support equipment, medical supplies, records or procedures

Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER	Crew credentials: Section 401.27(1) And 401.281, F.S.
1. Lanford, Deborah	PARAMEDIC	200130	Minimum = One EMT and One Driver
2. Winstead, Susan	PARAMEDIC	13261	
3.			
I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)			
1. Exhaust System	1	d. Roller gauze	1
2. Exterior Lights:		e. ABD (minimum 5x9 inch) pads	1
A. Head lights (high and low beam)	1	2. One pair of Bandage Shear	1
B. Turn signals	1	3. One set each, patient restraints – wrist and ankle	1
C. Brake Lights	1	4. One each blood pressure cuffs: infant, pediatric, and adult.	1
D. Tail Lights	1	5. One stethoscope: pediatric and adult	1
E. Back-up lights and audible warning device	1	6. Blankets	1
3. Horn	1	7. Sheets. (not required on non-transport vehicles)	1
4. Windshield wipers	1	8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)	1
5. Tires	1	9. One disposable blanket or patient rain cover.	1
6. Vehicle free of rust and dents	1	10. One long spine board and three straps or equivalent.	1
7. Two-way radio communication— radio tes	1	11. One short spine board and two straps or equivalent.	1
A. Hospital (cab and patient compartment)	1	12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.	1
B. Dispatch Center	1	13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.	1
C. Other EMS units	1	14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.	1
8. Emergency Lights	1	15. Each transparent oxygen masks: adult, child and infant sizes, with tubing	1
9. Siren	1	16. Set of pediatric and adult nasal cannulae with tubing.	1
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	1	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen	1
11. Doors open properly, close securely.	1	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.	1
12. Rear and side view mirrors.	1	19. Assorted sizes of extremity immobilization devices.	1
13. Windows and windshield	1	20. One lower extremity traction splint. (Pediatric and Adult)	1
II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).			
1. Primary stretcher and three straps.	1	21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.	1
2. Auxiliary stretcher and two straps.	1	22. Burn sheets.	1
3. Two ceiling mounted IV holders.	1	23. One flashlight with batteries.	1
4. Two no-smoking signs.	1	24. Occlusive dressings.	1
5. Overhead grab rail.	1	25. Assorted sizes of oropharyngeal airways. Pediatric and Adult	1
6. Squad bench and driver seats of seat belt.	1	26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)	1
7. Interior lights.	1	27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.	1
8. Exterior floodlights.	1	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.	1
9. Loading lights.	1	29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.	1
10. Heat and air conditioning with fan.	1	30. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult	1
11. Word "Ambulance" – sides, back and mirror image front.	1	31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C. 31a. Pediatric length based measurement device for equipment selection and drug dosage	1
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)			
1. Installed suction. (Transport only)	1	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.	1
Items 4, 14, 17, 18 and 26 in section II must be tested.	1	33. One bulb syringe separate from obstetrical kit.	1
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)			
1. Bandaging, dressing and taping supplies:		34. One thermal absorbent reflective blanket.	1
a. Rolls adhesive, silk or plastic tape.	1	35. Two multi-trauma dressings.	1
b. Sterile gauze pads, any size	1	GENERAL SANITATION (Section 401.26(2)(c), F.S.)	
c. Triangular bandages	1	1. Vehicle and Contents Satisfactory	

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: Mr. Trevor Hicks *Trevor Hicks* Date: 08/16/11
 Inspected By: R.C. Pipplin Date: 08/16/11

STATE OF FLORIDA
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)



Service Name: Lafayette County EMS

Inspection Date: 08/16/11

Unit Rescue 5

Inspection Codes:

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ALS EQUIPMENT AND MEDICATIONS
(Reference Chapter 64J-1, F.A.C.)

MEDICATIONS	WT/VOL	QTY	MEDICAL EQUIPMENT (Cont.)	
1. Atropine Sulfate		1	n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.	1
2. Dextrose, 50 percent	25 gm/50ml	1	o. Syringes from 1 ml. To 20 ml.	1
3. Epinephrine HCL	1:1,000 1 mg/ml	1	p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.	1
4. Epinephrine HCL	1: 10,000 1 mg/10cc	1	q. Adult and pediatric monitoring electrodes.	1
5. Ventricular dysrhythmic		1	r. Pacing electrodes, if monitor or defibrillator requires.	1
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.	1	s. Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient	1
8. Nitroglycerin	0.4 mg spray pump	1	t. Method of blood glucose monitoring approved by medical director.	1
9. Diazepam	5 mg/ml	1	u. Pediatric length based measurement tape for equipment selection and drug dosage.	1
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus	1	v. Approved sharps container per Chapter 64J-1, F.A.C.	1
IV SOLUTIONS MINIMUM AMOUNTS MINIMUM QTY			w. Flexible suction catheters size 6-8, 10-12, and 14, French	One each 1
1. Lactated Ringers or Normal Saline		In any combination 1	Other ALS Requirements	
Medical Equipment			1. Standing orders - authorized by current medical director within last 24 months	1
a. Laryngoscope handle with batteries		1	2. Controlled substances stored in a locked drug compartment.	1
b. Laryngoscope blades, adult, child and infant sizes		1	3. Controlled substance written vehicle log:	1
c. Pediatric IV arm board or splint appropriate for IV stabilization		1	A. Inventory conducted at beginning and end of shift.	1
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm - 5.0mm shall be uncuffed; range 5. mm - 7.0mm; 7.5mm - 9.0mm)		1	B. Log consecutively, permanently numbered pages.	1
e. Pediatric and adult endotracheal tube stylets.		1	C. Log on each vehicle specifics:	1
f. Pediatric and adult Magill forceps.		1	1. Vehicle unit or number;	1
g. Device for intratracheal meconium suctioning in newborns		1	2. Name of employee conducting inventory;	1
h. Tourniquets		1	3. Date and time of inventory;	1
i. IV cannulae between 14 and 24 gauge		1	4. Name, weight, volume or quantity and expiration date of each controlled substance;	1
j. Micro drip sets		1	5. Run report no. (if administered);	1
k. Macro drip sets		1	6. Each amount administered or disposed;	1
l. IV pressure infuser		1	7. Printed name and signature of administering Paramedic or other authorized licensed professional.	1
m. Needles between 18 and 25 gauge		1	8. Printed name and signature of person witnessing the disposal of each unused portion.	1

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection report corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F. Chapter 64EJ-1, F.A.C. Copy of inspection report and Corrective Action Statement Received by:

Person in Charge: Mr. Trevor Hicks

Trevor Hicks

Date: 08/16/11

Inspected By: R.C. Pippin

Date: 08/16/11

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.

STATE FLORIDA
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES
SERVICE RECORDS AND FACILITIES INSPECTION REPORT SECTION 401.1



Service Name: Lafayette County EMS Inspection Date: 08/16/11
 County: Lafayette Type of Inspection: Random Unannounced
 License Type: ALS Transport Date of Last Inspection: 11/24/09 License Expiration Date: 06/3

Inspection Codes: 1 = Item meets inspection criteria. 1a = Item corrected during inspection to meet criteria. 2 = Items not in compliance with inspection criteria.
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I. ADMINISTRATIVE AND RECORDS STORAGE (Chapter 64J-1, F.A.C.)			
1. Records storage and security.	1		
2. Records storage for 5 years.	1	4. Items are stored in a climate controlled (i.e. - heated and air conditioned) location.	1
II. RECORDS (Section 401, F.S., Chapter 64J-1, F.A.C.)			
1. Current service license on display. (Chapter 64J-1, F.A.C.)	1	5. The area is clean and sanitary.	1
2. Vehicle/Aircraft Records (Chapter 64J-1, F.A.C.) To Include:	1	B. Observe if the following requirements for controlled substances are being met:	1
A. Registration.	1	1. The requirements listed in items 105 above are being met.	1
B. Verification of vehicle permit.	1	2. Medical director has registered storage areas with DEA (Chapter 64J-1, F.A.C.)	1
3. Previous Inspection Forms, (Chapter 64J-1, F.A.C.)	1	C. Written operating procedures for the storage and handling of fluids and medications as following:	
4. Personnel Records for each EMT, paramedic (Chapter 6EJ-1, F.A.C.) To Include:	1	1. Security procedures.	1
A. Date of employment.	1	2. Items stored in a climate controlled location (i.e. - Heated and air conditioned)	1
B. Record of training.	1	3. Deteriorated or expired items stored in a quarantine area, separate from usable items.	1
C. Current professional certification.	1	4. Inventory procedures.	1
D. Documentation of completion of the 1988 D.O.T. Air Medical National Standard Curriculum-Advanced, for Paramedic Crew me (Chapter 64J-1, F.A.C.)	N/A	D. Written operating procedures for the storage and handling of controlled substances specify the following:	
5. Ambulance driver record (for each per Section 401.281(1), F.S.) To include: Statements attesting to A.B.C.	1	1. Storage procedures.	1
A. 18 years old.	1	2. The positions that have access to controlled substa	1
B. Not addicted to alcohol or controlled substances.	1	3. Shift change inventory procedures for vehicles.	1
C. Free from physical or mental defect or disease that would i ability to drive.	1	4. Procedures to be used for the documentation of use, disposal of excess and reapp vehicles with controlled substances.	1
D. Driving record verification.	1	5. Procedures used for inventory discrepancies.	1
E. Possess valid class "D" or chauffeur license.	1	F. Verify that the following occurs with regard in controlled substances:1	
F. Noted in a violation of emergency vehicle: 16 hour E.V.O.C.	1	1. Storage records are maintained on file at the location where he controlled substances are stored.	1
G. Possesses a valid American Red Cross First Aid and Per Safety card or its equivalent.	N/A	2. All required inventories and records are maintained at least two years.	1
H. Possesses a valid American Red Cross or American Heart Association CPR or ACLS card.	1	3. Records are maintained separately from other records.	1
NOTE: Current EMT or paramedic certification is evidence of complian items A, B, C and G above. (Section 401.281(1), F.S.)	1	8. Equipment substitutions when authorization by medical director (Chapter 64J-1, F.A.C.)	1
6. Medical Director (Section 64J-1, F.A.C.)	1	9. Biomedical Waste operating procedures (Section 381.80, F.S. and Chapters 64J-1, F.A.C.) to include:	1
A. Qualifications: Current ACLS certification or board certification in emergency medicine (Chapter 64J-1, F.A.C.)	1	A. Proper handling	1
B. Duties and responsibilities (Chapter 64J-1, F.A.C.)	1	B. Proper storage	1
1. Write/review operating procedures for patient care.	1	C. Proper disposal	1
2. Written quality assurance program operating procedures that require the following:	1	10. EMS providers disaster plan integrates both local and regional disaster plan (Chapter 64J-1, F.A.C.)	1
a. Prompt review of run reports	1	11. Adult and pediatric CID approval in writing by medical director (Chapter 64J-1, F.A.C.)	1
b. Direct observation of person	1	12. If an EMS provider maintains an air ambulance license or has permitted aircraft, the following record requirements that apply (Section 401.251 F.S. and Chapter 64J-1, F.A.C.)	N/A
3. Documentation of implementation of #2 above.	1	A. Emergency protocol for overdue aircraft, when radio communications cannot be established, or when aircraft cannot be located.	N/A
4. Documented of participation in direct contract time with EMS Field Level Providers for a minimum of 10 hours per year.	1	B. Documentation of flight done every 15 minutes while enroute to and from patient's location.	N/A
7. Inventory, storage and security procedures for medications, fluids and controlled substances (Sections 495, 893, F.S., and Chapters 64J-1, F.A.C.)	1	C. Safety committee to include:	
A. Observe if the following requirements for medications and fluids are being met:	1	1. Membership of one pilot, one flight medical crew member, medical director, EQ representative and one hospital administrator (if hospital based).	N/A
1. Storage area is secured by a locking mechanism.	1	2. Written safety procedures.	N/A
2. All items are inventoried at least monthly.	1	3. Meetings held quarterly to review safety policies, procedures, unusual occurrences, safety issues, and audit compliance with safety policies and procedures.	N/A
3. Deteriorated or expired items are stored in a quarantine area, separate from usable items.	1	4. Safety audit results communicated to all program personnel.	N/A
		5. Minutes of meetings recorded and retained on file for 2 years.	N/A

Comments:
 I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: Mr. Trevor Hicks *Trevor Hicks* Date: 08/16/11
 Inspected By: R.C. Pippin Date: 08/16/11



STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
Inspection Narrative (Section 401.31, F.S.)



Service Name: Lafayette County EMS Date: 08/16/11 Phone: (386) 294-1633

County: Lafayette Type of Inspection: Random

Type of Service: ALS Unit #: Rescue 5

Page 1 of 1

Comments (Use additional sheet if necessary)

Personnel Records Inspection—No Deficiencies

Service Records and Facilities—No Deficiencies

BLS Vehicle Inspection—Rescue 5—No Deficiencies

ALS Vehicle Inspection—Rescue 5—No Deficiencies

Equipment Test Results Inspection—Rescue 5—No Deficiencies

This was an excellent inspection. The unit was very clean, well stocked, and very much in order. Personnel files look good. Mr. Hicks, I thank you and your staff for their cooperation in this inspection. The ladies were very helpful during this time. It is also noted of the service that you and your staff provide to the citizens of Lafayette County. These citizens should be proud of this service and of your staff.

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: Mr. Trevor Hicks

Date: 08/16/11

Inspected by: R.C. Pippin

Date: 08/16/11



STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
 Personnel Records (Section 401.31, F.S.)



Service Name: Lafayette county EMS

Inspection Date: 08/16/11

Total Number of Personnel: 6

Number of Files Reviewed: 6

Inspector Name: R.C. Pippin

	Name of Personnel	Date of Employment	Record of Training Yes/No	EMT/Para. Cert. Type and Exp. Date	CPR/ACLS Cert. Type and Exp Date (Drivers Only)	Driving Record Verif. Yes/No Date	Valid D.L. Yes/No Exp. Date	EVOC Training Yes/No Date	Statement for Driver Only			
									Alchl. Or Drug Yes/No	Phys. Or Mental Yes/No	18 YOA Yes/No	First Aid or Personal Safety Card Yes/No Exp. Date
1.	Hicks, Trevor	YES	YES	PAR-14400	ACLS-02/12	09/22/09	08/21/11	05/05/01	YES	YES	YES	N/A
2.	Winstead, Susan	YES	YES	PAR-13261	ACLS-11/12	09/22/09	05/27/19	04/27/02	YES	YES	YES	N/A
3.	Byrd, Regina	YES	YES	PAR-503979	ACLS-03/13	09/22/09	09/10/13	04/03/09	YES	YES	YES	N/A
4.	Lawson, Julius	YES	YES	PAR-9729	ACLS-03/13	09/22/09	04/22/19	09/27/07	YES	YES	YES	N/A
5.	Land, Christopher	YES	YES	PAR-520618	ACLS-04/12	09/22/09	08/18/18	11/18/07	YES	YES	YES	N/A
6.	Langford, Deborah	YES	YES	PAR-200130	ACLS-06/11	09/22/09	12/27/11	02/12/89	YES	YES	YES	N/A
7.												
8.												
9.												
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21.												
22.												

Book 32 Page 117

Title: SHIP Annual Report

Report Status: Unsubmitted

Lafayette County FY 2010/2011

Form 1

SHIP Distribution Summary

Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
6	Emergency Repairs	\$.00	0	\$864.24	0	\$12,474.43	0
Homeownership Totals:		\$.00	0	\$864.24	0	\$12,474.43	0

Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
Rental Totals:							

Rental Totals:

Subtotals: \$.00 0 \$864.24 0 \$12,474.43 0

Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative			\$1,482.07
Homeownership Counseling			
Admin From Program Income			
Admin From Disaster Funds			

Totals: \$.00 0 \$864.24 0 \$13,956.50 0

Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	
Program Income (Interest)	\$1,348.36
Program Income (Payments)	\$13,472.38
Recaptured Funds	
Disaster Funds	
Other Funds	
Carryover funds from previous year	\$.00
Total:	\$14,820.74

* Carry Forward to Next Year: \$.00

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

Book 32 Page 119

Form 2

Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
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Recap of Funding Sources for Units Produced

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended	\$.00	#Error
Public Moneys Expended	\$.00	#Error
Private Funds Expended	\$.00	#Error
Owner Contribution	\$.00	#Error
Total Value of All Units	\$.00	#Error

SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$13,338.67	\$.00	#Error	65%
Construction / Rehabilitation	\$13,338.67	\$.00	#Error	75%

Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low	\$.00	\$.00	\$.00	\$.00	.00%
Very Low	\$.00	\$864.24	\$12,474.43	\$13,338.67	90.00%
Low	\$.00	\$.00	\$.00	\$.00	.00%
Moderate	\$.00	\$.00	\$.00	\$.00	.00%
Totals:	\$.00	\$864.24	\$12,474.43	\$13,338.67	90.00%

Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
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Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$.00	0
Very Low					\$.00	0
Low					\$.00	0
Moderate					\$.00	0
Totals:	\$.00	0	\$.00	0	\$.00	0

Form 3

Number of Households/Units Produced

Description	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Total
Totals:						0

Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
Totals:						0

Family Size

Description	List Unincorporated and Each Municipality	1 Person	2-4 People	5+ People	Total
Totals:					0

Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hisp- anic	Asian	Amer- Indian	Other	Total
Totals:								0

Special Needs (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Dis- abled	Home- less	Elderly	Special Needs	Special Needs	Total
Totals:								0

Form 4

Book 32 Page 121

Incentive Strategy:

Adopting Ordinance or Resolution Number or identify local policy:

Implementation Schedule (Date):

Has the plan or strategy been implemented? If no, describe the steps that will be taken to implement the plan:

Status of Strategy - (is the strategy functioning as intended, i.e. are the time frames being met, etc.):

Expended Funds

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
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Lafayette County 2010 Interim-2

CERTIFICATION

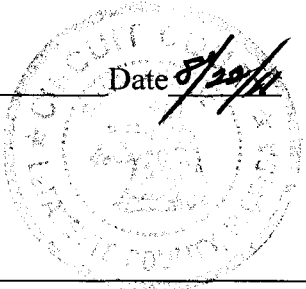
On behalf of Lafayette County, I hereby certify that the information presented
(NAME OF LOCAL GOVERNMENT)
herein is true and accurate as of the date of submission.

Date *Earnest D. Jones* Date *8/29/14*
Witness _____ Chief Elected Official or Designee

Date _____ *Earnest Jones*
Witness _____ ~~Donnie Hamlin~~, Chairman Date _____
Lafayette Board of County Commissioners

Or

[Signature] Date *8/29/14*
Attest (Seal)



GENERAL INFORMATION

Name of Person to call regarding the **Annual Report** Form:
Frances L. Terry

Telephone Number: (386) 362-4115 ext. 222

CERTIFICATION
For Implementation of
Regulatory Reform Activities
Required by S.H.I.P.

On behalf of Lafayette County, I hereby certify that the following information
(NAME OF LOCAL GOVERNMENT)
is true and accurate as of the date of submission:

- 1) Permits as defined in s.163.3164(7) and (8)* for affordable housing projects are expedited to a greater degree than other projects; and
- 2) There is an ongoing process for review of local policies, ordinances, regulations, and plan provisions that increase the cost of housing prior to their adoption.
- 3) The cumulative cost per newly constructed housing per housing unit, from these actions for **FY2010/2011 is estimated to be \$0.00 .
- 4) The cumulative cost per rehabilitated housing per housing unit, from these actions for **FY2011/2012 is estimated to be \$0.00 .

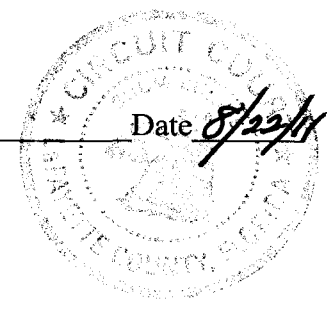
_____ Date _____ Earnest H. Jones Date 8/22/11
 Witness Chief Elected Official

Earnest Jones
~~Donnie Hamlin~~, Chairman
 Lafayette Board of County Commissioners

_____ Date _____ Date _____
 Witness County/City Administrator
 (whichever applies)

(Type) Name and Title

Or
[Signature]
 Attest (Seal)



* 163.3164(7) of the Florida Statutes: "Development order" means any order granting, denying, or granting with conditions an application for a development permit. 163.3164(8) of the Florida Statutes: "Development permit" includes any building permit, zoning permit, subdivision approval, rezoning, certification, special exception, variance, or any other official action of local government having the effect of permitting the development of land.

Check History Report
Sorted By Check Number
Activity From: 8/22/2011 to 8/22/2011

Bank Code: A General Fund

Check Number	Check Date	Vendor Number	Name	Check Amount	Check Type
046729	8/22/2011	BMC	Betty Mills Company	96.16	Auto
046730	8/22/2011	BTM	Bound Tree Medical, LLC.	159.75	Auto
046731	8/22/2011	FIS	First In Services, LLC	3,526.65	Auto
046732	8/22/2011	HASI	Hamlin Auto Supply, Inc	50.97	Auto
046733	8/22/2011	HSI	Highsmith Inc.	66.63	Auto
046734	8/22/2011	MT	Mayo Thriftway	12.07	Auto
046735	8/22/2011	MTG	Matheson Tri-Gas Inc.	621.46	Auto
046736	8/22/2011	RKD	RK Distributing, Inc.	88.50	Auto
046737	8/22/2011	RP	Ring Power	650.00	Auto
046738	8/22/2011	VW	Verizon Wireless	484.77	Auto
046739	8/22/2011	WCSI	Wright Container Services, Inc	180.00	Auto
046740	8/22/2011	A3G	A3 Graphics	580.00	Auto
046741	8/22/2011	APS	Alachua Pest Services, LLC	215.33	Auto
046742	8/22/2011	BR	Blue Rok, Inc.	1,716.40	Auto
046743	8/22/2011	CHC	CHC Labs	98.81	Auto
046744	8/22/2011	DA	Darabi & Associates	4,126.82	Auto
046745	8/22/2011	DDI	Diamond Drugs, Inc.	16.21	Auto
046746	8/22/2011	FD	Family Dollar	40.75	Auto
046747	8/22/2011	GLC	Greatamerica Leasing Corp.	43.58	Auto
046748	8/22/2011	JDC	John Deere Credit	1,114.00	Auto
046749	8/22/2011	JED	James E Davis	4,500.00	Auto
046750	8/22/2011	JS	Johnstone Supply	818.45	Auto
046751	8/22/2011	ME	Mowrey Elevator Co of FL	238.22	Auto
046752	8/22/2011	MP	Mayo Postmaster	264.00	Auto
046753	8/22/2011	MSSC	Municipal Supply & Sign Comp.	1,698.65	Auto
046754	8/22/2011	NCFRPC	N. Cen. FL Regional Planning C	3,250.00	Auto
046755	8/22/2011	NEXTEL	Nextel Communications	44.99	Auto
046756	8/22/2011	PEF	Progress Energy Florida, Inc.	4,799.24	Auto
046757	8/22/2011	PL	Paul Lamb	282.00	Auto
046758	8/22/2011	PPI	Perry Precast, Inc.	160.50	Auto
046759	8/22/2011	QC	Quill Corporation	168.66	Auto
046760	8/22/2011	SGCR	Sonia Garden, Court Reporting	55.00	Auto
046761	8/22/2011	SSTS	Smith's Septic Tank Service	35.00	Auto
046762	8/22/2011	SVE	Suwannee Valley Electric	2,005.66	Auto
046763	8/22/2011	TCI	Tri-County Irrigation, Inc.	62.16	Auto
046764	8/22/2011	VW	Verizon Wireless	3.40	Auto
046765	8/22/2011	W	Windstream	840.75	Auto
046766	8/22/2011	WSS	Wilkinson Steel Supply, LLC	4,664.00	Auto
046768	8/22/2011	MTCI	Mayo Truck Clinic, Inc.	298.00	Auto

Bank A Total: 38,077.54
Report Total: 38,077.54

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COMMISSIONERS ON THIS 22ND DAY OF AUGUST, 2011.

[Handwritten signatures]
Gail Jarand
Carnest Jones
Dash Byrd

BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE EMERGENCY 911 FUND.

FROM THE FIRST FEDERAL BANK, ON AUGUST 22, 2011.

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
ESRI	PROFESSIONAL SERVICES	526-310		\$ 600.00
AT&T	COMMUNICATIONS	526-410		\$ 125.00
TOTAL				\$ 725.00

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COUNTY COMMISSIONERS ON THIS 22ND DAY OF AUGUST, 2011.

L. V.

Gail Jarard

Curtis S. Hunter

Jack Byrd

Ernest L. Jones

BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE INDUSTRIAL PARK FUND.

FROM THE LAFAYETTE COUNTY STATE BANK, ON AUGUST 22, 2011.

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
SUWANNEE VALLEY ELECTRIC	UTILITIES	552-430		\$ 58.44
TOTAL				\$ 58.44

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COUNTY COMMISSIONERS ON THIS 22ND DAY OF AUGUST, 2011.

