

Washoe County



MATT SMITH, Chairman
KITTY JUNG, Vice Chairman
GEORGE FURMAN, MD
DAN GUSTIN

GEORGE HESS, MD
DENIS HUMPHREYS, OD
JULIA RATTI
JOSEPH P. ISER, MD, DrPH, MSc
District Health Officer

Health District

WASHOE COUNTY HEALTH DISTRICT
1001 East Ninth Street / P.O. Box 11130
Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.2279
www.washoecountv.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, March 22, 2012, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89520

District Board of Health Meeting Agenda

Time	Agenda No.	Agenda Item	Presenter
1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Dr. Iser
	3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
For Possible Action	4.	Approval/Deletions to Agenda for the March 22, 2012 Meeting	Mr. Smith
For Possible Action	5.	Approval/Additions/Deletions to the Minutes of the February 23, 2012 Meeting	Mr. Smith
	6.	Recognitions and Proclamations A. Introduction of new employee: None	Mr. Smith and Dr. Iser

Time	Agenda No.	Agenda Item	Presenter
For Possible Action		<p>of \$3,000, to establish a fully independent Truckee Meadows Bicycle Alliance website for the current and future years' Bike to Work/School events.</p>	
For Possible Action		<p>2. Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, HIV/AIDS Surveillance Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$79,634 in support of the HIV Surveillance Program, IO 10012; and authorize the Chairman of the Board to execute.</p>	
For Possible Action		<p>3. Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.</p>	
For Possible Action		<p>4. Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2012 in the amount of \$97,519 in support of the Immunization Program, IO 10028; and authorize the Chairman of the Board to execute.</p>	
For Possible Action		<p>5. Approval of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$474,811 (with \$47,481 or 10% match) for the period January 23, 2012 to June 30, 2012 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; Approval of amendments totaling an increase of \$70,767 in both revenue and expense to the FY 12 ASPR Hospital Preparedness Federal Grant Program, IO 10708; and if approved authorize the Chairman to execute.</p>	Ms. Buxton

Time	Agenda No.	Agenda Item	Presenter
For Possible Action	8.	<p><u>Air Pollution Control Hearing Board Cases appealed to the District Board of Health.</u></p> <p>Recommendation to Deny Appeal of Paul Pries / Bicentennial Apartments and Uphold Citation and Fine of \$5000– Case Appealed to DBOH From Decision of Air Pollution Control Hearing Board Upholding Citation and Fine on February 21, 2012 - Case 1069, NOV 4986</p>	Mr. Cerfoglio
For Possible Action	9.	<p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Report for February 2012</p> <p>B. Update of REMSA’s Community Activities Since December 2011</p>	Mr. Gubbels
For Possible Action	10.	Review and Acceptance of Monthly Public Health Fund Revenue and Expenditure Report for February 2012	Ms. Stickney
For Possible Action	11.	Presentation of FY 13 Budget Update	Ms. Stickney
	12.	<p><u>Staff Reports and Program Updates</u></p> <p>A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Vital Records; and Public Health Preparedness</p>	Dr. Todd
		<p>B. Director, Community and Clinical Health Services – World Tuberculosis (TB) Day – March 24, 2012; Washoe County Food Policy Council Membership; Join Together North Nevada (JTNN) Grant Application; and CCHS Annual Training Day Summary</p>	Ms. Brown
		<p>C. Director, Environmental Health Services - Food Safety (Protection) Program; Land Development; Solid Waste/Special Events; and Underground Storage Tanks</p>	Mr. Sack

Time	Agenda No.	Agenda Item	Presenter
		D. Director, Air Quality Management – Air Quality; Monitoring Activity; Planning Activity; Permitting Activity; Compliance/Inspection Activity; and Enforcement Activity	Mr. Dick
		E. Administrative Health Services Officer – Updates provided in Agenda Items Nos. 10 and 11.	Ms. Stickney
		F. District Health Officer – 2012-2013 Legislative Session; Budget; Human Resources; Communication; Accreditation; Washoe County and Community Activities; Health District Media Contacts and Outreach; State-Wide (and Beyond) Organizational Efforts; District Board of Health Information and Resources	Dr. Iser
Board Comment	13.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
Public Comment	14.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
For Possible Action	15.	Adjournment	Mr. Smith

The District Board of Health may take action on the items denoted as “For Possible Action.”

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a “\$.”

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

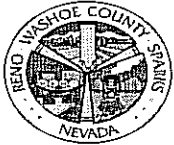
Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Washoe County Health District Website www.washoecounty.us/health



Washoe County District Board of Health Meeting Minutes February 23, 2012

PRESENT: Mr. Matt Smith, Chairman; Commissioner Kitty Jung, Vice Chair, George Furman, MD; George Hess, MD; and Councilwoman Julia Ratti

ABSENT: Dr. Denis Humphreys and Councilman Gustin are excused

STAFF:

<p>Dr. Joseph Iser, District Health Officer Kevin Dick, Director, Air Quality Management Tony Macaluso, Environmental Health Specialist Supervisor, EHS Mary-Ann Brown, Director, Community and Clinical Health Services Lori Cooke, Fiscal Compliance Officer, AHS Dennis Cerfoglio, Senior Air Quality Specialist, AQM Peg Caldwell, RN1, EMS Program, EPHP Norma Jackson, Office Assistant III, Vital Statistics, EPHP Phil Ulibarri, Public Information Officer Sharon Clodfelter, Biostatistician, CD Program, EPHP Bev Bayan, WIC Program Manager, CCHS Paul Moffat, CDC Public Health Advisor Tina Burton, Plans/Permits Application Aid, AQM Leslie Admirand, Deputy District Attorney</p>	<p>Eileen Stickney, Administrative Health Services Officer Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness Dan Inouye, Air Quality Supervisor, AQM Patsy Buxton, Fiscal Compliance Officer, AHS Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP Dave Kelly, Environmental Health Specialist, EHS Megan McKinley, Public Health Investigator II, CD Program, EPHP Julie Hunter, Senior Air Quality Specialist, AQM Steve Fisher, Department Computer Application Specialist Curtis Splan, Department Computer Application Specialist Susanne Paulson, Epidemiologist, CD Program, EPHP Nicole Alberti, Health Educator II, PHP Program, EPHP Craig Petersen, Senior Air Quality Specialist, AQM Peggy O'Neill, Recording Secretary, AHS</p>
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TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:05 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Dr. Hess. Roll call was taken and a quorum noted. Dr. Denis Humphreys and Councilman Gustin are excused.	
3.	Public Comment	No public comment was presented.	
4.	Approval/Deletions – Agenda – February 23, 2012	<p>Chairman Smith called for any deletions to the Agenda of the February 23, 2012 DBOH Meeting.</p> <p>Councilwoman Ratti moved, seconded by Dr. Hess that the DBOH Agenda be approved as presented.</p>	MOTION CARRIED: The agenda for the DBOH February 23, 2012 meeting is approved as presented.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	<p>Approval/Deletions – Minutes – Meeting of January 26, 2012</p> <p>Board Comments</p>	<p>Chairman Smith called for any additions or corrections to the minutes of the January 26, 2012 DBOH Meeting.</p> <p>Chairman Smith reported that next month, the format of the minutes will be changed to provide a more concise statement of the proceedings. We will, of course, still have the complete audio recording of the meeting for more in depth review if it is needed. Commissioner Jung questioned why the change was implemented. She does read the minutes and questions the need for them to be shortened. An increase in efficiency is being examined. We will try the new format and determine if the Board likes them.</p> <p>Council woman Ratti moved, seconded by Dr. Hess that the minutes be approved as presented.</p>	<p>MOTION CARRIED: January 26, 2012 Minutes approved as presented.</p>
6.	<p>Recognitions and Proclamations</p>	<p>Chairman Smith and Dr. Iser introduced new recording secretary, new epidemiologist, presented Certificates of Recognition for Years of Service; recognized promotions and new responsibilities and certifications.</p>	
7.	<p>Consent Agenda</p>	<p>A. <u>Air Quality Management Cases:</u></p> <p>1. Belfor Property Restoration, Case No. 1070, Unappealed Citation No. 4891 – Staff Reported Citation No. 4891, Case No. 1070, was issued for Belfor Property Restoration on January 16, 2012, for failure to control dust on a demolition site located at 6457 Meadow Valley Lane in Reno, in violation of Section 040.030 (Dust Control) of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$250.00 be levied as a negotiated settlement.</p> <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <p>1. The Board was advised Staff recommends approval of the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, in the amount of \$486,542, for the period of</p>	<p>ACTION ITEM: Letter to Belfor regarding fine and due date.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>January 1, 2012, through December 31, 2013, in support of the HIB Prevention Grant Program; and, if approved, authorize the Chairman of the Board to execute.</p> <p>2. The Board was advised Staff recommends approval of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$68,079 for the period January 1, 2012 to July 31, 2012, in support of Epidemiology and Laboratory Capacity (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program; and, if approved, authorize the Chairman to execute.</p> <p>3. The Board was advised Staff recommends ratification of Interlocal Agreement between the Washoe County Health District (WCHD) and the Nevada State Health District to provide a work location for the State Health Division’s Center for Disease Control (CDC) assignee for the purpose of providing direct and efficient assistance to the Health District for Strategic National Stockpile planning for the period upon ratification through November 27, 2012; and, if approved, authorize the Chairman to execute.</p> <p>4. The Board was advised Staff recommends approval of donation of pesticide (Golden Bear Oil) to The Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$386.</p> <p>Dr. Hess moved, seconded by Councilwoman Ratti, that Staff recommendations on the Consent Agenda be approved in one motion as presented.</p>	<p><u>SINGLE CONSENT AGENDA MOTION CARRIED:</u> Citation upheld and a fine in the amount of \$250.00 levied as a negotiated settlement; Approval of Subgrant Award, Subgrant Amendment #1, ratification of Interlocal Agreement and approval of donation of pesticide; the Chairman authorized to execute on behalf of the Board where applicable.</p>
8.	Air Pollution Control Hearing Board Cases	None	
9.	<p>Regional Emergency Medical Services Authority</p> <p>A. <u>Review and Acceptance of the Operations and Financial Report – January 2012</u></p>	<p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the January 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in January 2012 was 92%, and 97% for non-life threatening calls; within the 8 minute zone, it was 91%; within the 15 minute zone, it was 92%; and within the 20 minute zone, it was 97%.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>B. <u>Update of REMSA's Community Activities Since December 2011</u></p>	<p>Advised the overall average bill for air ambulance service for January 2012 was \$6,297.00, with a year-to-date average of \$7,121.00. The overall average bill for ground ambulance services for January was \$1,010.00, with a year-to-date average of \$1,003.00</p> <p>This latest edition of the Journal for Emergency Dispatch has an article which highlights REMSA's performance during the Reno Air Race Crash, especially highlighting Dispatch.</p> <p>Councilwoman Ratti moved, seconded by Dr. Hess, that the Operations and Financial Report for the Month of January 2012 be accepted as presented.</p>	<p><u>MOTION CARRIED:</u> REMSA's January 2012 Operations and Financial Report accepted as presented.</p>
<p>10.</p>	<p>Presentation by Dr. Iser and Stacy Akurosawa regarding REMSA</p>	<p>Dr. Iser reported that this presentation arises from questions that came directly from members of the City Councils of Sparks and Reno, after Dr. Iser and Mr. Gubbels gave a presentation about the WCHD to the Sparks City Council, and about a week later, when Dr. Iser gave a similar presentation to the Reno City Council. Dr. Iser reported that it has taken a little over a month to get the questions from the record and prepare a comprehensive response from the WCHD to the questions posed by the various council members.</p> <p>Ms. Akurosawa began reading the presentation/staff report into the record. Shortly into the presentation, Councilwoman Ratti suggested that rather than reading the long presentation into the Record that they all review the report outside of the meeting, and then return with additional questions, if necessary. Dr. Iser requested that all DBOH responses or comments be submitted by close of business on Monday, February 27.</p> <p>It was determined that once finalized, an electronic version of the presentation would be submitted to the City Managers and the County Manager. It was noted that REMSA and Ms. Admirand have reviewed the report, and Ms Admirand stated that that protocol for review is very appropriate and would not implicate the Open Meeting Law.</p> <p>There is a copy of the draft report in the public record, but copies will be made available for anyone in the audience who wants one.</p> <p>Reiterated that any feedback will come to Dr. Iser and Ms. Akurosawa by close of business on Monday. We will revise if necessary, and then will send out by email to the respective managers and the Board members. Ms. Admirand noted that the report is not something that the Board needs to approve since it is Dr. Iser's report.</p>	<p><u>ACTION ITEM:</u> Feedback will come to Dr. Iser and Ms. Akurosawa by close of business on Monday. We will revise if necessary, and then will send out by email to the respective managers and the Board members.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
11.	<p>Review – Acceptance – Monthly Public Health Fund Revenue and Expenditure Report – January 2012</p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, reported that the DBOH members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of January 2012.</p> <p>Grant Revenues are billed timely, some monthly and some quarterly; Vital Statistics revenues are tracking high, and Estimates to Complete are \$360,000; they are most probably tracking high because of fee changes; positive variances stay in the program, and Ms. Stickney will address those more specifically in the FY 13 Budget discussion below.</p> <p>There is a variance in Expenditures on page 4, in the Equipment Services Motor Pool line item for \$15,625.48. The majority of this variance is driven by the Vector Program; seasonally, the Vector Program has PSIs who need transportation; there were no appropriations for this item because of our fleet of vehicles.</p> <p>The General Fund Transfer was addressed. The Transfer for FY 12 will be \$7,250,850. This amount includes the 10% adjustment. Ms. Stickney will discuss this further during Budget Update agenda item. Staff recommends the Board accept the Report as presented.</p> <p>Commissioner Jung moved, seconded by Councilwoman Ratti, that the Department Report for January 2012 be accepted as presented.</p>	<p>MOTION CARRIED: Department Report for January 2012 accepted as presented.</p>
12.	<p>Presentation of FY 13 Budget Update</p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, reported that DBOH members have been provided with a copy of the Status Report from Finance as presented to Board of County Commissioners (BCC) for FY 2012/13.</p> <p>Finance Staff presented a plan to the BCC for additional budget reductions to present a balanced budget within projected revenues. The current projected deficit is \$16.8 Million. The BCC has adopted option no. 1, directing staff to prepare budget plans to reduce each department's budget by 4.5% of the initial funding level, in the absence of any concessions. The reduction target for the Health Fund is to \$312,200.</p> <p>The BCC adopted option 3.2 on page 7 of the report, which states that if labor associations and other bargaining units agree to continued wage and benefit concessions, they would be applied to each department on a proportional amount of allocation by each labor unit within the department. The Health District has two labor units; the Washoe County Employees' Association (WCEA) and the Washoe County Nurses' Association (WCNA). Finance Staff additionally requested direction on salary sweeps and overhead allocation. The salary sweeps are to be done twice a year, December and June, with the overages being directed back to</p>	

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	<p>Board Comments</p>	<p>Other Post Employment Benefits (OPEB) which are currently below levels that are sustainable. As to the Overhead Allocation, all fund entities will be charged for their portion of allocated central service overhead costs to more accurately reflect the true costs of services and programs in the financial statements. Fully implementing this policy in FY 2012/13 would require some funds to receive a General Fund transfer to offset the overhead charges, so that the fund is not placed in a negative balance scenario. Finance staff is recommending a 3-year implementation plan.</p> <p>There are certainly implications for the Health Fund, specifically regarding the salary sweeps because of the interlocal agreement to which the Health District is subject. Ms. Stickney reported that she has had preliminary discussions with our County Finance Analyst, and the County is aware of the restrictions under which the Health District will have to operate, but more detail will be brought to the DBOH when we present at our scheduled budget meeting.</p> <p>Dr. Iser will present our Proposed Budget to the BCC on April 9 at 9:00 am, following our DBOH Budget Meeting on March 15.</p> <p>Vital Statistics' positive variance will be utilized to make electronic enhancements and a mailroom module within the Division, and then anything above and beyond those needs will go to the Health Fund.</p> <p>The Health Fund's General Funds Transfer was reduced by 10% in FY 2011/12, and with the additional variance to recover from last year, the Health Fund's baseline funding level for FY 2012/13 is \$6,936,091. We have to make up those prior adjustments, and possibly plan on this additional 4.5% or \$312,200 reduction. There are many variables still in the air since any concessions have not yet been finalized.</p> <p>Commissioner Jung added to the discussion that based on the history of the cuts, she felt the fairest thing to do was actual across the board cuts because the BCC had already altered everyone to core, non-core, admin, etc. Commissioner Jung stated that before that, it was public safety, and then we had to define public safety as those who show up when you dial 911.</p> <p>Commissioner Jung further clarified that the salary sweeps are already being done. They are now more strict and formulized. The County is dealing with 8 collective bargaining units so, it makes sense if each department does the adjustment voluntarily with us, then they are rewarded in that department. This is strategic planning by the BCC. In terms of the BCC trying to really get a cost center allocation, it is very important to see what these services actually cost, and that is</p>	

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		<p>what the BCC is trying to accomplish. In her opinion, these cost allocations should have been done 20 years ago.</p> <p>Ms. Stickney stated that the Health District does not participate in the salary sweeps because the Health District pays out its own retirements, etc., and other negotiations will be necessary since the Health District has some of its own resources, for which it should not be charged again (i.e., IT).</p> <p>Dr. Furman stated that he is fearful that the decline we are experiencing is going to be greater than projected. Arizona State University published a recovery forecast on Feb. 1 for the Western States, and percentage-wise, Nevada has the lowest projected numbers of all Western States for personal income, wages, salaries, and new home starts. Dr. Furman is concerned that we are looking at tougher times in his opinion, and we should be prepared for tougher times.</p> <p>The Chairman asked when we will see the actual budget, and Ms. Stickney replied that the Health District will send out the Proposed Budget to the DBOH in the packet on March 9, 2012, and then have the DBOH Budget Meeting on March 15. The purpose of this meeting is to discuss the Proposed Budget. The Health District will then take the DBOH's comments or direction and incorporate them into the Proposed Budget prior to Dr. Iser's submission of said Proposed Budget to the BCC on April 9. The BCC has two statutory budget deadlines that must be met. They are required to have a tentative budget by April 15, and they are required to adopt a finalized budget by June 1.</p> <p>Dr. Hess questioned how we will address the grant matching funds in this declining revenue environment, and Ms. Stickney informed him that the vast majority of the grants we receive do not have a required match, with the exception of Family Planning, which requires a 10% match, and Air Quality that has a Maintenance of Effort (MOE) requirement. Dr. Iser pointed out that changes happen throughout the year, and we reforecast the budget monthly based on those changes. Ms. Stickney pointed out that these are the very items addressed in the Budget Amendment section of each month's DBOH meeting.</p>	
13.	Presentation of new on-line "Health Department Food Facility Rating List"	<p>Dr. Iser introduced the presentation by stating that in his first one on one meeting with Dr. Furman, Dr. Furman expressed his interest and desire that the County have an online Food Facility Rating List. He felt very strongly that the public should be able to very easily review restaurant inspections that could have an impact on their health. To that end, the Department began to develop the system that we are rolling out to you today.</p>	

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	Board Comments	<p>David Kelly, Environmental Health Specialist, presented the program and gave a real time demonstration of the program at its Phase 1 stage. Visit www.washoeeats.washoecounty.us to view the program. Links will be provided on the Health District and Washoe County's websites. The website will provide the public greater transparency to the Health District's functions and more access to the information that the Health District gathers. This application will <i>also</i> promote greater accountability and responsiveness of businesses directly to the citizens of Washoe County, and is a great achievement for the Health District.</p> <p>The Chairman thanked Mr. Kelly for his fine presentation, and the IT group for its success in bringing Dr. Furman's dream to fruition. He again thanked Dr. Furman for his great suggestion to get this project in place. He asked that the Health District email a link to the Board members.</p>	ACTION ITEM: Email a link to the online Food Facility Rating List to the DBOH Members.
14.	Presentation – Proposed Revisions – District Board of Health Multi-Casualty Incident Plan – Mutual Aid Evacuation Annex (MCIP-MAEA)	<p>Stacey Akurosawa, Emergency Medical Services Coordinator, presented the revisions to the DBOH MCIP-MAEA Plan.</p> <p>In order to revise the MCIP/MAEA, we have held a number of seminars, tabletop exercises, stakeholder meetings, and a community-wide hospital, full scale exercise. We also hired a consultant to orient the participants and analyze the existing MCIP-MAEA. The participants included REMSA, fire agencies, law enforcement, and the 11 hospitals we hope to be signatory parties to the agreement.</p> <p>One of the challenges with the MAEA is that, fortunately, we have not had to implement this plan very often, unlike the MCIP, which was enacted several times last year. In May, we had the Airport Tri-Annual Exercise, and then in rapid succession, we had the Amtrak incident, the Air Race tragedy, the Caughlin fire and the West Washoe fire. The last time we used the MAEA was in December of 2008, when 12 patients had to be evacuated from St. Mary's.</p> <p>Several drafts of the Annex have been distributed to the Interhospital Coordinating Council. The Council members, many of which will be signatories to the agreement, have participated in these events, provided input for the agreement, reviewed the final document, and then voted to approve the Annex at their meeting on February 10, 2012. Should the DBOH vote to approve the Annex, the next step will be to conduct a seminar in March with each of the signatory hospitals and REMSA to identify the key personnel at each hospital for the positions which need to be filled under this Annex. In April, Mr. Brian Taylor of REMSA and Ms. Akurosawa will be developing the training for this Annex. In May, they will train side by side the REMSA staff with the hospital staff. These are the key personnel who will implement the plan.</p>	

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	<p>Board Comments</p>	<p>We hope to obtain all the signatures in June and implement the Annex in July. From this point forward, our plan is to update the MAEA every even year and the MCIA every odd year. We thank all the staff who has helped to update this process.</p> <p>Obviously, a great deal of work has gone into this Annex, and it is a major accomplishment. Dr. Hess moved, seconded by Commissioner Jung, that the proposed revisions to the MCIP-MAEA be approved as presented.</p>	<p><u>MOTION CARRIED:</u> The proposed revisions to the MCIP-MAEA are approved as presented.</p>
<p>15.</p>	<p>Staff Reports and Program Updates</p> <p>A. <u>Director – Epidemiology and Public Health Preparedness</u></p> <p>Board Comments</p>	<p>Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Dr. Hess questioned whether Board Members should attend Incident Command Structure training. It was suggested that the ICS 300 and 400 may not be appropriate for Board Members to attend. ICS 700 is a broad overview which might be a good starting place. ICS 300 and 400 level classes are for Management. The Board requested that we send links for all three tests that may be helpful.</p> <p>Dr. Todd informed the Board that Mr. Ulibarri is now trained in facilitating ICS 300 and 400 classes. The Health District wanted to have an on-site facilitator so that our classes can be tailored for public health. Dr. Todd informed the Board that he will look on the FEMA website to see if there is information or classes designed specifically for policy making boards.</p> <p>Dr. Iser stated that he would recommend ICS 100, 200, and 700 as tools for the Board. Dr. Iser has completed ICS 300 and 400, which are management level. ICS 700 is the broadest overview of National Incident Management. The Board requested that we send links for the three tests that may be helpful. Dr. Iser confirmed that we will send out links for the ICS 100, 200, and 700 for the Board to peruse. We could do a workshop or strategic retreat on this issue, if the Board so desires. One goal of the Contagion Training Presentation was an initial attempt to align the Health District and policy makers with what will happen in this type event.</p>	<p><u>ACTION ITEM:</u> Email links for the appropriate classes to the DBOH. Determine whether a strategic retreat or workshop would be appropriate.</p>

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	B. <u>Director – Community and Clinical Health Preparedness</u>	Ms. Mary-Ann Brown, Director, Community and Clinical Health Preparedness, presented her monthly Division Director's Report, a copy of which was placed on file for the record.	
	C. <u>Director – Environmental Health Services</u>	Mr. Tony Macaluso, Environmental Health Specialist Supervisor, presented Mr. Sack's monthly Division Director's Report in his absence, a copy of which was placed on file for the record.	
	D. <u>Director – Air Quality Management</u>	Mr. Kevin Dick, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	E. <u>Administrative Health Services Officer</u>	There was no Administrative Health Services Officer Report this month.	
	F. <u>District Health Officer</u>	<p>Dr. Joseph Iser, District Health Officer, presented his monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Dr. Iser stated that in addition to the other legislative initiatives that the DBOH considered at the Retreat in November, the SB335 Syringe Exchange program will also be a Health District priority for the 2013 Legislative Session.</p> <p>The Communicable Disease insert in Dr. Iser's presentation is an example of the information we will be providing in the Health Status Report which is being prepared. Mr. Ulibarri and Ms. Hambleton are working on the format, and it is forthcoming.</p> <p>Related to the Contagion Training Presentation, one of the main defense techniques that the Health District has in its arsenal against a pandemic is social distancing (i.e., school closures, etc.). This practice was implemented in Contagion's depiction of a pandemic. Simultaneous with that presentation, the attached article was released reinforcing the science behind social distancing and supporting the process that social distancing will be one of the tools available to the Health District in a serious pandemic situation.</p> <p>As to strategic planning, we are finalizing the WCHD Health Status Report, as discussed above, and also working on Divisional Strategic plans, which are due at the end of February. From these processes, we will develop a presentation to the Cities and County for community input from which to develop the formal WCHD</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		Strategic Plan. This places us squarely in the third phase of this five phase process. These processes are prerequisites to our future plans for PH Accreditation.	
	Board Comment	Commissioner Jung noted that another DBOH member was in the newspaper recently, and Dr. Hess looked great.	
	Public Comment	No public comment was presented.	
	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned. Commissioner Jung moved, seconded by Councilwoman Ratti, that the meeting be adjourned.	MOTION CARRIED: The meeting was adjourned at 2:44 p.m.

Joseph P. Iser

JOSEPH P. ISER, MD, DrPH, MSc
DISTRICT HEALTH OFFICER

Peggy F. O'Neill

PEGGY F. O'NEILL,
RECORDING SECRETARY



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: March 22, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management Division

SUBJECT: Pace and Associates – Case 1071
Unappealed Citation No. 4613
Agenda Item: **7.A.1.a.**

Recommendation

Air Quality Management Staff recommends that Citation No. 4613 be upheld and a fine of \$2,000 be levied against Pace and Associates for failure to take asbestos samples, give notification and dispose of possible asbestos containing materials in a proper manner, on a mold abatement job located at 11875 Ski Run Way, Incline Village, Nevada. The Citation was issued for a violation of Section 030.107 A, B and C of the District Board of Health Regulations Governing Air Quality Management. This is a negotiated settlement.

Recommended Fine: \$2,500.00

Negotiated Fine: \$2,000.00

Background

On November 21, 2011, Senior Air Quality Specialist Dennis Cerfoglio was dispatched to 321 Ski Way #71 in Incline Village, Nevada to investigate a complaint. The was filed by Don Ensinger a Washoe County building inspector, which alleged possible asbestos abatement and removal in a condominium complex without the proper sampling and notifications to Air Quality Management. That same day, AQ Specialist Cerfoglio met with Mr. J.R. Williams the contractor hired by the current owner to remodel the recently purchased condominium. When Mr. Williams arrived, we entered the condominium in question to find that an extensive amount of wall board, mud, tape and texture had been removed. AQ Specialist Cerfoglio was told by Mr. Williams that this was the way he found the condominium on his first day on the job. Mr. Williams stated that he had no idea who removed the materials in question. AQ Specialist Cerfoglio immediately began his investigation of the removal of asbestos containing materials. It was further stated to AQ Specialist Cerfoglio that the current owner, Mrs. Linda Burdick, who hired Mr. Williams, had purchased the condominium from Mr. Bill Burtelson, a realtor who worked for U.S. West Investments in Reno, Nevada.

After two weeks of repeated phone calls to Mr. Burtelson, AQ Specialist Cerfoglio was finally able to contact and speak with Mr. Burtelson on December 7, 2011. Mr. Burtelson explained that the condominium had been a foreclosure and the Bank of America in Richardson, Texas was the owner who hired Mr. Burtelson to sell the condominium. It was revealed to Mr. Burtelson during a building inspection that a great deal of mold was found between the walls and above the ceiling in the condominium. Mr. Burtelson was given permission by the Bank of America to have the mold problem abated prior to selling the condominium. The contract for the mold abatement job was awarded to Miken construction from Ontario, California.

March 22, 2012
DBOH/Pace & Associates/Case 1071
Page 2

On December 15, 2011, AQ Specialist Cerfoglio spoke with Mr. Mike Woods, owner of Miken Construction, about the mold abatement job at the condominium. Mr. Woods stated that he had subcontracted the mold abatement job to Pace and Associates from Truckee, California. On January 2, 2012, AQ Specialist Cerfoglio contacted Mr. Chad Pace, owner of Pace and Associates, to finalize what had been done in the condominium and by whom. Mr. Pace stated he did in fact do the mold abatement job at 321 Ski Way #71 in Incline Village, Nevada. AQ Specialist Cerfoglio immediately informed Mr. Pace that in the process of abating the mold, he had removed wall board, tape, mud and texture, plus acoustic ceiling materials that tested positive for asbestos. Mr. Pace stated that he had hired Jack Goshow as his consultant on the mold abatement job, and that the mold was removed under proper negative air conditions with the proper barriers in place. AQ Specialist Cerfoglio contacted Mr. Goshow and was faxed a copy of the air clearance results which were negative for particulates after the job was complete. Mr. Goshow also faxed a statement confirming that the abatement was done under negative air conditions with proper barriers in place.

AQ Specialist Cerfoglio ascertained from his investigation that Mr. Pace had neglected to conduct proper sampling and submit proper asbestos removal notification to the Air Quality Management Division prior to removing materials during a mold abatement job at 321 Ski Way #71, Incline Village, Nevada. On January 20, 2012, AQ Specialist Cerfoglio had an extensive conversation with Mr. Pace informing him of the need in the future to take samples and provide proper notification to Air Quality Management Division whenever removing possible asbestos containing materials when conducting any mold abatement jobs. AQ Specialist then issued Mr. Pace NOV Citation No. 4613.

On February 7, 2012, AQ Specialist Dennis Cerfoglio and AQ Specialist Lauri Mendoza met with Mr. Chad Pace, owner of Pace and Associates. After considering all the facts of this case, Mr. Pace agreed to a fine of \$2,000. A Memorandum of Understanding was signed by all parties.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 4613.
2. The Board may determine to uphold Citation No. 4613 but levy any fine in the range of \$0 to \$10,000.

In the event the Board determines to increase the proposed penalty, the matter should be continued so that Pace & Associates may be properly notified.



Kevin Dick
Director Air Quality Management

KD/DC: ma

APPELLANT NOTIFICATION
OF THE DBOH MEETING, MARCH 22, 2012



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

March 14, 2012

Chad Pace
Pace & Associates
11875 Ski Run Road
Truckee CA 96161

RE: Case 1071, NOV Citation 4613

I hereby acknowledge receiving a packet of the information to be presented to the Washoe County District Board of Health regarding Case No. 1071, at its meeting to be held on Thursday, March 22, 2012 at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. I understand that at this meeting the District Board of Health will take the appropriate administrative action against Case.

Appellant or Representative

Date

Delivered by:

3/13/2012 MAILED CERTIFIED

Washoe County Health District
Air Quality Management Division Staff

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

March 13, 2012

Chad Pace
Pace & Associates
11875 Ski Run Road
Truckee CA 96161

RE: Case 1071, NOV Citation 4613

To Whom It May Concern:

Enclosed please find a copy of the packet of information regarding Case No. 1071, Notice of Violation (NOV) No. 4613. The case will be presented to the Washoe County District Board of Health on **Thursday, March 22, 2012**, at 1:00 p.m. in the south auditorium of the District Health Department located at 1001 East 9th Street, Reno, Nevada, Building B, Auditorium B.

Please sign the attached acknowledgement letter as soon as possible and return it to:

**Air Quality Management Division
Washoe County Health District
Attention: Kevin Dick
1001 East Ninth Street, Bldg A, Suite 115
Reno NV 89512**

You may also FAX the signed document to (775) 784-7225. If you have any questions or comments, please contact Dennis Cerfoglio, Air Quality Management Division, at (775) 784-7232 or (775) 772-7806.

Sincerely,

Mary Annas for Dennis Cerfoglio

Dennis Cerfoglio
Senior Air Quality Specialist
Washoe County Health District

Enclosure

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

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7008 0150 0003 7313 0545

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

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Total Postage & Fees	\$

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MA

Sent To
CHAD PACE / PACE & ASSOCIATES
 Street, Apt. No. or PO Box No. **11875 SKI RUN ROAD**
 City, State, ZIP+4 **TRUCKEE CA 96161**

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**CHAD PACE
 PACE & ASSOCIATES
 11875 SKI RUN ROAD
 TRUCKEE CA 96161**

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

MA



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
 AIR QUALITY MANAGEMENT DIVISION
 401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520
 (775) 784-7200



NOTICE OF VIOLATION amp11-0182

NOV 4613

DATE ISSUED: 1-20-2012

ISSUED TO: Pace & Associates PHONE #: 775-745-5000

MAILING ADDRESS: 11875 Ski Run Road CITY/ST: Truckee, Calif. ZIP: 96161

NAME/OPERATOR: Chad Pace PHONE #: 775-745-5000

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 1-20-2012 (DATE) AT 9:00 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.107 A-B+C</u> |

VIOLATION DESCRIPTION: No sampling or notification of sprayed on acoustical ceiling plus tape mod + texture removed + disposed of during a renovation of a unit in condo complex.

LOCATION OF VIOLATION: 321 Ski Way #71 Incline Village, Nevada

POINT OF OBSERVATION: On site at condo complex

Weather: N/A Wind Direction From: N E S W

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

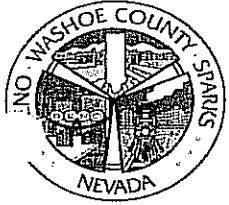
WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 1-20-2012 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within Immediately hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 1-20-2012
 Issued by: Dennis A. Cerfoglio Title: SR. Air Quality Sec.



**DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION**

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: February 7, 2012
Company Name: Pace & Associates
Address: 11875 Ski Run Way Truckee, Calif.
Notice of Violation No.: 4613 Case No.: 1071

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.107A, B+C No Asbestos Sampling or Notification.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,000⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on March 22, 2012.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

CHAD PACE
Print Name

DENNIS CERFOGLIO
Print Name

[Signature]
Title

Sr. Air Quality Spec.
Title

[Signature]
Witness

Witness

Witness

Witness

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP11-0182**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: ASBESTOS

Date Received: 11/17/2011

Time: 3:10:00 PM

Inspector: DCERFOGLIO

Inspector Area: 3

Complaint Description: NOV CITATION 4612 - CASE 1071 - POSSIBLE ASBESTOS VIOLATIONS - NO NOTIFICATIONS - UNIT ENTIRELY GUTTED

Address: 321 SKI WAY INCL

Location: UNIT #71

Parcel Number: 12609001

Related Permit Number:

Complainant:

WASHOE COUNTY BUILDING & SAFETY
STEPHANIE RACY-MCINTYRE & DON ENSMINGER
1001 E 9TH ST
RENO NV 89512
Steph 328-6132

Responsible Party:

LINDA BURDICK
PO BOX 1328
KINGS BEACH CA 96143

Investigation:

Stephanie from WC Bldg Dept called to see if AQ had any records/permits for this address. They gutted this unit without ANY permits. WC Bldg inspection Don was there and they were throwing materials in the garbage without proper procedures. He talked to one of the abatement workers and he was told the ceiling and drywall was positive for asbestos. C & G env was called and a message was left to have the asbestos test results faxed to AQ.

Enforcement Activities

Warning Citation..:

NOV.....: 01/20/2012

Citation Number: 0

NOV Number.....: 4613

Case Number.....: 1071

Settlement.....:

Amount.....: \$0.00

Appealed.....:

Upheld.....:

Amount.....: \$0.00

Status Information

Initialized By.....: MAMES
Date Assigned.....: 11/17/2011

Completed Date...:
Completed By.....:

RECOMMENDED FINE WORKSHEET

DATE: 2-7-2012

CASE NO.: 1071

NOV NO.: 4613

COMPANY NAME: Pace & Associates

CONTACT NAME: Chad Pace, Owner

VIOLATION OF SECTION(S): 030.107 Sec A,B,C (MAJOR / MINOR)

1ST VIOLATION 2ND VIOLATION 3RD VIOLATION

<input checked="" type="checkbox"/> YES	HAZARDOUS AIR POLLUTANT	YES / NO	<u>ASBESTOS</u>	TYPE OF AIR CONTAMINANT (CO, NOX, SOX, PM, VOC'S)	
<input type="checkbox"/> NO	LEGALLY PERMITTED SOURCE	YES / NO	<input type="checkbox"/> NO	PUBLIC HEALTH EXPOSURE	YES / NO
<input type="checkbox"/> N/A	NUMBER OF DAYS IN VIOLATION	YES / NO	<input checked="" type="checkbox"/> YES	PUBLIC COMPLAINTS	YES / NO

1. **DEGREE OF VIOLATION:** MINOR MODERATE MAJOR
(The degree to which the person/company has deviated from the regulatory requirements)

No sampling for Asbestos Containing Material (ACM) or notification of an ACM removal in a condominium, plus proper disposal of any ACM removed is a major violation of Air Quality Management Regulations.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR
ESTIMATED COST \$ 2,500

(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)
Cost to collect samples, properly abate and dispose of ACM, and notification to Air Quality Management. Also the cost of proper permits to conduct the job.

3. **DEGREE OF COOPERATION:** MINOR MODERATE MAJOR
(The person/company's efforts to immediately cease the violation and come into compliance)

Mr. Chad Pace was very cooperative once he was notified by Air Quality Management of the violations and forthcoming Citation.

4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$2,500


AQ SPECIALIST'S SIGNATURE

NOTE: "Minor Violations", per District Regulations, cannot exceed \$1000 for the first and second violations. Third minor violations, plus "major violations" cannot exceed \$10,000 per day.

AQMD ACKNOWLEDGEMENT OF ASBESTOS ASSESSMENT & RECEIPT

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT

PROPERTY OWNER Linda Burdick PHONE # (530) 362-1095
 OWNER'S ADDRESS PO Box 22330 Carson City NV 89721
STREET CITY STATE ZIP

PROPERTY BEING EVALUATED: Mountain Shadows Condominium
321 Ski Wat # 71 Incline Village NV 89450
BUSINESS/BUILDING NAME STREET CITY STATE ZIP

TYPE OF PROJECT: DEMOLITION RENOVATION
 TYPE OF PROPERTY: RESIDENTIAL NON-RESIDENTIAL
 PROPERTY BEING ASSESSED: TOTAL PARTIAL*

\$42.00 FILING FEE

*** NOTE: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.**

Linda Burdick
GENERAL CONTRACTOR
J.R. Williams PHONE # (530) 546-4047
CONTACT FOR GENERAL CONTRACTOR
PO Box 7975 Tahoe City CA 96145
STREET CITY STATE ZIP

C&G Enviromental Consulting PHONE # (775) 746-3838
COMPANY OR PERSON PERFORMING ASSESSMENT
PO Box 5298 Reno NV 89513
STREET CITY STATE ZIP

ASSESSMENT RESULTS: Asbestos Present Asbestos Absent Friable Non-Friable Both Not Tested

JM Enviromental NV Lic# 0073480 PHONE # (800) 726-0304
ABATEMENT CONTRACTOR
PO Box 2189 Roseville CA 95746
STREET CITY STATE ZIP

ASBESTOS TO BE REMOVED X ASBESTOS ABATEMENT COMPLETED X

**** NOTE: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA Regulations before renovation or demolition work may proceed.**

Signature on this asbestos assessment document does NOT constitute full Health Department approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does no warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the District Health Department recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

RECEIPT **30317**

AIR QUALITY MANAGEMENT DIVISION
 WASHOE COUNTY HEALTH DISTRICT
 P.O. Box 11130
 Reno, Nevada 89520-0027

Name: Linda Bordick Date: 11/22/2011

PERMIT/SERVICE	AMOUNT
Plan Review	
Permit To Operate	
Late Fee	
EHS Permit To Operate	
Transfer Fee	
Dust Control Plan	
Demolition Notification	
Asbestos Notification	
Asbestos Assessment	<u>4200</u>
Miscellaneous <u>321 Ski Way #07</u> <u>Incline Village</u>	
Charge <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Amount Paid	<u>4200</u>

Christina S. Patten
 Signature)

H-AIR-04 (01-10)

1 1122'11 N046084 TND CHG1 \$42.00

DATE 11.22.11 TUE
 NON-ADD # 30317
 ASD PLN REV \$42.00
 TOTAL \$42.00
 CHG1 \$42.00
 CLERK I HD.046084
 TIME 11:20 0002

WASHOE COUNTY
 HEALTH DISTRICT
 AIR QUALITY

*** DUPLICATE ***
 RENO NV 89502
 775-784-7200
 THANK YOU

TOTAL \$42.00

TERMINAL ID : 79893263
 MERCHANT #: 4301359805868
 MASTERCARD *****7231 *
 MAIL ORDER
 BATCH: 000836
 INVOICE: 030317 14:48
 NOV 22 11
 RRP: 1325200912
 AUTH NO: 080285
 AUTH:
 CVOZ RESPONSE: NATCH

WASHOE COUNTY
 DIST. HEALTH DEPT.
 1001 EAST BERTH ST
 BLDG 4115

C & G ENVIRONMENTAL CONSULTING ASBESTOS SURVEY RESULTS



C & G Environmental Consulting, Inc.

October 25, 2011
C&G Environmental Project No. 02102011

Linda Burdick
P.O. Box 1328
Kings Beach, CA 96143

**RE: LIMITED ASBESTOS CONTAINING MATERIAL INSPECTION AND
ASSESSMENT: 321 SKI WAY, UNIT #71, INCLINE VILLAGE, NEVADA**

Dear Ms. Burdick:

C&G Environmental Consulting is pleased to submit this report which summarizes the results of a limited asbestos containing material (ACM) inspection and assessment at a condominium unit which is located at 321 Ski Way, Unit #71, in Incline Village, Nevada.

1.0 SCOPE OF SERVICES

On October 20, 2011, an EPA accredited, and State of Nevada licensed asbestos inspector from C&G Environmental Consulting conducted a limited inspection and assessment of building materials which were suspect for containing asbestos within the above referenced building. Six (6) representative bulk samples were collected of materials identified to have the potential to contain asbestos.

Suspect materials that were sampled during this inspection included; drywall, joint compound and spray acoustic ceiling texture.

This inspection was conducted in accordance with accepted EPA and OSHA regulations. The samples were submitted under approved chain-of-custody protocol, and analyzed at Asbestos TEM Laboratories, Inc. in Sparks, Nevada. The suspect ACM samples were analyzed for asbestos fibers utilizing Polarized Light Microscopy (PLM). The laboratory analytical report is attached in Appendix A, and the chain of custody record is provided in Appendix B. The approximate bulk sample locations are depicted in Figures 1-3 (attached).

2.0 ASBESTOS ANALYTICAL RESULTS

In accordance with OSHA 29 CFR 1926.1101 and NESHAPS 40 CFR 61.141 the definition of an asbestos containing material is “any material which contains more than one percent asbestos by weight”.

Analytical results indicated that all bulk samples that were collected during this inspection, were positive for containing asbestos in excess of one percent. Table 1 below, summarizes positive materials identified, sample locations and asbestos content.

Table 1 Asbestos Containing Material Results 321 Ski Way, Unit #71 Incline Village, Nevada		
Sample No. / Material	Sample Location	Asbestos %/Type
JC-1 / Joint Compound	Basement Bathroom – Behind Shower	1-5% Chrysotile
SA-2 / Spray Acoustic Ceiling Texture	Basement – Living Room	5-10% Chrysotile
SA-3 / Spray Acoustic Ceiling Texture	First Floor – Entry	5-10% Chrysotile
SA-4 / Spray Acoustic Ceiling Texture	First Floor – Rear Bedroom	5-10% Chrysotile
W-5A / Wall Texture	First Floor – Entry Wall	1-5% Chrysotile
W-5B / Joint Compound	First Floor – Entry Wall	1-5% Chrysotile
W-6A / Wall Texture	Second Floor Living Room – North Wall	1-5% Chrysotile
W-6B / Joint Compound	Second Floor Living Room – North Wall	1-5% Chrysotile

These sample results are limited to the materials that were identified and sampled during this inspection. If additional materials are discovered that have not been sampled and will be disturbed during the renovation project, then these materials would require additional sampling and analysis.

3.0 CONCLUSIONS/RECOMMENDATIONS

As a result of conducting this asbestos inspection, spray acoustic ceiling texture, wall texture and joint compound materials were identified to contain greater than one percent asbestos within this condominium unit.

At the time of this inspection, the Washoe County District Health Department had “red tagged” this condominium due to building materials being disturbed without a permit. Since there was evidence within the unit that the above referenced asbestos containing building materials had been disturbed, C&G Environmental Consulting recommends that the following procedures be acknowledged in order to maintain regulatory compliance and reduce liability and health concerns:

- A certified asbestos abatement contractor licensed in the State of Nevada should be contracted to perform all activities involving the removal or disturbance of materials which contain asbestos. All abatement work should be done in strict accordance with applicable Federal, State and local regulations.
- Notification to State of Nevada OSHA and the Washoe County District Health Department – Air Quality Management Division should be performed by an asbestos abatement contractor.
- All ACM which are scheduled for future renovation activities must be removed by the asbestos abatement contractor.
- Since ACM have already been disturbed within the unit, all items within the unit must be treated as contaminated. Additionally, a negative pressure containment area must be established which encompasses the entire unit.
- Detail cleaning in the form of HEPA vacuuming and wet-wiping must be performed throughout the unit.
- Upon completion of the detail cleaning phase of the project, a liquid encapsulant should be applied to all interior surfaces.
- HEPA air “scrubbers” should accompany the negative pressure air moving machines.
- A certified asbestos consultant licensed in the State of Nevada should be contracted to conduct final clearance air monitoring after the asbestos abatement and decontamination activities are complete.

4.0 LIMITATIONS

C&G Environmental Consulting is not responsible for any claims or damages associated with the interpretation of information provided during this inspection. This report should not be regarded as a guarantee that no further asbestos exists beyond that which was suspected and sampled during this inspection. In addition, asbestos is usually not distributed evenly throughout a particular material and C&G Environmental Consulting cannot guarantee that all materials sampled are exactly as represented throughout the

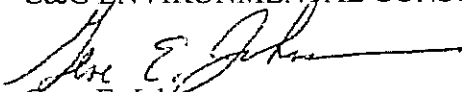
entire building. In the event renovation or demolition activities uncover materials that were previously hidden or inaccessible during the time of this inspection, then additional sample collection and analysis would be required. In the event asbestos containing materials that were previously hidden or inaccessible during the time of this inspection are disturbed and an asbestos exposure occurs, C&G Environmental Consulting shall be held harmless and will not be responsible for any claims made, financial or otherwise.

C&G Environmental Consulting makes no warranties or guarantees as to the accuracy or completeness of information obtained from, provided by, or compiled by others. It is possible that information exists beyond the scope of this investigation. This report is not a legal opinion. The services performed by C&G Environmental Consulting have been conducted in a manner consistent with the level of care ordinarily exercised by members of our profession currently licensed by the State of Nevada to perform this work, and practicing under similar conditions. No other warranty, expressed or implied, is made.

5.0 CLOSURE

We appreciated the opportunity to provide this service for you. Should you have any questions regarding the contents of this report, or need additional information, please contact us at your convenience.

Respectfully Submitted,
C&G ENVIRONMENTAL CONSULTING, INC.



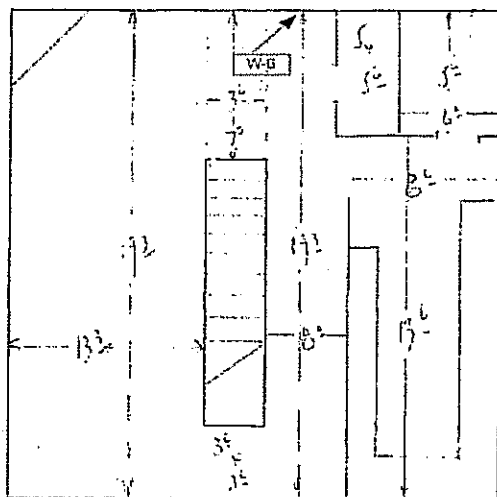
Gene E. Johnson

Project Director

Asbestos Consultant License No. IJPM0604

Unit# 71 Mountain Shadows

Upper Floor = 660 Sq. Ft.



□ - Denotes Location of Asbestos Containing Sample

N
↑
(Not To Scale)

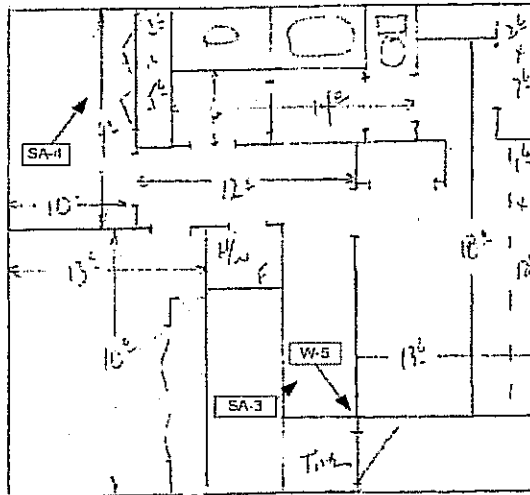
C & G Environmental Consulting

Figure 1
Approximate Location of Bulk Samples
321 Ski Way - Unit #71 - 2nd Floor

Project No.	Client	Date	By
02102011	Linda Durdick	10-29-11	G. Johnson

Unit# 71 Mountain Shadows

Lower Floor = 745 Sq. Ft.



□ - Denotes Location of Asbestos
Containing Sample

N
↑
(Not To Scale)

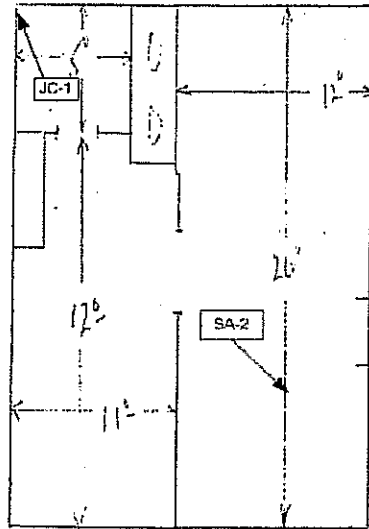
C & G Environmental
Consulting

Figure 2
Approximate Location of Bulk Samples
321 SH Way - Unit #71 - 1st Floor

Project No.	Client	Date	By
02102011	Linda Durdick	10-25-11	G. Johnson

Unit# 71 Mountain Shadows

Basement = 420 Sq. Ft.



☐ - Denotes Location of Asbestos
Containing Sample

N
↑
(Not To Scale)

**C & G Environmental
Consulting**

Figure 3
Approximate Location of Bulk Samples
321 Ski Way - Unit #71 - Basement

Project No.	Client	Date	By
02102011	Linda Dertick	10-25-11	G. Jefferson

APPENDIX A
Laboratory Analytical Results

**POLARIZED LIGHT MICROSCOPY
ANALYTICAL REPORT**
EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Gene Johnson		Samples Indicated: 6	Report No. 117889	
Address: C & G Environmental Consulting, P.O. Box 5298 Reno, NV 89513		Reg. Samples Analyzed: 6	Date Submitted: Oct-21-11	
		Split Layers Analyzed: 2	Date Reported: Oct-24-11	
Job Site / No. 321 Ski Way, Unit #71, Incline Village 02102011				
SAMPLE ID	ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers	2) Matrix Materials	
	%	3) Date/Time Collected	4) Date Analyzed	LAB
JC-1. Lab ID # 867-01333-001	<1% Chrysotile	1) 10-20% Cellulose 2) 80-90% Calc, Gyp, Other m.p.	3) 4) Oct-24-11	Joint Compound - Drywall, Basement - Bathroom Behind Shower 1-5% Chrysotile in JC
SA-2. Lab ID # 867-01333-002	5-10% Chrysotile	1) None Detected 2) 90-95% PlastFoam, Calc, Other m.p.	3) 4) Oct-24-11	Spray Acoustic Ceiling Texture, Basement - Living Room Acoustic Ceiling-White
SA-3. Lab ID # 867-01333-003	5-10% Chrysotile	1) None Detected 2) 90-95% PlastFoam, Calc, Other m.p.	3) 4) Oct-24-11	Spray Acoustic Ceiling Texture, 1st Floor Entry Ceiling Acoustic Ceiling-White
SA-4. Lab ID # 867-01333-004	5-10% Chrysotile	1) None Detected 2) 90-95% PlastFoam, Calc, Other m.p.	3) 4) Oct-24-11	Spray Acoustic Ceiling Texture, 1st Floor Rear Bedroom Acoustic Ceiling-White
W-5. Lab ID # 867-01333-005A	1-5% Chrysotile	1) <1% Cellulose 2) 95-99% Calc, Mica, Other m.p.	3) 4) Oct-24-11	Texture / Joint Compound - Drywall, 1st Floor Entry Wall Texture-Off-White
W-5. Lab ID # 867-01333-005B	<1% Chrysotile	1) 10-20% Cellulose 2) 80-90% Calc, Gyp, Other m.p.	3) 4) Oct-24-11	Texture / Joint Compound - Drywall, 1st Floor Entry Wall 1-5% Chrysotile in JC
W-6. Lab ID # 867-01333-006A	1-5% Chrysotile	1) <1% Cellulose 2) 95-99% Calc, Mica, Other m.p.	3) 4) Oct-24-11	Texture / Joint Compound - Drywall, 2nd Floor Living Room North Wall Texture-Off-White
W-6. Lab ID # 867-01333-006B	<1% Chrysotile	1) 10-20% Cellulose 2) 80-90% Calc, Gyp, Other m.p.	3) 4) Oct-24-11	Texture / Joint Compound - Drywall, 2nd Floor Living Room North Wall 1-5% Chrysotile in JC
Lab ID #		1) 2)	3) 4)	
Lab ID #		1) 2)	3) 4)	

Detection Limit of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Lab Manager *Dottie Guilbert*
Dottie Guilbert

Analyst *Dottie Guilbert*
Dottie Guilbert

APPENDIX B
Chain of Custody Record

C&G ENVIRONMENTAL CONSULTING, INC.

P.O. Box 19476 Reno, NV 89511 Ph: (775) 746-3838 Fax: (775) 787-6846

*** BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY REPORT ***

Analysis Type: PLM Point Count TEM Lead

Turnaround: 4-hrs 8-hrs 24-hrs 7-8 Days

Job Site: 321 Ski Valley, Unit #71, Incline Village Job No: D210, 2011

P.O. #: _____ Contact person: _____

Sample number	Location	Description
JC-1	Basement-Bathroom Bed.	Shower Joint Comp. Out
SA-2	Basement-Living Room	SPRAY APPLICATOR Ceiling Texture
SA-3	1st Floor - Entry Ceiling	"
SA-4	1st Floor - Rear Bedroom	"
W-5	1st Floor - Entry wall	Texture / Joint Comp. Out
W-6	2nd Floor - Living Rm N. Wall	"

Special Instructions: _____

Relinquished By	Date / Time	Received By	Date / Time
Name/Company <u>Gene E. Johnson C&G Env. Consult.</u>	<u>10-21-11</u>	Name/Company <u>Sue Ehrlich/LATM</u>	<u>10/21/11</u>
Signature <u>[Signature]</u>	<u>12:17pm</u>	Signature <u>[Signature]</u>	<u>12:17pm</u>
Name/Company _____	_____	Name/Company _____	_____
Signature _____	_____	Signature _____	_____

Send Original to Lab - Keep Yellow Copy

C & G ENVIRONMENTAL CONSULTING
FINAL CLEARANCE AIR SAMPLING RESULTS



C & G Environmental Consulting, Inc.

November 16, 2011
C&G Environmental Project No. 01111511

Linda Burdick
P.O. Box 1328
Kings Beach, CA 96143

Burdick Excavating Co. Inc - 8555 Cutthroat Ave,
Kings Beach CA 96143
(530) 546-7217
Linda Burdick, Secretary

RE: FINAL CLEARANCE AIR SAMPLING AND A VISUAL CLEARANCE ASSESSMENT: 321 SKI WAY, UNIT #71, INCLINE VILLAGE, NEVADA

Dear Ms. Burdick:

C&G Environmental Consulting is pleased to submit this report which presents the results of a final clearance air sampling event, and a visual clearance assessment in a condominium unit which is located at 321 Ski Way, Unit #71, in Incline Village, Nevada.

1.0 AIR SAMPLING AND VISUAL CLEARANCE ASSESSMENT

On November 15, 2011, an OSHA certified air monitoring technician from C&G Environmental Consulting conducted a visual clearance assessment, and final clearance air sampling in two separate containment areas which encompassed the first and second floors of the main living area, and the lower basement area. The air sampling event was conducted following the abatement of asbestos containing wall materials and the decontamination of all interior areas due to a prior disturbance of asbestos containing materials. Five air samples were collected from within the first and second floor containment area, and three air samples were collected from with the basement containment area.

The final clearance air samples were collected in general accordance with accepted OSHA standards. All samples collected were delivered by approved chain-of-custody protocol, and analyzed at Asbestos TEM Laboratories, Inc., in Sparks, Nevada, utilizing Phase Contrast Microscopy (PCM) per NIOSH 7400 Method.

2.0 AIR SAMPLING AND VISUAL CLEARANCE RESULTS

As a result of conducting this visual clearance assessment, it appeared that all asbestos containing wall materials required to be removed from the containment area had been abated with no visible signs of residual debris remaining within the work area. Additionally, it appeared that all interior areas had been thoroughly decontaminated by wet-wiping and HEPA vacuuming methods.

Results from the air sampling event indicated that the average concentration of fibers per cubic centimeter (f/cc) in both containment areas were well below final clearance criteria of 0.01 f/cc. Upon receipt of these results, JM Environmental (asbestos abatement contractor) personnel were notified that the containment area could be removed, and the abated area could be reoccupied. As a result of the above mentioned laboratory results and visual clearance assessment, it does not appear that any additional remediation or decontamination activities are required at this time.

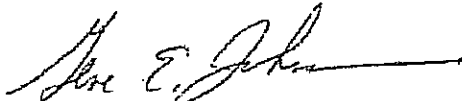
3.0 LIMITATIONS

C&G Environmental Consulting makes no warranties or guarantees as to the accuracy or completeness of information obtained from, provided by, or compiled by others (i.e. laboratories). It is possible that information exists beyond the scope of this investigation. This report is not a legal opinion. The services performed by C&G Environmental Consulting have been conducted in a manner consistent with the level of care ordinarily exercised by members of our profession currently licensed by the State of Nevada to perform this work, and practicing under similar conditions. No other warranty, expressed or implied, is made.

4.0 CLOSURE

We appreciated the opportunity to be of service to you during this project. Should you have any questions regarding the contents of this report, or need additional information, please contact us at your convenience.

Respectfully Submitted,
C&G ENVIRONMENTAL CONSULTING, INC.



Gene E. Johnson
Project Director
Asbestos Consultant License No. IJPM0604

APPENDIX A
FINAL CLEARANCE LABORATORY ANALYTICAL
RESULTS

**PHASE CONTRAST MICROSCOPY
ANALYTICAL REPORT**

NIOSH 7400 Method

Page: 1 of 1

Contact: Mr. Gene Johnson	Samples Submitted: 8	Report No.: 118026
Address: C & G Environmental Consulting, LLC	Samples Processed: 8	Date Submitted: Nov-16-11
PO. Box 5298	Job Site / No. 321 Ski Way, Unit #71	Date Reported: Nov-16-11
Reno, NV 89513	01111511	

SAMPLE ID	FIBERS per CC	95% UCL	FIBERS per FIELDS	FIBERS per FILTER	LOCATION / DESCRIPTION
U-1. Lab ID # 867-01341-001	< 0.0020	< 0.0039	< $\frac{5.5}{100}$	< 1962	Final, Upper Level Volume(L) Pump Time(Min) Flow Rate(LPM) 1320 132 10.00
U-2. Lab ID # 867-01341-002	< 0.0021	< 0.0037	< $\frac{5.5}{100}$	< 2452	Final, Upper Level Volume(L) Pump Time(Min) Flow Rate(LPM) 1306.8 132 9.9
U-3. Lab ID # 867-01341-003	< 0.0020	< 0.0041	< $\frac{5.5}{100}$	< 1471	Final, Upper Level Volume(L) Pump Time(Min) Flow Rate(LPM) 1320 132 10.00
D-4. Lab ID # 867-01341-004	0.0026	0.0045	$\frac{7.0}{100}$	3433	Final, Downstairs Level Volume(L) Pump Time(Min) Flow Rate(LPM) 1306.8 132 9.9
D-5. Lab ID # 867-01341-005	< 0.0020	< 0.0037	< $\frac{5.5}{100}$	< 2452	Final, Downstairs Level Volume(L) Pump Time(Min) Flow Rate(LPM) 1320 132 10.00
B-1. Lab ID # 867-01341-006	0.0034	0.0056	$\frac{9.0}{100}$	4414	Final, Basement Volume(L) Pump Time(Min) Flow Rate(LPM) 1300 130 10.00
B-2. Lab ID # 867-01341-007	0.0023	0.0040	$\frac{6.0}{100}$	2943	Final, Basement Volume(L) Pump Time(Min) Flow Rate(LPM) 1287 130 9.9
B-3. Lab ID # 867-01341-008	0.0027	0.0045	$\frac{7.0}{100}$	3433	Final, Basement Volume(L) Pump Time(Min) Flow Rate(LPM) 1293.5 130 9.950
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)

Detection Limit = 7 Fibers/AM2

Reviewer *Dottie Guilbert*
Dottie Guilbert

Analyst *Dottie Guilbert*
Dottie Guilbert

ASBESTOS TEM LABORATORIES, INC. 1350 Freeport Blvd., Sparks, NV 89431 (775) 359-3377
With Main Office in Berkeley, CA (510) 704-8930

APPENDIX B
CHAIN OF CUSTODY RECORD

C & G ENVIRONMENTAL CONSULTING, LLC

P.O. Box 5203 Reno, NV 89513 Ph: (775) 746-3838 Fax: (775) 87-6846

*** AIR SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY REPORT ***
 Analysis Requested/Turnover: Permit Air
 Job Site: 321 Ski Lodge, Unit #21
 Job No: 0111571
 Phone: 775-746-3838 FAX: 775-87-6846

Sample id number	Sample type	Time on	Time off	Final (micrograms)	Flow rate (lpm)	Volume (ft ³)	Location / Description
U-1	Final	11:49	2:01	10	10	10	Upper Level
U-2	"	11:50	2:02	10	10	10	"
U-3	"	11:51	2:03	10	10	10	"
U-4	"	11:52	2:04	10	10	10	"
U-5	"	11:53	2:05	10	10	10	Downstairs Level
B-1	Final	12:00	2:10	10	10	10	Basement
B-2	"	12:01	2:11	10	10	10	"
B-3	"	12:02	2:12	10	10	10	"

Special Instructions:

Relinquished By		Date / Time		Received By		Date / Time	
Name/Company	Gene E. Johnson, C&G Environmental	Date / Time	11-15-11	Name/Company	Sue Ebelich-Jaram	Date / Time	11/15/11
Signature	<i>Gene E. Johnson</i>	Signature	4:40 PM	Signature	<i>Sue Ebelich-Jaram</i>	Signature	4:40 PM
Company	C&G Environmental	Company		Company		Company	
Signature		Signature		Signature		Signature	

EMAILS

Bonderson, Noel

From: Jeppson, Don C
Sent: Friday, November 18, 2011 10:26 AM
To: Bonderson, Noel
Subject: FW: 321 Ski Way #71

FYI

Don C. Jeppson, AIA
Director
Washoe County
Building & Safety Department

Mail: P.O. Box 11130, Reno, NV 89520

Phone: 775-328-2030; *Fax:* 775-328-6132

e-mail: dcjeppson@washoecounty.us *web:* www.washoecounty.us



Please consider the environment before printing this message.

From: J.R. Williams [<mailto:qualitybuild@gmail.com>].
Sent: Friday, November 18, 2011 10:15 AM
To: Jeppson, Don C
Subject: Re: 321 Ski Way #71

Okay Don: I am meeting Noel (Air Quality) there Monday morning at 10am. J.R.

On Fri, Nov 18, 2011 at 9:49 AM, Jeppson, Don C <DCJeppson@washoecounty.us> wrote:
J.R.

Air Quality of the Health District has not given Building & Safety the "pink sheet", the asbestos assessment. I did verify that Air Quality does have C&G Environmental Consulting report you have emailed to me this morning. Therefore, the permit cannot be issued until Building & Safety has received Air Quality's asbestos assessment. Any questions regarding the asbestos should be directed to Air Quality.

In addition, attached is a form that Burdick Excavating needs to fill out and sign to authorize individuals to sign for permits. That form can be either faxed to 328-6132 or emailed back to me.

If you have any questions, please give me a call. Thank you.

Don C. Jeppson, AIA
Director
Washoe County
Building & Safety Department

Mail: P.O. Box 11130, Reno, NV 89520

Phone: 775-328-2030; *Fax:* 775-328-6132

e-mail: dcjeppson@washoecounty.us *web:* www.washoecounty.us



Please consider the environment before printing this message.

From: J.R. Williams [mailto:qualitybuild@gmail.com]
Sent: Friday, November 18, 2011 9:29 AM
To: Jeppson, Don C
Subject: Fwd: 321 Ski Way #71

Don: It is attached. Please let me know if my name is on the list of who can pick up the permit. I would be there today, and also arrange for payment via called in credit card number. Thanks. J.R.

----- Forwarded message -----

From: **C&G Environmental Consulting** <candgenviro@gmail.com>
Date: Wed, Nov 16, 2011 at 12:42 PM
Subject: 321 Ski Way #71
To: "J.R. Williams" <qualitybuild@gmail.com>

Hi JR, here is the final report. Thanks, Gene

--
Gene Johnson
C&G Environmental Consulting, Inc.
P.O. Box 19476
Reno, NV 89511
Office (775) 746-3838
Fax (775) 787-6846
Cell (775) 338-2508

--
Sincerely,

J.R. Williams
J.R. Williams Const. Co.

P.O. Box 7975
Tahoe City, CA 96145
(530) 546-4047

Cell (530) 386-7975
Fax (888) 812-4047

--
Sincerely,

J.R. Williams
J.R. Williams Const. Co.

P.O. Box 7975

11/18/2011

"Abatement"

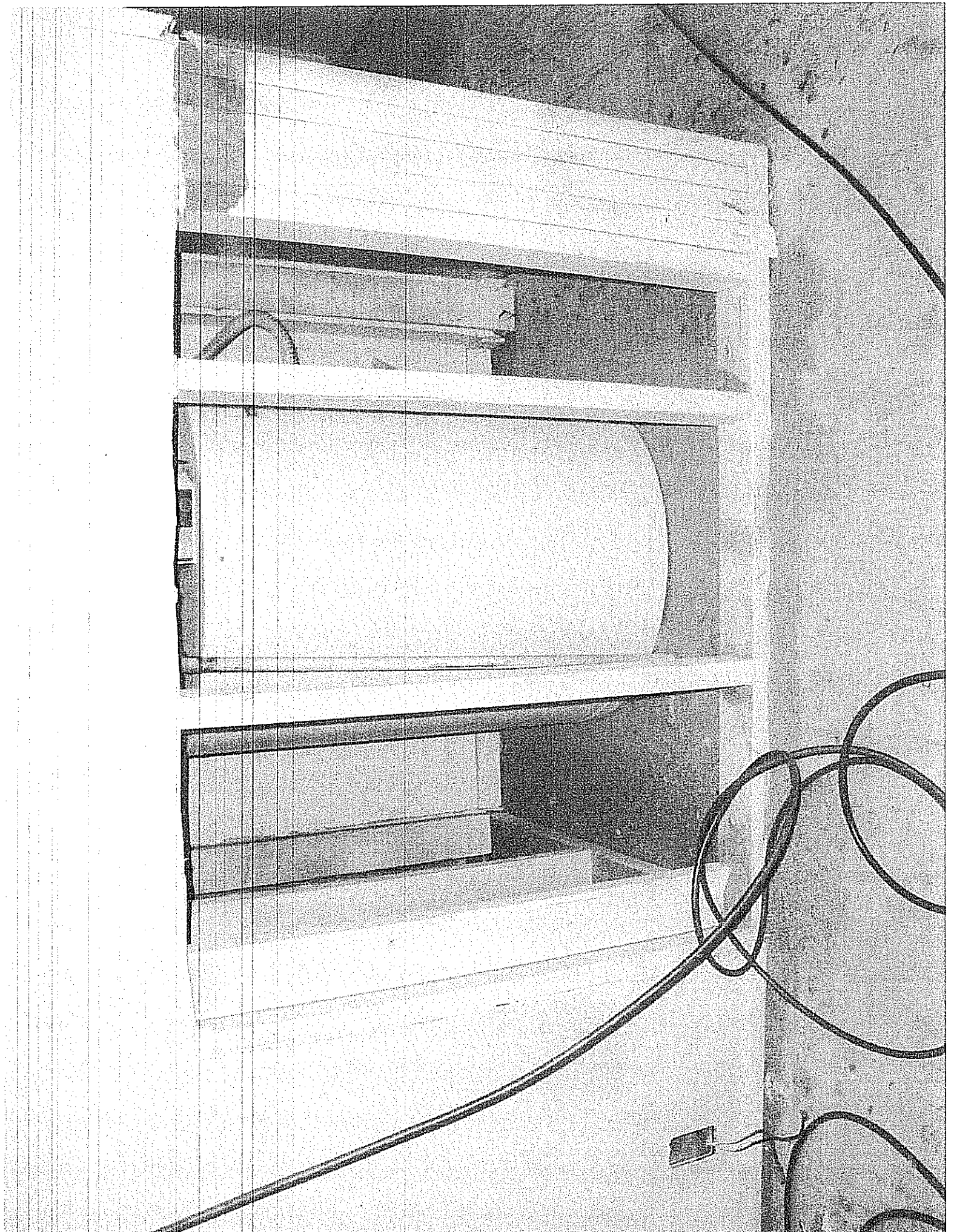
Tahoe City, CA 96145
(530) 546-4047

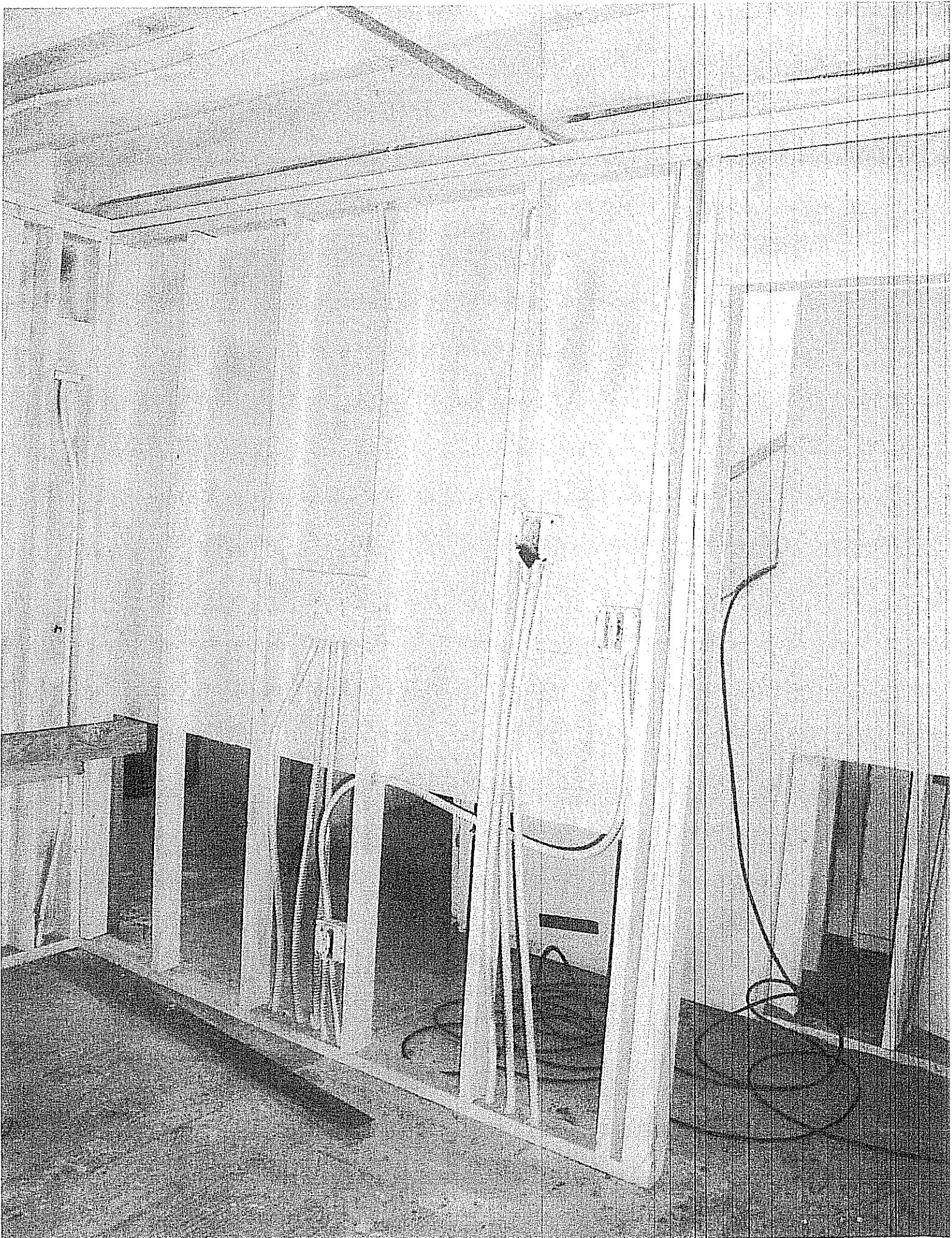
Cell (530) 386-7975
Fax (888) 812-4047

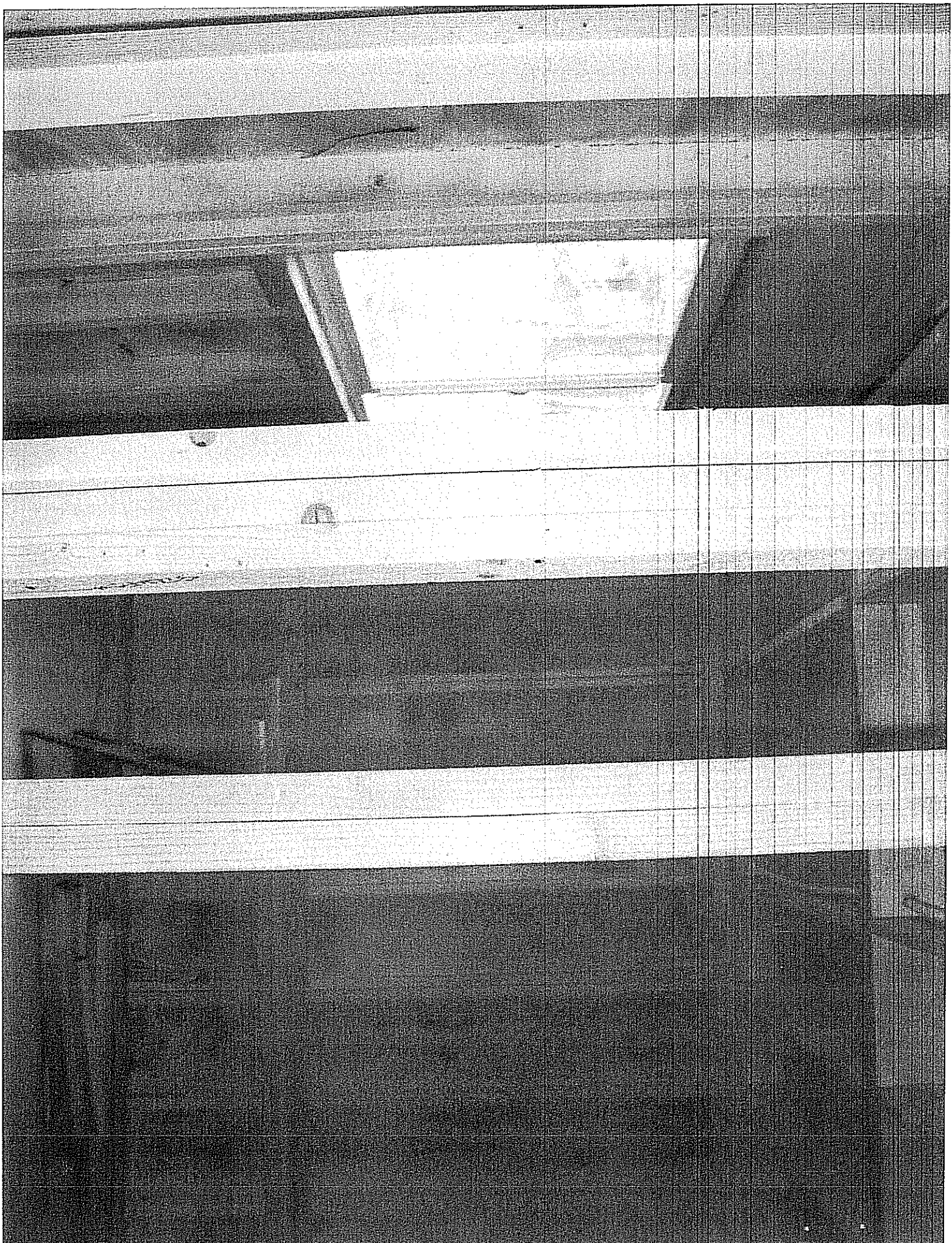
Miken Const.
4686 E. Ontario Mills
Ontario, Calif. 91764
909-243-7808

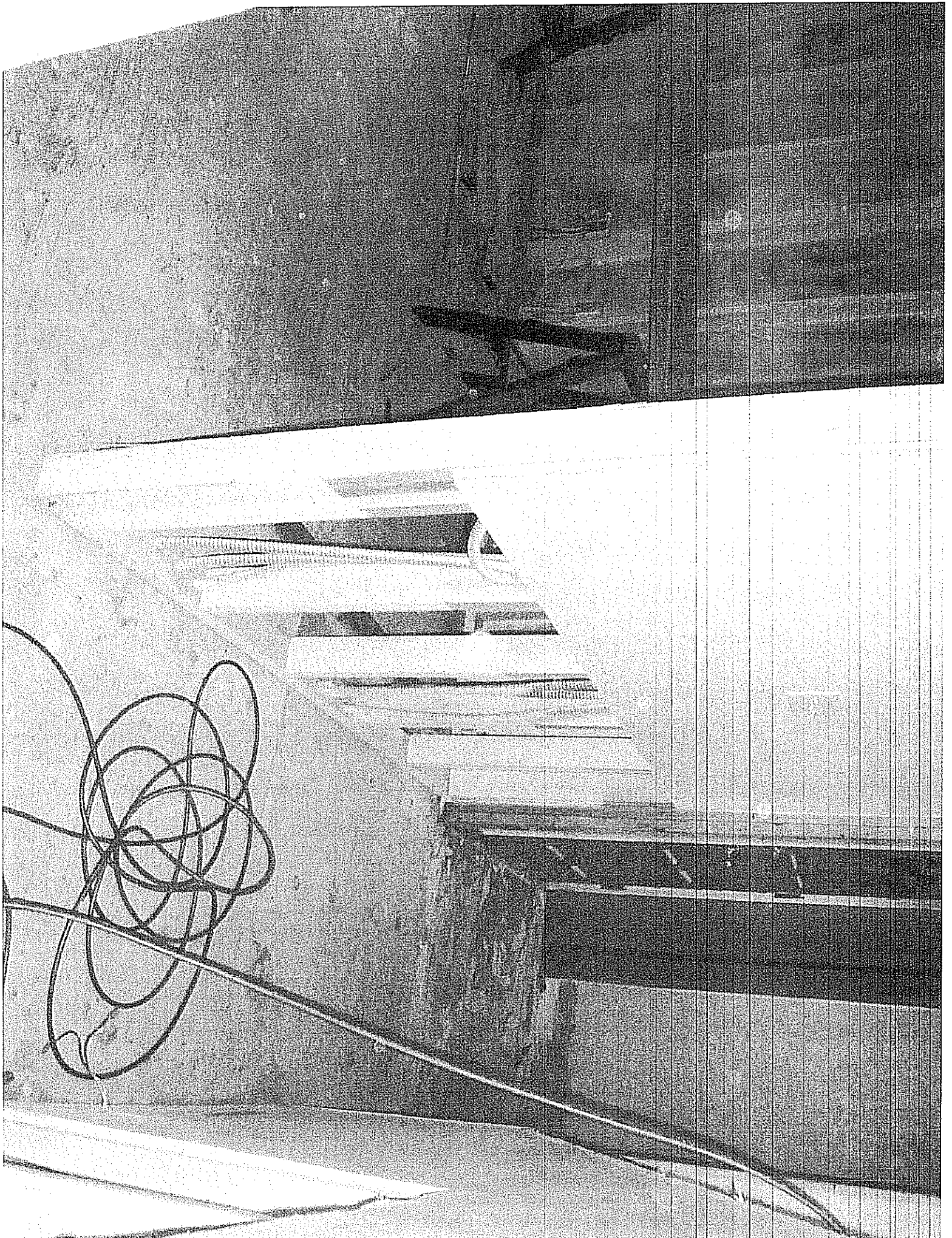
Miken Woods

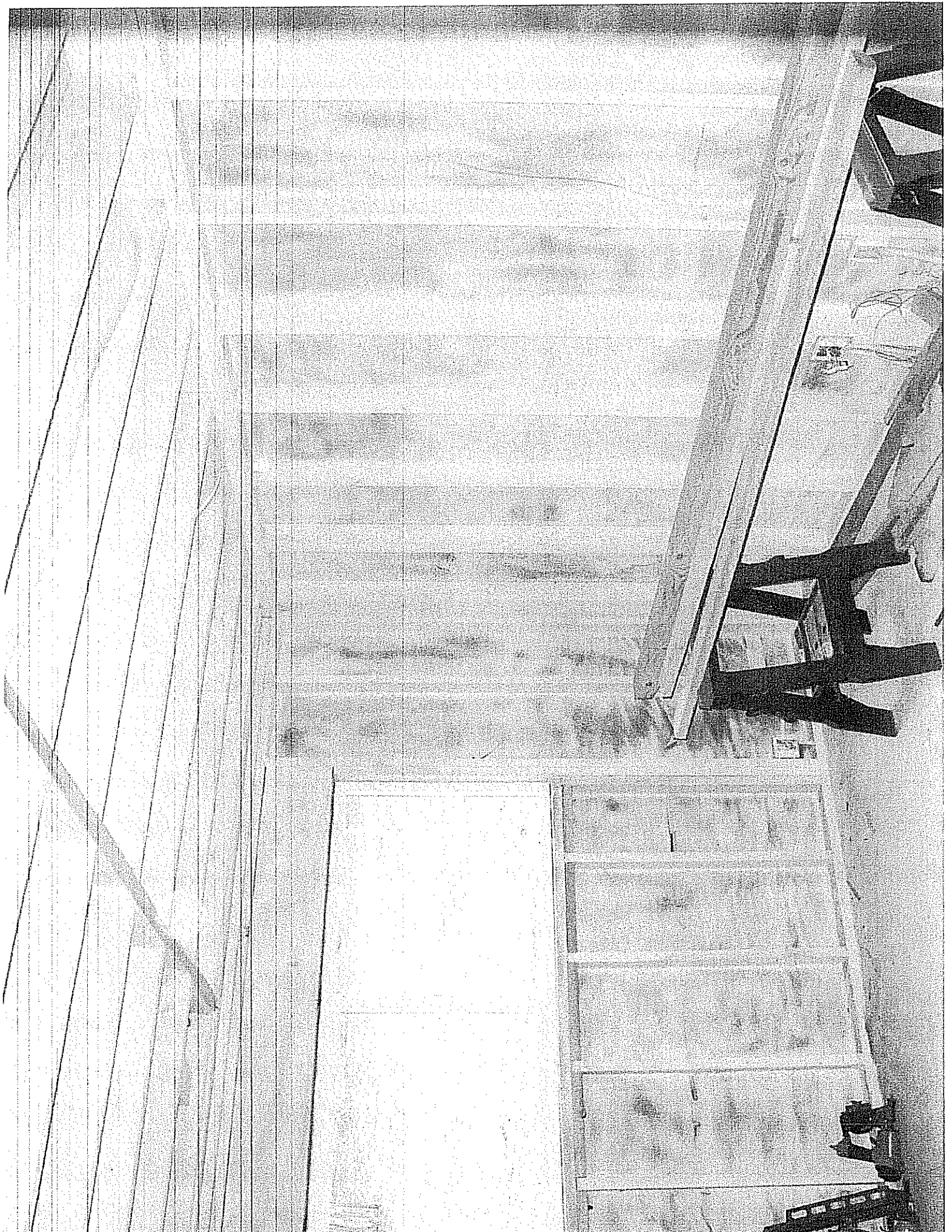
AQ SPECIALIST PHOTOS

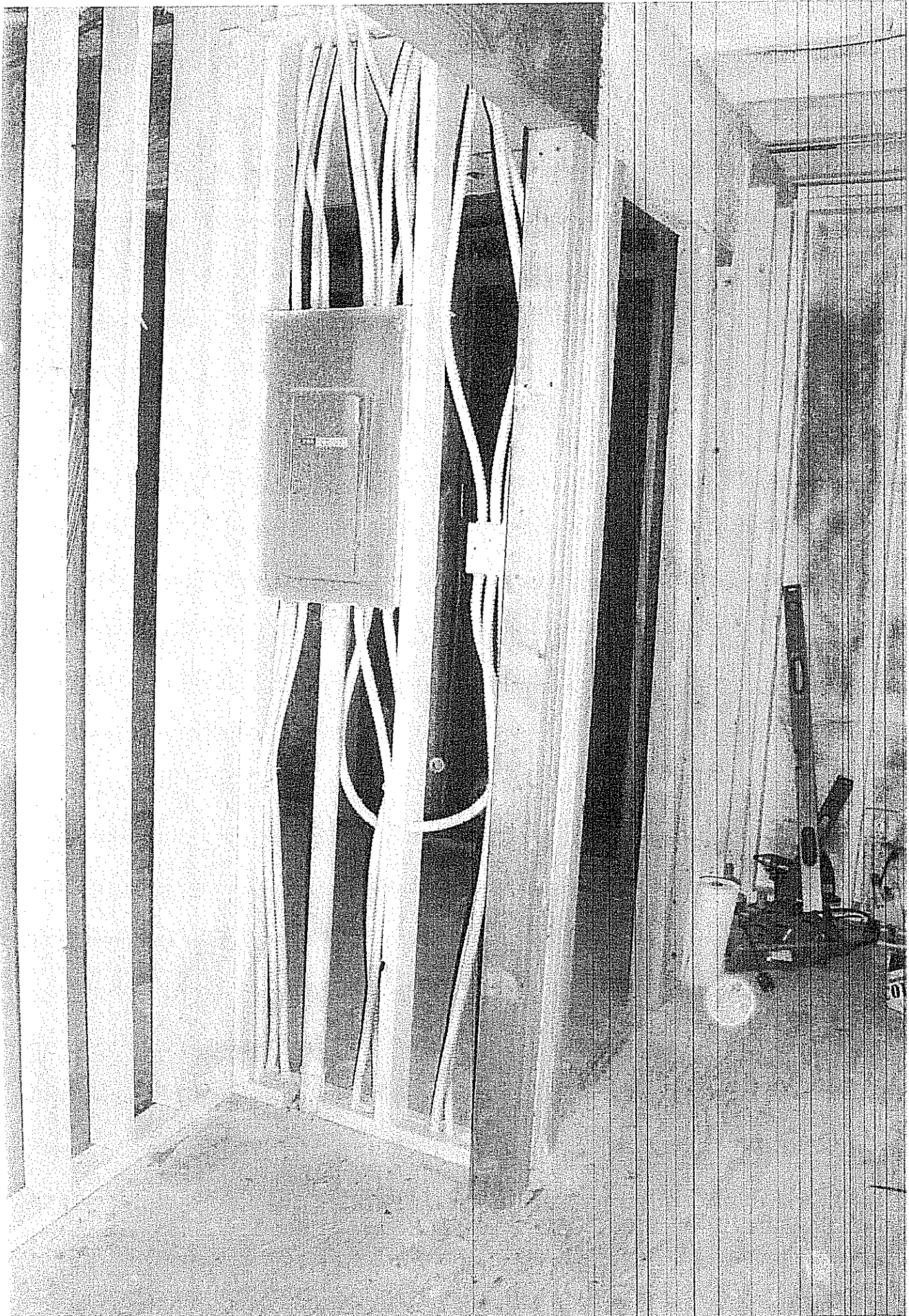


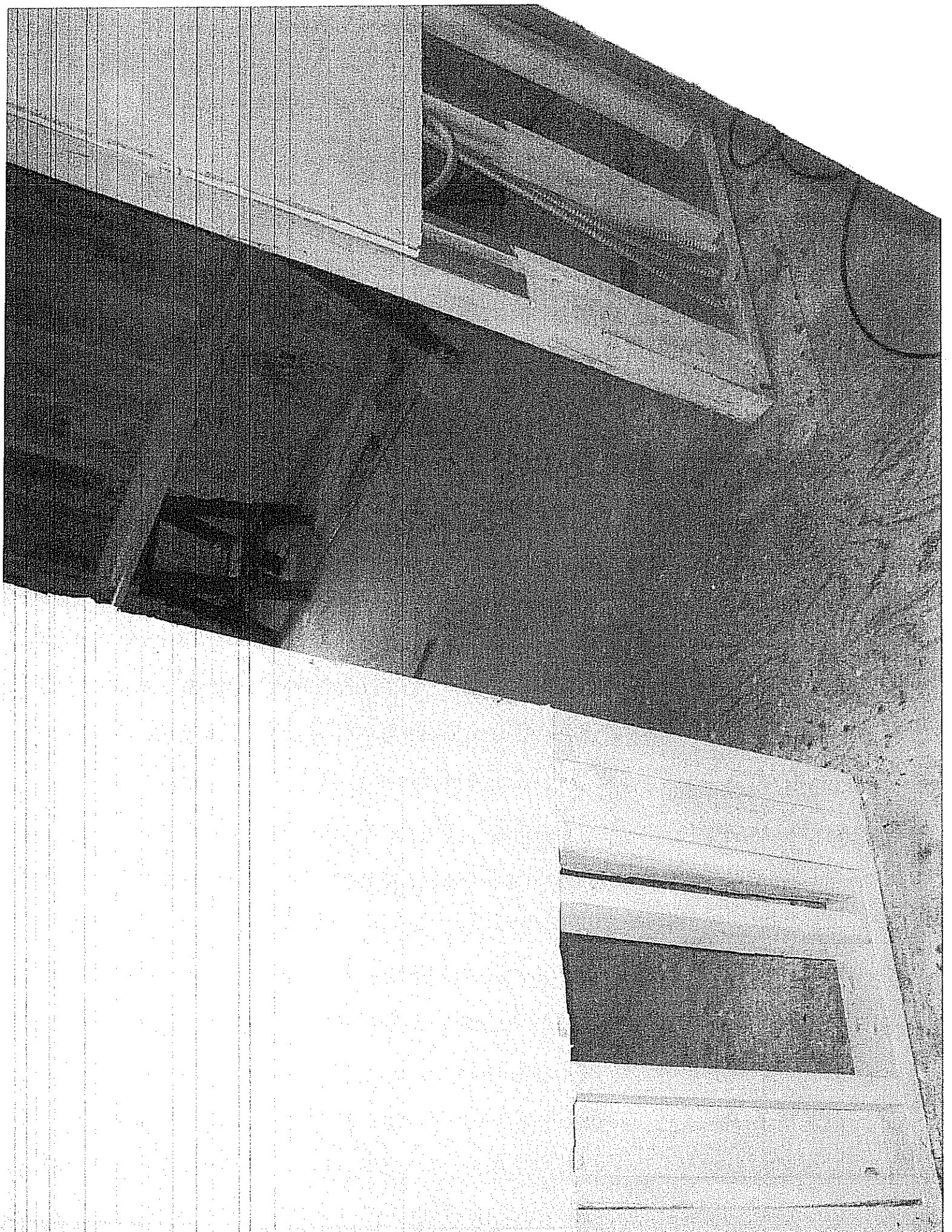


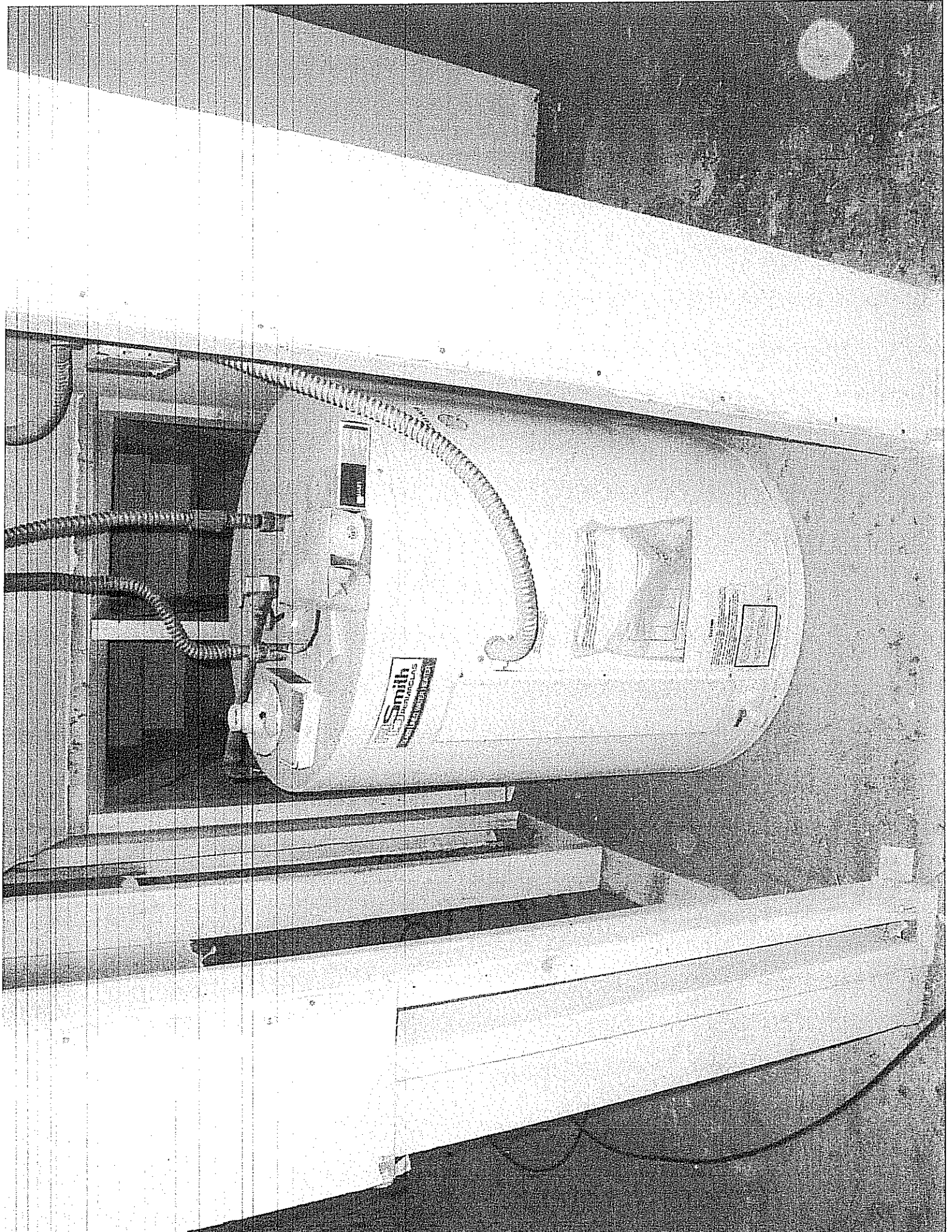












CONTACTS



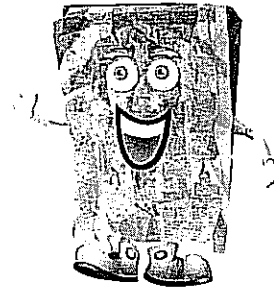
Washoe County
Department of Building & Safety



Don Ensminger
I.C.C. Certified Plans Examiner/Inspector

1001 East Ninth Street
P.O. Box 11130
Reno, Nevada 89520-0027

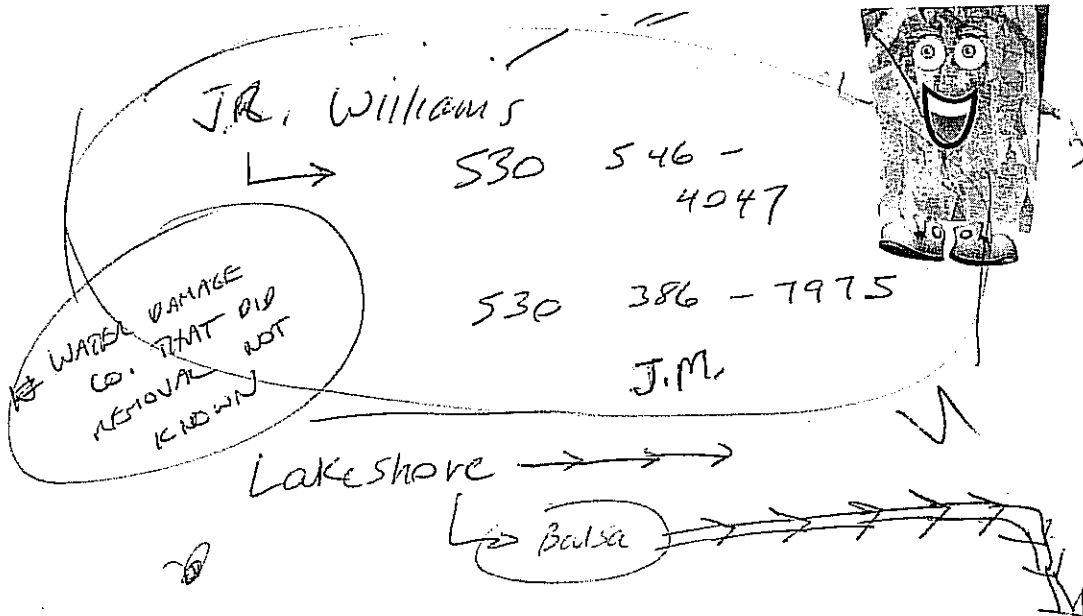
Phone (775) 328-2027
Fax (775) 325-8016
densminger@washoecounty.us
www.washoecounty.us



Mon
10

+

Washoe County District Health Department (775) 328-2434



Washoe County District Health Department (775) 328-2434

Pace & Associates

"Joe Pace" 775-745
Chad Pace
5000

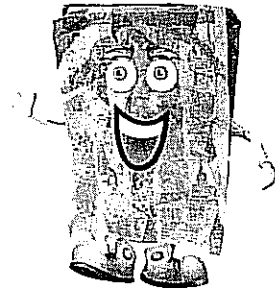
P.O. Box
5159 Reno, Nev.
89513

817 Wheeler Drive

- RECYCLE MAN -

Box A Building B
2375 Glenwell Dr.
Richardson, Texas

Miken Construction
4686 E. Ontario Mills
Ontario, Calif.





WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: March 22, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: First Centennial Title Company – Case 1072
Unappealed Citation No. 5008
Agenda Item: **7.A.1.b.**

Recommendation

Air Quality Management Division Staff recommends that Citation No. 5008 be upheld and a fine of \$500 be levied against First Centennial Title Company for closing escrow on a property at 2558 Betsy Street, Sparks, Nevada with wood stove inspection paperwork marked fail. The solid fuel burning device located in the residence should have been removed and proper paperwork indicating the removal of this device should have been filed with Air Quality Management Division before close of escrow. The Citation was issued for a violation of Section 040.051 D 3B2 and E 3C of the District Board of Health Regulations Governing Air Quality.

Recommended Fine: \$500.00

Background

On December 1, 2011, a woodstove inspection was completed at 2558 Betsy Street in Sparks, Nevada, by Terrance Callahan a certified woodstove inspector #302. Mr. Terrance verified that the woodstove did not qualify to remain in the home and marked failed on the residential woodstove inspection form. On December 6, 2011, the Air Quality Management office received the woodstove inspection form from Mr. Terrance marked failed. On December 7, 2011, the Air Quality Management office mailed a "Notice of Denial of Certification" letter to the seller Carmen Ramirez, Hope Lewis of Lois Craik of KRCH Realty, Randi Bennett of First Centennial Title Company and Mr. Terrance Callahan the woodstove inspector.

The Notice of Denial Certification clearly states and was highlighted in yellow: *"In the case of certification denial, a second inspection is necessary to determine compliance with Health District Regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed."*

March 22, 2012
DBOH/First Centennial Title Co/Case 1072
Page 2

On December 8, 2011, a Change of Ownership on the property at 2558 Betsy Street in Sparks, Nevada was filed at the Washoe County Assessors Office.

On January 4, 2012 a Notice of Exemption was filed with the Air Quality Management office noting NO SOLID FUEL BURNING DEVICE.

On January 24, 2012, AQ Specialist Wallace Prichard was sent to First Centennial Title Company located at 1440 Ridgeview Drive Suite 100 to issue Notice of Violation Citation No. 5008 for closing escrow on a property at 2558 Betsy Street, Sparks, Nevada, with wood stove inspection paperwork marked fail. The solid fuel burning device located in the residence should have been removed and proper paperwork indicating same should have been filed with Air Quality Management before close of escrow.

AQ Specialist Prichard spoke with Ms. Randi Bennett of First Centennial Title Company numerous times to discuss the procedures for either a settlement agreement or an appeal to the Air Pollution Control Hearing Board. Neither a settlement meeting was scheduled nor the appeal paperwork received. After five weeks with no contact from First Centennial Title Company, AQ Specialist Prichard issued NOV Citation No. 5008 for non removal of the uncertified solid fuel burning device located in the residence and not filing the proper paperwork indicating the removal of this device to the Air Quality Management Division before close of escrow.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5008.
2. The Board may determine to uphold Citation No. 5008 but levy any fine in the range of \$0 to \$500.

In the event the Board determines to change the proposed penalty, the matter should be continued so First Centennial Title Company may be properly noticed.



Kevin Dick
Air Quality Division Director

KD/DC:ma



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520
(775) 784-7200



NOTICE OF VIOLATION

NOV 5008

DATE ISSUED: 01/24/2012

ISSUED TO: First Centennial PHONE #: _____

MAILING ADDRESS: 1450 Ridgeview Dr #100 CITY/ST: Reno ZIP: 89519

NAME/OPERATOR: Randi Bennett PHONE #: 689-8510

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 01/24/2012 (DATE) AT 3:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

MAJOR VIOLATION OF SECTION:

040.030 __ DUST CONTROL

030.000 OPERATING W/O PERMIT

040.055 __ ODOR/NUISANCE

030.2175 VIOLATION OF PERMIT CONDITION

040.200 __ DIESEL IDLING

030.105 ASBESTOS/NESHAP

OTHER 040.051

OTHER _____

VIOLATION DESCRIPTION: Falsification of Information, Section D, Section E(3c) Notice of Exemption. Filed notice of Exemption without reinspection.

LOCATION OF VIOLATION: 375 Wellington Way, Reno, NV 89506

POINT OF OBSERVATION: County Recorder.

Weather: N/A Wind Direction From: N E S W

Emissions Observed: _____
(If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on _____ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within _____ hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 1/24/12

Issued by: Wallace Richard Title: Air Quality Specialist II

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0017**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: WOODSTV

Date Received: 01/25/2012

Time: 3:00:00 PM

Inspector: WPRICHARD

Inspector Area: 5

Complaint Description: NOV CITATION 5008 - CASE 1072 - 375 WELLINGTON WAY RENO - FALSELY FILED NOTICE OF EXEMPTION; WOOD STOVE FAILE

Address: 1450 RIDGEVIEW DR RENO

Location: Unit #100

Parcel Number: 04222229

Related Permit Number:

Complainant:

AIR QUALITY INSPECTOR
WALLY PRICHARD
AIR QUALITY SUPERVISOR 11
1001 E. 9TH ST. BLDG. A, RM# 1 89520
784-7212

Responsible Party:

FIRST CENTENNIAL TITLE COMPANY
RANDI BENNETT
1450 RIDGEVIEW DRIVE #100
RENO NV 89519
689-8510

Investigation:

WOOD STOVE FAILED COMPLIANCE INSPECTION REQUIRING SECOND INSPECTION VERIFYING REMOVAL OF UNCERTIFIED DEVICE, REGULATION 040.051. DENIAL LETTER MAILED TO ALL INVOLVED PARTIES NOTING NOTICE OF EXEMPTION FORM WAS NOT TO BE FILED. NOTICE OF EXEMPTION WAS FILED FALSELY AND INSPECTION TO VERIFY REMOVAL OF UNCERTIFIED DEVICE WAS NOT COMPLETED.

Falsification of information, section D3 and section E3c Notice of Exemption.

Sequence of Events regarding 375 Wellington Way Reno:

October 4, 2011

Wood stove inspection completed at residence.

Wood Stove Inspector Keith Pollman,

Inspector #296 failed device for noncompliance. Inspection form states a second inspection is necessary if FAIL is checked.

October 7, 2011

Residential Wood Stove Inspection form

received in the Air Quality office marked as

a failed inspection.

October 7, 2011

Notice of Denial of Certification mailed to all

involved parties;

Seller - Laura Chavez-De-Plascencia ET AL

Hope Lewis - Remax Carter Geer & Associates

Randi Bennett - First Centennial Title Company

Wood Stove Inspector - Keith Pollman #296

NOTICE OF DENIAL CERTIFICATION clearly states and is highlighted in yellow "In the case of certification denial, a second inspection is necessary to determine compliance with Health Department regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed!

In January 2012, Cross referencing Failed Inspection with Washoe County Assessors records the following information was found:

October 27, 2011

Change of Ownership recorded

December 16, 2011

Notice of Exemption filed with the Air Quality

office noting NO SOLID FUEL

BURNING DEVICE

Documents turned over to Dennis Cerfoglio, Air Quality Lead Inspector. Notice of Violation issued on January 24, 2012, by Wallace Prichard, Air Quality Specialist II

Enforcement Activities

Warning Citation..:

Citation Number: 0

NOV.....: 01/24/2012

NOV Number....: 5008

Case Number.....: 1072

Settlement.....:

Amount.....: \$0.00

Appealed.....:

Upheld.....:

Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON

Completed Date...:

Date Assigned.....: 01/25/2012

Completed By.....:

VIOLATION: Minor Violation of Section 040.051 Section D. (3) b.(2),
And Section E, (3) c.
Residential Property Notice of Exemption & Falsification of
Information
Citation Notice of Violation #5008
Case # 1072

ISSUED TO: First Centennial Title Company
1440 Ridgeview Drive, Suite #100
Reno, Nevada 89519
PH: (775) 689-8510

OPERATOR: Randi Bennett
Escrow Officer
1440 Ridgeview Drive, Suite #100
Reno, Nevada 89519
PH: (775) 689-8510

On January 24, 2012, Inspector Wallace Prichard was notified by Christina Burton, Plans/Permits/Application Aid for Air Quality that she had noticed a wood stove violation of the Air Quality Regulations during the routine records check with the County Assessors Office. She requested that Air Quality Specialist Prichard write and serve a Citation Notice of Violation to First Centennial Title Company for filing a Notice of Exemption.

The property was owned by Carmen Ramirez 2558 Betsy Street, Sparks, Nevada 89431.

The first wood stove inspection was conducted by inspector Terrance Callahan #302. He verified that the stove did not qualify to remain in the home and marked failed on the first residential wood stove inspection form.

This is the sequence of events regarding 2558 Betsy Street, Sparks, Nevada 89431:

December 1, 2011 Wood stove inspection completed at residence. Wood Stove Inspector Terrance Callahan, Inspector #302 failed device for noncompliance. Inspection form states a second inspection is necessary if **FAIL** is checked.

December 6, 2011 Residential Wood Stove Inspection form received in the Air Quality office marked as a failed inspection.

December 7, 2011 Notice of Denial of Certification mailed to all involved parties;
Seller – Carmen Remairez
Hope Lewis –Lois Craik KRCH Realty
Randi Bennett - First Centennial Title Company
Wood Stove Inspector – Terrance Callahan #302

NOTICE OF DENIAL CERTIFICATION clearly states and was highlighted in yellow "In the case of certification denial, a second inspection is necessary to determine compliance with Health District regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed!

In January 2012, Cross referencing Failed Inspection with Washoe County Assessors records and the following information was found:

December 8, 2011 Change of Ownership recorded at the Washoe County Assessors Office.

January 4, 2012 Notice of Exemption filed with the Air Quality office noting **NO SOLID FUEL BURNING DEVICE**

On January 24, 2012 at 1500 hours, Specialist Prichard issued a Notice of Violation #5008.

Air Quality Specialist 3 Dennis Cerfoglio was notified on January 25, 2012 at 0730 hours that Specialist Prichard had issued a Notice of Violation to First Centennial Title Company



Wallace Prichard
Air Quality Specialist II
Air Quality Management Division
Washoe County Health District

RECOMMENDED FINE WORKSHEET

DATE: 1-24-2012

CASE NO.: 1072

NOV NO.: 5008

COMPANY NAME: First Centennial Title Company

CONTACT NAME: Randi Bennett, Escrow Officer

VIOLATION OF SECTION(S): 040.051

(MAJOR/ MINOR)

X 1ST VIOLATION

 2ND VIOLATION

 3RD VIOLATION

NO HAZARDOUS AIR POLLUTANT YES / NO

PM TYPE OF AIR CONTAMINANT
(CO, NOX, SOX, PM, VOC'S)

NO LEGALLY PERMITTED SOURCE YES / NO

YES PUBLIC HEALTH EXPOSURE YES / NO

N/A NUMBER OF DAYS IN VIOLATION YES / NO

NO PUBLIC COMPLAINTS YES / NO

1. **DEGREE OF VIOLATION:** MINOR MODERATE MAJOR
(The degree to which the person/company has deviated from the regulatory requirements)

Did not follow woodstove regulations of properly removing a failed illegal, uncertified stove solid fuel burning device prior to close of escrow, and sold the residence with the failed unit still in place.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR
ESTIMATED COST \$ 50 - 250

(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

Cost for removal of the illegal, uncertified stove plus woodstove inspector re-inspection fees.

3. **DEGREE OF COOPERATION:** MINOR MODERATE MAJOR
(The person/company's efforts to immediately cease the violation and come into compliance)

There was absolutely no cooperation from any representative of First Centennial Title Company despite repeated contacts by Air Quality staff in order to try to settle this case satisfactorily.

4. **ADDITIONAL COMMENTS:**

AQ Specialist Wally Prichard made contact with Randi Bennett, Escrow Officer for First Centennial Title Company and/or her assistant on three separate occasions to try to set up a time for a settlement meeting. There was no response from anyone at the Title Company.

RECOMMENDED FINE: \$500

AQ SPECIALIST'S SIGNATURE

RESIDENTIAL WOODSTOVE INSPECTION

NOTICE OF EXEMPTION

NOTICE OF DENIAL OF CERTIFICATION

WASHOE COUNTY



HEALTH DISTRICT

RESIDENTIAL WOOD STOVE INSPECTION

Note: It is unlawful to complete any escrow transaction unless all wood stove appliances in the residential property have been certified as being in compliance with wood stove emission standards.

AIR QUALITY MGMT.

DEC 08 2011

WASHOE COUNTY HEALTH DISTRICT

NO. 10270

(PLEASE PRINT CLEARLY)

Date 12-01-11

PASS

FAIL

In order for escrow to close "PASS" must be checked. If "FAIL" is checked, a second inspection is necessary.

Seller Armen Ramirez Ramirez Phone N/A

INSPECTION LOCATION 2538 Betsy St Sparks Nev 89434

APN # 026 - 370 - 43 Escrow # 187594 RRI

Mailing Address 337 Pyramid Wy Sparks Nev 89434

Real Estate Agent Lois Craik Phone 846-4720

Agency Name Kreat Realty

Address 337 Pyramid Wy Sparks Nev 89434

Title Company First Centennial Phone 688-8570

Address 1450 Ridgeway Dr Suite 100 Reno, Nev 89519

Forward To: Escrow Agent: Randi Bennett or Present owner: _____

DO NOT ABBREVIATE THIS SECTION

Manufacturer/Model-Design	HD Ref. #	Location	Certified	Uncertified	Exempt
1. <u>Rayway F/S (NO model plate)</u>	<u>---</u>	<u>F.R.M.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: 50th Fee

Signature of Inspector [Signature] 813-1924 Inspector # 302

The above signed hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120 that the above information is true and correct of my own knowledge.

HEALTH DISTRICT USE ONLY

Verification Date _____ Exemption Approved: Denied:

Comments: _____

Verified by _____

P.O. BOX 11130 RENO, NV 89520-0027 (775) 784-7200

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NOTICE OF EXEMPTION

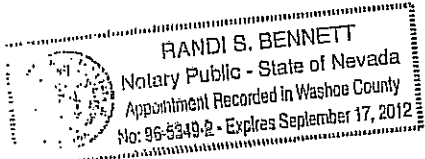

FOR VALIDATION RETURN TWO COPIES WITH THE \$13.00 FILING FEE TO:
 AIR QUALITY MANAGEMENT DIVISION, 401 RYLAND STREET, STE. 331
 RENO, NV 89502-1643 - (775) 784-7200

The undersigned affirm there is no wood stove, pellet stove, or fireplace insert on the property at:

2558 Betsy Street	Sparks, NV 89431		
Property Address	City	State	Zip Code
026-370-43	First Centennial Title Company of Nevada		00187594
APN	Title Company or Mobile Home Dealer		Escrow Number

RESIDENCE CONTAINS (PLEASE MARK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> MANUFACTURED GAS UNIT or GAS RETROFIT
<input type="checkbox"/> FIREPLACE ONLY: doors are not gasketed to make device airtight | <input checked="" type="checkbox"/> NO SOLID FUEL BURNING DEVICE
<input checked="" type="checkbox"/> UNCERTIFIED WOODSTOVE REMOVED FROM PROPERTY PRIOR TO SALE. (Not previously inspected.) |
|---|--|

SELLER	BUYER
<p><u>Carmen Marie Ramirez</u> Print Name</p> <p><i>[Signature]</i> 12/6/11 Seller Signature Date</p> <p><i>[Signature]</i> 12.6.11 Notary Signature Date</p>	<p><u>Clifford Heinzer</u> Print Name</p> <p><i>[Signature]</i> 04 DEC 11 Buyer Signature Date</p> <p><i>[Signature]</i> 12/4/2011 Notary Signature Date</p> <p>HECTOR HENAO CONS. ASSOCIATE</p>
<p>SEAL: </p>	<p>SEAL: </p>

This form is located on our website at www.washoecounty.gov/airquality

<p>New owner agrees to allow District Health Dept. access to property to perform verification inspection for a period not to exceed 30 days from date of close of escrow. The above signed hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120 that the provided information is true and correct of their own knowledge. Perjury is a felony, subject to up to 10 years in prison and a \$10,000 fine.</p>	<p>To be stamped by Air Quality Management for Validation</p> <p style="font-size: 2em; color: green;">✓</p>
---	--

AIR QUALITY MGMT.

JAN 04 2012

WASHOE COUNTY HEALTH DIST.

Escrow filed 12/8/2011



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

NOTICE OF DENIAL OF CERTIFICATION

To Whom It May Concern:

This letter serves as notice that, pursuant to Section 040.0512 of the Washoe County District Board of Health Regulations Governing Air Quality, the residential property at the address listed below is denied Residential Wood Stove Certification based on information determined during a recent inspection.

The owner of said property has the option to remove or replace the uncertified appliance(s) the inspector noted in the residence. If the appliance is unverifiable, then the owner (or his agent) must produce acceptable proof that the appliance is certified.

In the case of certification denial, a second inspection is necessary to determine compliance with Health Department regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed!

PROPERTY INFORMATION

Inspection #: 10270 Inspector: TERRANCE CALLAHAN ESCROW #: 87594RB1

Owner: CARMEN M. RAMIREZ

Address: 2558 BETSY STREET SPARKS NV 89434

Title Company: FIRST CENTENNIAL - RIDGEVIEW BRANCH - RANDI BENNETT

Real Estate Agent: LOIS CRAIK - KRCH REALTY - PYRAMID WAY SPARKS NV

CAUSE FOR DENIAL:

XXX Appliance Uncertified
 Unable to Verify Appliance
 Insufficient Information on Inspection Form

12/01/11 Inspection Date
12/06/11 Received by Washoe County Air Quality Management Division
12/07/11 Denial Notification Mailed

CB/00 P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

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Printed on Recycled Paper

DISTRICT BOARD OF HEALTH REGULATIONS
GOVERNING AIR QUALITY

SECTION 040.051

- D. At the time of issuance or renewal of a Permit to Operate, the Control Officer may impose, in writing, such further conditions on operation as are necessary to meet the purpose of these regulations as set forth in Subsection A of Section 020.0051 hereof.
- E. A Permit to Operate for a fire training facility expires on the anniversary of the date of its issuance and may be renewed by the Control Officer.
- F. Violation of any condition specified or imposed pursuant to Subsections C or D of this section constitutes a major violation and the permittee shall be subject to the penalties specified therefore in Section 020.040 of these regulations.

040.045 REFUSE BURNING (Regulation text deleted in its entirety by DBOH 9/23/92)

040.046 INCINERATOR BURNING

The incinerator must incorporate a multiple chambered design or be of such design that the Control Officer declared it to be of equal efficiency.

- A. Multiple chambered consists of three (3) or more refractory walls, interconnected by gas passage ports or ducts and employing adequate design parameters necessary for maximum combustion of the material to be burned. In addition, there shall be approved auxiliary burners in the primary and secondary combustion chambers, and an approved flue gas washer on all new installations providing the nearest property line is within 100 feet of the incinerator.
- B. Multiple chambered pathological incinerator is any multiple chambered incinerator used to dispose of pathological wastes, wet garbage, or other high moisture content materials and must incorporate solid hearth construction, with drying shelves for wet wastes and auxiliary heating units to insure temperatures of 1400 degrees F to 1800 degrees F, for not less than 0.3 seconds.

Before constructing or operating any incinerator an Authorization to Build and a Permit to Operate must be obtained from the Control Officer. (See Section 030).

040.050 INCINERATOR EMISSIONS

No person shall cause, suffer, allow or permit the discharge into the atmosphere from any multiple chambered incinerator, or approved incinerator, any visible air contaminants for a period or period aggregating more than one (1) minute in any one (1) hour which is:

- A. As dark or darker in shade than that designated as No. 1 on the Ringelmann Chart; or
- B. Of an opacity to or greater than an air contaminant designated as No. 1 on the Ringelmann Chart.

040.051 WOOD STOVE/FIREPLACE INSERT EMISSIONS

(Amended 9/23/98; Revised 6/19/02, Effective 1/1/03; Revised 2/23/06)

SECTION A – GENERAL

1. **PURPOSE:** To limit particulate matter emissions and other pollutants discharged into the ambient air from solid fuel burning devices by:
 - a. Setting emission standards and certifying devices;
 - b. Requiring removal of devices that are not certified;
 - c. Restricting materials that can be burned; and
 - d. Limiting the number devices that are not deemed low emitting.

2. **APPLICABILITY:** The provisions of this regulation apply to any:
 - a. Person that advertises, except when restrictions are noted, sells, offers to sell, or installs any wood stove within the Health District;
 - b. Person that completes, or allows the completion of any:
 - (1) escrow transaction; and/or
 - (2) title change on a residential property.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definitions shall apply.

1. Antique wood stove. Means a wood stove built before 1940 that has an ornate construction and a current market value substantially higher than a common wood stove manufactured in the same time period.

2. Certified. Means a solid fuel burning device has been certified in accordance with current standards adopted by the U.S. EPA, the State of Oregon, the State of Colorado and/or appears on the Washoe County District Health Department Official List of Certified Wood Stoves; Ref. 40 CFR, Part 60; Oregon Administrative Rules, Chapter 340, Division 21; Colorado Revised Statute, Regulation No. 4. (As noted also in Section 010.0255).

3. Certificate of Compliance. A permit issued for a specific location by the Control Officer for a solid fuel burning device deeming the device certified in accordance with this regulation.

4. Cook Stove. Means a wood stove installed in the kitchen, which is primarily designed for cooking and has a stovetop and an oven. It may also be equipped with gas burners. This wood stove is exempt from the emission standards and requirements of Section 040.051. (As noted also in Section 010.045).

5. Development. Is a group of multifamily dwelling structures built on a parcel of land with common amenities. Examples of a development include but are not limited to: condominiums, apartments, and townhouses. (Adopted 5/23/90). (As noted also in Section 010.047).
6. Fireplace. Means an open hearth or fire chamber or similarly prepared place in which a fire may be made and which is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. Wood-burning devices initially classified, as a wood heater (Section 010.200) may not be modified to meet the fireplace definition. (Amended 11/16/94). (As noted also in Section 010.063).
7. Garbage. Means putrescible animal or vegetable waste. (As noted also in Section 010.072).
8. Low emitting. Devices that are considered low emitting include but are not limited to:
 - a. All propane or natural gas-fired devices;
 - b. Pellet stoves;
 - c. Specific models of wood stoves or other solid fuel burning devices that meet a certified emission rate of 1 gram/hour or less of particulate matter; and
 - d. Masonry Heaters that are certified by Colorado Revised Statute, Regulation 4.
9. Notice of Exemption (NOE). A form approved by the Control Officer, containing the notarized signatures of both the buyer and seller, attesting to the fact that the previously occupied residential property:
 - a. Does not have any Solid Fuel Burning Device;
 - b. Has a fireplace only that does not have doors that are gasketed to make the device airtight; or
 - c. Had an uncertified wood stove removed from the residential property prior to sale.
10. Pellet Stove. Means a solid fuel burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed which supplies appropriately sized feed material or compressed pellets of wood, or other biomass material to the firebox. (Revised 2/23/06) (As noted also in Section 010.117).
11. Removed or Removal. Means a solid fuel burning device is physically taken off the real property. Furthermore, the device must not be stored at any other location on the real property or elsewhere within the Health District without the approval of the Control Officer.

12. Residential Property. Means any structure used as a dwelling including mobile, manufactured, single and multifamily homes and/or land with outbuildings including but not limited to barns, sheds, and garages.
13. Seasoned Wood. Means firewood with a moisture content not exceeding 20%.
14. Smoke. Means small gas-borne particles resulting from incomplete combustion, consisting predominantly of carbon, ash, and other combustible material present in sufficient quantity to be observable or, as a suspension in gas of solid particles in sufficient quantity to be observable. (As noted also in Section 010.136).
15. Solid Fuel Burning Device (device). Means a device that burns wood, or any other nongaseous or non-liquid fuels, and includes any device burning any solid fuel used for aesthetic or space-heating purposes including but not limited to a fireplace, wood stove, or pellet stove.
16. Stack or Chimney. Means any flue, conduit, or duct arranged to conduct any smoke, air contaminant or emission to the atmosphere. (As noted also in Section 010.140).
17. Treated Wood. Means wood of any species that has been chemically impregnated, painted, or similarly modified.
18. Uncertified. Means a wood stove that cannot be verified as meeting the certified standards and/or does not appear on the Washoe County District Health Department Official List of Certified/Exempt Wood Stoves. (As noted also in Section 010.145).
19. Waste Petroleum Products. Means hydrocarbon based or contaminated materials.
20. Wood Heater. Means an enclosed wood burning appliance capable of, and intended for space heating, domestic water heating or indoor cooking and has an air-to-fuel ratio of less than 35 to 1 in the low burn cycle. It also must have a usable firebox volume less than twenty (20) cubic feet, weigh less than 800 kilograms and have a minimum burn rate less than five (5) kilograms per hour. Appliances that are described as prefabricated fireplaces and are designed to accommodate doors or other accessories that would create the air starved operating conditions of a wood heater, must meet the emission standards if they meet the criteria in the above definition with those accessories in place. (As noted also in Section 010.200).
21. Wood Stove. For purposes of this regulation may be a:
 - a. wood heater;
 - b. pellet stove;
 - c. prefabricated zero clearance fireplace or a fireplace heat form with doors or other accessories which cause the fireplace to function as a wood heater; or

- d. wood heater inserted in a fireplace.

Wood stoves do not include open masonry fireplaces, barbecue devices, portable firepits, gas-fired fireplaces or cook stoves. (Revised 9/23/98) (As noted also in Section 010.205).

SECTION C – STANDARDS

1. **PARTICULATE MATTER EMISSION STANDARD:** The particulate matter emission standard is 7.5 grams or less of particulate matter per hour for a non-catalytic appliance or 4.1 grams or less of particulate matter per hour for a catalytic appliance. If the U.S. Environmental Protection Agency adopts a wood stove/fireplace emission standard, which is more stringent, that emission standard supersedes the standard in this section and becomes effective on the date that the U.S. Environmental Protection Agency standard becomes effective.
2. **CERTIFICATION:** A wood stove shall be considered certified for purposes of these regulations as defined in 040.051.B.2.
3. **EXISTING DEVICES:**
 - a. Upon the transfer or conveyance of any residential property, currently installed or existing wood stove(s) that are uncertified must be removed or replaced with certified or low emitting device(s), prior to the completion of any:
 - (1) escrow transaction; and/or
 - (2) title change on a residential property.

Rendering a device inoperable is not acceptable in lieu of removal.
 - b. The Control Officer on a case-by-case basis may approve an exemption from Section 040.051.C.3.a for an Antique wood stove. Persons requesting the exemption must provide proof of antiquity.
 - c. **RENOVATION/REMODEL:** If a residential property is undergoing a renovation/remodel, and not changing ownership, the existing wood stove(s) may be moved and re-installed, or the same type of fireplace(s) may be re-built. New or additional solid fuel burning devices are prohibited in accordance with the limitations set forth in 040.051.C.7 of this regulation.
4. **VISIBLE EMISSIONS:** No person may permit emissions from the stack or chimney of a solid fuel burning device to exceed an opacity greater than that shade designated as No. 2 on the Ringelmann Chart for a period or periods aggregating more than three (3) minutes in any one hour period. Emissions created during a fifteen (15) minute start-up period are exempt.

5. PROHIBITED FUELS: A person shall not cause or allow any of the following materials to be burned in a solid fuel burning device:
 - a. asphaltic products;
 - b. books and magazines;
 - c. garbage;
 - d. paints;
 - e. colored/wrapping paper;
 - f. plastic;
 - g. rubber products;
 - h. treated wood;
 - i. waste petroleum products;
 - j. fuel wood that is not seasoned;
 - k. coal; or
 - l. any other material not intended by a manufacturer for use as a fuel in a solid fuel burning device

6. CONDITIONS FOR SELLING WOOD: A person selling wood for use in a solid fuel burning device shall comply with the following:
 - a. Seasoned wood (wood with a moisture content of 20 percent or less) may be sold for immediate use in a wood burning device.
 - b. Wood with a moisture content of greater than 20 percent may be sold with a disclosure of the excessive moisture content and a recommended seasoning period to obtain a moisture content of 20 percent or less.

7. LIMITATION ON NUMBER OF SOLID FUEL BURNING DEVICES:
 - a. New Installations: The number of certified wood stoves or fireplaces installed on any property for which a building or set-up permit is issued shall not exceed one per acre.
 - b. Existing Property: In dwelling units or commercial/public facilities existing on the effective date of this regulation, installation of additional solid fuel burning devices is prohibited.
 - c. The above limitations do not apply to devices that are defined as low emitting (Section B.8. of this regulation).

SECTION D – ADMINISTRATIVE REQUIREMENTS

1. No local government authority within the Health District may issue a building permit to any person to install an uncertified, or U.S. EPA exempt wood stove.
2. WOOD STOVE INSPECTORS: A person may be approved by the Control Officer to inspect and certify that wood stoves are currently, or have been in the past, certified per Section 040.051.

- a. To obtain approval, an application must be submitted to the Control Officer. Approval will be issued upon satisfactory completion of all requirements set forth by the Control Officer and payment of the fee established by the Board of Health. Annual approval may be renewed upon meeting all the requirements of the Control Officer and payment of the renewal fee.
 - b. An approved inspector shall report the result of each inspection on a form provided by the Control Officer after the fee established by the Board of Health is paid. The approved inspector must indicate:
 - (1) Whether the residential property contains any solid fuel burning device;
 - (2) The number of wood stoves which are certified;
 - (3) The number of wood stoves which are not certified.
3. EXISTING WOOD STOVES AND CHANGE OF OWNERSHIP: In order to complete any escrow transaction, and/or title change on any residential property, the current property owner must obtain either a Certificate of Compliance or a Notice of Exemption:
- a. The Control Officer shall issue a Certificate of Compliance if:
 - (1) An inspection report from an approved Wood Stove Inspector is submitted that demonstrates the residential property contains allowable wood burning devices.
 - i. If the report indicates that a wood stove is uncertified, the wood stove must be removed from the residential property and re-inspection by an approved inspector is required.
 - (2) The Control Officer shall issue a Certificate of Compliance not later than seven (7) working days after receipt of a completed inspection report from an approved Wood Stove Inspector.
 - i. If the Control Officer fails to act within the seven (7) working day period, any escrow transaction and/or title change that requires a Certificate of Compliance may be completed in lieu of issuance of said Certificate.
 - b. A Notice of Emption shall be submitted to the Control Office within ten (10) working days of the close of escrow and/or title change, if:
 - (1) The residential property does not contain a wood stove.

- (2) The residential property contains any solid fuel burning device that is to be removed before the close of escrow and/or title change, then the Notice of Exemption can not be submitted until the solid fuel burning device is removed from the property.

The buyer and seller of any residential property shall observe any disclosure statements supplied by the real estate agents relating to the requirement under this regulation for the inspection of any wood stove.

SECTION E -- COMPLIANCE AND RECORDS

1. DEALERS AFFIDAVIT OF SALE

- a. A person who sells a wood stove within the Health District must report the sale to the Control Officer within thirty (30) days from the date of sale on the form provided by the Control Officer.
- b. The form shall be provided by the Control Officer after the person pays the fee established by the Board of Health for that form.
- c. Any person who fails to notify the Control Officer of the sale is subject to the penalties set forth in Section 020.040.

2. CERTIFICATE OF COMPLIANCE: A Certificate of Compliance issued pursuant to this section:

- a. Remains valid until the residential property is transferred or conveyed to a new owner or nine (9) months, whichever comes sooner.
- b. Does not constitute a warranty or guarantee by the approved inspector or the Control Officer that the wood stove meets any other standards of operation, efficiency or safety, except the emission standards contained in these regulations.

3. FALSIFICATION OF INFORMATION: Any person who falsifies any information associated with a:

- a. Wood Stove Inspection;
- b. Certificate of Compliance;
- c. Notice of Exemption; or
- d. Dealer's Affidavit of Sale

is subject to the penalties set forth in Section 020.040, and may be subjected to the applicable penalties prescribed by law for perjury. The revocation of the Control Officer's approval to conduct wood stove inspections or revocation of a Certificate of Compliance may also be a result.

4. VIOLATION OF VISIBLE EMISSIONS OR PROHIBITED FUELS STANDARDS: A person who violates Sections C.4, C.5 or C.6 of this regulation shall be issued a warning for the first violation, and shall be provided information on proper wood burning techniques. Subsequent violations would be subject to the penalties set forth in Section 020.040.
5. CURTAILMENT OF BURNING DURING POLLUTION ALERTS: If the concentrations of an air containment reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.005, operation of any Solid Fuel Burning Device shall be suspended in accordance with the requirements of Section 050.015.A.5.

040.0512 EXISTING WOOD STOVE/FIREPLACE INSERT - REPLACEMENT
(Amended 11/18/92, 11/16/94, 9/23/98; Text deleted in its entirety by DBOH 6/19/02)

040.0514 LIMITATION ON NUMBER OF SOLID FUEL BURNING DEVICES (Adopted 5/23/90, Amended
11/16/94, 9/23/98; Text deleted in its entirety by DBOH 6/19/02)

040.052 OUTDOOR WOOD-FIRED BOILERS (Adopted 11/16/06)

SECTION A – GENERAL

1. PURPOSE: To limit particulate matter emission and other pollutants discharged into the ambient air from outdoor wood-fired boilers by prohibiting the installation of any outdoor wood-fired boiler(s).
2. APPLICABILITY: The provisions of this regulation shall apply to any person seeking to install an outdoor wood-fired boiler within the Health District.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definition shall apply.

1. Outdoor Wood-Fired Boiler. Means a fuel burning device designed: (1) to burn primarily wood; (2) not to be located inside structures ordinarily occupied by humans, and, (3) to heat spaces or water by the distribution through pipes of a fluid, typically water, heated in the device.

SECTION C – STANDARDS

1. All outdoor wood-fired boilers are prohibited from installation in the Health District.

SECTION D – ADMINISTRATIVE REQUIREMENTS

1. No local government authority within the Health District shall issue a building permit to any person to install an outdoor wood-fired boiler.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: March 22, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: First Centennial Title Company – Case No. 1073
Unappealed Citation No. 5009
Agenda Item: **7.A.1.c.**

Recommendation

Air Quality Management Division Staff recommends that Citation No. 5009 be upheld and a fine of \$500 be levied against First Centennial Title Company for closing escrow on a property at 375 Wellington Way, Reno, Nevada with a wood stove inspection paperwork marked fail. The solid fuel burning device located in the residence should have been removed and proper paperwork indicating same should have been filed with Air Quality Management before close of escrow. The Citation was issued for violation of Section 040.051 D 3B2 and E 3C of the District Board of Health Regulations Governing Air Quality Management.

Recommended Fine: \$500.00

Background

On October 4, 2011, a woodstove inspection was completed at 375 Wellington Way in Reno, Nevada by Keith Pollman, certified woodstove inspector #296. Mr. Pollman verified that the woodstove did not qualify to remain in the home and marked failed on the residential woodstove inspection form. On October 7, 2011, the Air Quality Management office received the inspection form from Mr. Pollman marked failed. On October 7, 2011, the Air Quality Management office mailed a notice of denial of certification to the seller, Laura Chavez-DePlascencia, Hope Lewis of Remax Carer Greer and Associates, Randi Bennett of First Centennial Title Company and Mr. Pollman the woodstove inspector.

The Notice of Denial Certification clearly states and was highlighted in yellow *"In the case of certification denial, a second inspection is necessary to determine compliance with Health District Regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed."*

On October 27, 2011, a Change of Ownership on the property at 375 Wellington Way in Reno, Nevada was filed at the Washoe County Assessors Office. On December 16, 2011, a Notice of Exemption was filed with the Air Quality Management office noting NO SOLID FUEL BURNING DEVICE.

March 22, 2012
DBOH/First Centennial Title Co/Case 1073
Page 2

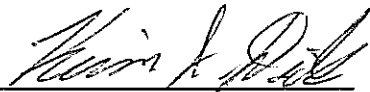
On January 24, 2012 AQ Specialist Wallace Prichard was sent to First Centennial Title Company located at 1440 Ridgeview Drive Suite 100 to issue Notice of Violation Citation No. 5009 for closing escrow on a property at 375 Wellington Way, Reno, Nevada with a wood stove inspection paperwork marked fail. The solid fuel burning device located in the residence should have been removed and proper paperwork indicating same should have been filed with Air Quality Management before close of escrow.

AQ Specialist Prichard spoke with Ms. Randi Bennett of First Centennial Title Company numerous times to discuss the procedures for either a settlement agreement or an appeal to the Air Pollution Control Hearing Board. Neither a settlement meeting was scheduled nor the appeal paperwork received. After five weeks with no contact from First Centennial Title Company, AQ Specialist Prichard issued NOV Citation No. 5008 for non removal of the uncertified solid fuel burning device located in the residence and not filing the proper paperwork indicating the removal of this device to the Air Quality Management Division before close of escrow.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5009.
2. The Board may determine to uphold Citation No. 5009 but levy any fine in the range of \$0 to \$500.

In the event the Board determines to change the proposed penalty, the matter should be continued so that First Centennial Title Company may be properly noticed.



Kevin Dick
Air Quality Division Director

KD/DC: ma



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520
(775) 784-7200



NOTICE OF VIOLATION

NOV 5009

DATE ISSUED: 01/24/2012

ISSUED TO: First Centennial PHONE #: _____

MAILING ADDRESS: 1450 Ridgeview CITY/ST: Reno ZIP: 89519

NAME/OPERATOR: Randi Bennett PHONE #: 689-8510

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 01/24/2012 (DATE) AT 3:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|---|---|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input checked="" type="checkbox"/> OTHER <u>040.051</u> | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Falsification of Information, Section D, Section E (3c) Notice of Exemption. Filed notice of Exemption without reinspection.

LOCATION OF VIOLATION: 2558 Betsy Street, Sparks, NV 89434

POINT OF OBSERVATION: County Recorder

Weather: N/A Wind Direction From: N E S W

Emissions Observed: _____
(If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on _____ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within _____ hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: RB Date: 1/24/12

Issued by: Wallace Pritchard Title: Air Quality Specialist II

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3665.

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0018**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: WOODSTV

Date Received: 01/26/2012

Time: 3:00:00 PM

Inspector: WPRICHARD

Inspector Area: 5

Complaint Description: NOV CITATION 5009, CASE 1073 - 2558 BETSY STREET- FALSELY FILED NOTICE OF EXEMPTION; WOOD STOVE FAILED INSPEC

Address: 1450 RIDGEVIEW DR RENO

Location: UNIT #100

Parcel Number: 04222229

Related Permit Number:

Complainant:

AIR QUALITY INSPECTOR
WALLY PRICHARD
AIR QUALITY SUPERVISOR11
1001 E. 9TH ST. BLDG. A, RM# 1 89520
784-7212

Responsible Party:

FIRST CENTENNIAL TITLE COMPANY
RANDI BENNETT
1450 RIDGEVIEW DRIVE #100
RENO NV 89519
689-8510

Investigation:

WOOD STOVE FAILED COMPLIANCE INSPECTION REQUIRING SECOND INSPECTION VERIFYING REMOVAL OF UNCERTIFIED DEVICE, REGULATION 040.051. DENIAL LETTER MAILED TO ALL INVOLVED PARTIES NOTING NOTICE OF EXEMPTION FORM WAS NOT TO BE FILED. NOTICE OF EXEMPTION WAS FILED FALSELY AND INSPECTION TO VERIFY REMOVAL OF UNCERTIFIED DEVICE WAS NOT COMPLETED.

Sequence of Events regarding 2558 Betsy Street Sparks:

December 1, 2011

Wood stove inspection completed at residence. Wood Stove Inspector Terrance Callahan, Inspector #302 failed device for noncompliance. Inspection form states a second inspection is necessary if FAIL is checked.

December 6, 2011

Residential Wood Stove Inspection form received in the Air Quality office marked as a failed inspection.

December 7, 2011

Notice of Denial of Certification mailed to all involved parties;

Seller - Carmen Ramirez

Hope Lewis - Lois Craik KRCH Realty

Randi Bennett - First Centennial Title Company

Wood Stove Inspector - Terrance Callahan #302

NOTICE OF DENIAL CERTIFICATION clearly states and is highlighted in yellow "In the case of certification denial, a second inspection is necessary to determine compliance with Health District regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed!

In January 2012, Cross referencing Failed Inspection with Washoe County Assessors records the following information was found:

December 8, 2011

Change of Ownership recorded Washoe County Assessors Office.

January 4, 2012

Notice of Exemption filed with the Air Quality office noting NO SOLID FUEL BURNING DEVICE

Documents turned over to Dennis Cerfoglio, Air Quality Lead Inspector. Notice of Violation issued on January 24, 2012, by Wallace Prichard, Air Quality Specialist II

Enforcement Activities

Warning Citation..:	Citation Number: 5009
NOV.....: 01/24/2012	NOV Number....: 5009
	Case Number.....: 1073
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON	Completed Date...:
Date Assigned.....: 01/26/2012	Completed By.....:

VIOLATION: Minor Violation of Section 040.051 Section D. (3) b.(2),
And Section E, (3) c.
Residential Property Notice of Exemption & Falsification of
Information
Citation Notice of Violation #5009
Case # 1073

ISSUED TO: First Centennial Title Company
1440 Ridgeview Drive, Suite #100
Reno, Nevada 89519
PH: (775) 689-8510

OPERATOR: Randi Bennett
Escrow Officer
1440 Ridgeview Drive, Suite #100
Reno, Nevada 89519
PH: (775) 689-8510

On January 24, 2012, Inspector Wallace Prichard was notified by Christina Burton, Plans/Permits/Application Aid for Air Quality that she had noticed a wood stove violation of the Air Quality Regulations during the routine records check with the County Assessors Office. She requested that Air Quality Specialist Prichard write and serve a Citation Notice of Violation to First Centennial Title Company for filing a Notice of Exemption.

The property was owned by Laura A. Chavez-De-Plascencia Et Al at 375 Wellington Way, Reno Nevada 89506.

The first wood stove inspection was conducted by inspector Keith Pollman #296. He verified that the stove did not qualify to remain in the home and marked failed on the first residential wood stove inspection form.

This is the sequence of events regarding 375 Wellington Way Reno, Nevada 89506:

October 4, 2011 Wood stove inspection completed at residence. Wood Stove Inspector Keith Pollman, Inspector #296 failed device for noncompliance. Inspection form states a second inspection is necessary if **FAIL** is checked.

- October 7, 2011 Residential Wood Stove Inspection form received in the Air Quality office marked as a failed inspection.
- October 7, 2011 Notice of Denial of Certification mailed to all involved parties;
Seller - Laura Chavez-De-Plascencia ET AL
Hope Lewis - Remax Carter Geer & Associates
Randi Bennett - First Centennial Title Company
Wood Stove Inspector - Keith Pollman #296


NOTICE OF DENIAL CERTIFICATION clearly states and was highlighted in yellow "In the case of certification denial, a second inspection is necessary to determine compliance with Health District regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed!

In January 2012, Cross referencing Failed Inspection with Washoe County Assessors records and the following information was found:

- October 27, 2011 Change of Ownership recorded at Washoe County Assessors Office.
- December 16, 2011 Notice of Exemption filed with the Air Quality office noting **NO SOLID FUEL BURNING DEVICE**

On January 24, 2012 at 1500 hours, Specialist Prichard issued a Notice of Violation #5009.

Air Quality Specialist 3 Dennis Cerfoglio was notified on January 25, 2012 at 0730 hours that Specialist Prichard had issued a Notice of Violation to First Centennial Title Company


Wallace Prichard
Air Quality Specialist II
Air Quality Management Division
Washoe County Health District

RECOMMENDED FINE WORKSHEET

DATE: 1-24-2012

CASE NO.: 1073

NOV NO.: 5009

COMPANY NAME: First Centennial Title Company

CONTACT NAME: Randi Bennett, Escrow Officer

VIOLATION OF SECTION(S): 040.051 (MAJOR/ MINOR)

X 1ST VIOLATION _____ 2ND VIOLATION _____ 3RD VIOLATION

<u>NO</u>	HAZARDOUS AIR POLLUTANT	YES / NO	<u>PM</u>	TYPE OF AIR CONTAMINANT (CO, NOX, SOX, PM, VOC'S)	
<u>NO</u>	LEGALLY PERMITTED SOURCE	YES / NO	<u>YES</u>	PUBLIC HEALTH EXPOSURE	YES / NO
<u>N/A</u>	NUMBER OF DAYS IN VIOLATION	YES / NO	<u>NO</u>	PUBLIC COMPLAINTS	YES / NO

1. **DEGREE OF VIOLATION:** MINOR MODERATE MAJOR
(The degree to which the person/company has deviated from the regulatory requirements)

Did not follow woodstove regulations of properly removing a failed illegal, uncertified stove solid fuel burning device prior to close of escrow, and sold the residence with the failed unit still in place.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR
ESTIMATED COST \$ 50 - 250
(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

Cost for removal of the illegal, uncertified stove plus woodstove inspector re-inspection fees.

3. **DEGREE OF COOPERATION:** MINOR MODERATE MAJOR
(The person/company's efforts to immediately cease the violation and come into compliance)

There was absolutely no cooperation from any representative of First Centennial Title Company despite repeated contacts by Air Quality staff in order to try to settle this case satisfactorily.

4. **ADDITIONAL COMMENTS:**

AQ Specialist Wally Prichard made contact with Randi Bennett, Escrow Officer for First Centennial Title Company and/or her assistant on three separate occasions to try to set up a time for a settlement meeting. There was no response from anyone at the Title Company.

RECOMMENDED FINE: \$500

Charlene Albee for
AQ SPECIALIST'S SIGNATURE

RESIDENTIAL WOOD STOVE INSPECTION

NOTICE OF EXEMPTION

NOTICE OF DENIAL OF CERTIFICATION

OCT 07 2011

WASHOE COUNTY

RESIDENTIAL WOOD STOVE INSPECTION

WASHOE COUNTY HEALTH DIST.



Note: It is unlawful to complete any escrow transaction unless all wood stove appliances in the residential property have been certified as being in compliance with wood stove emission standards.

NO. 10107

HEALTH DISTRICT

(PLEASE PRINT CLEARLY)

Date Oct 4 2011

PASS FAIL

In order for escrow to close "PASS" must be checked. If "FAIL" is checked, a second inspection is necessary.

Seller Sandra Chavez De Masencena Phone 689 8510

INSPECTION LOCATION 375 Wellington Way Reno NV 89506

APN # 08 - 235 - 125 Escrow # 186716-RBI

Mailing Address 1450 Ridgeway Reno NV 89519

Real Estate Agent Hope Lewis Phone 771 9004

Agency Name Remax - Carter-Beer + asso

Address 5250 Neil Rd #100 Reno NV 89502

Title Company First Centennial Title Phone 689 8510

Address 1450 Ridgeway Reno NV 89519

Forward To: Escrow Agent: Randi Bennett or Present owner: _____

DO NOT ABBREVIATE THIS SECTION

Manufacturer/Model-Design	HD Ref. #	Location	Certified	Uncertified	Exempt
1. <u>Free Standing Centennial 1</u>	<u>—</u>	<u>LIVING ROOM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature of Inspector [Signature] Inspector # 296

The above signed hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120 that the above information is true and correct of my own knowledge.

HEALTH DISTRICT USE ONLY

Verification Date _____ Exemption Approved: Denied:

Comments: _____

Verified by _____

P.O. BOX 11130 RENO, NV 89520-0027 (775) 784-7200

WASHOE COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND/OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY PERSONNEL DIVISION - 328-2080; TDD NUMBER 328-3685.

NOTICE OF EXEMPTION

**FOR VALIDATION RETURN TWO COPIES WITH THE \$13.00 FILING FEE TO:
AIR QUALITY MANAGEMENT DIVISION, 401 RYLAND STREET, STE. 331
RENO, NV 89502-1643 - (775) 784-7200**

The undersigned affirm there is no wood stove, pellet stove, or fireplace insert on the property at:

375 Wellington Way	Reno, NV	89506	
Property Address	City	State	Zip Code
082-351-25	First Centennial Title Company of Nevada		00186716
APN	Title Company or Mobile Home Dealer		Escrow Number

RESIDENCE CONTAINS (PLEASE MARK ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> MANUFACTURED GAS UNIT
or GAS RETROFIT

<input type="checkbox"/> FIREPLACE ONLY: doors are not gasketed to
make device airtight | <input checked="" type="checkbox"/> NO SOLID FUEL BURNING DEVICE

<input type="checkbox"/> UNCERTIFIED WOODSTOVE REMOVED
FROM PROPERTY PRIOR TO SALE.
(Not previously inspected.) |
|---|---|

SELLER

Laura A. Chavez De Plascencia

Print Name

11.22.11

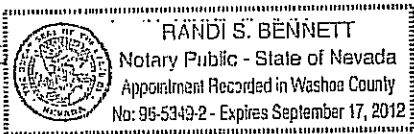
Seller Signature

Date

Notary Signature

Date

SEAL



BUYER

Matthew C. Church

Print Name

10/25/11

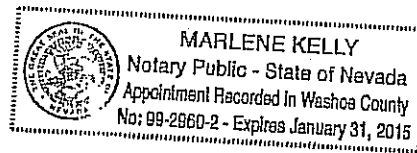
Buyer Signature

Date

Notary Signature

Date

SEAL



This form is located on our website at www.washoecounty.us/health.

New owner agrees to allow District Health Dept. access to property to perform verification inspection for a period not to exceed 30 days from date of close of escrow.
The above signed hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120 that the provided information is true and correct of their own knowledge. Perjury is a felony, subject to up to 10 years in prison and a \$10,000 fine.

To be stamped by Air Quality Management for Validation

AIR QUALITY MGMT.

DEC 16 2011

WASHOE COUNTY
HEALTH DIST.

escrow closed 10/27/2011



**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION**



Public Health
Prevent. Promote. Protect.

**NOTICE OF
DENIAL OF CERTIFICATION**

To Whom It May Concern:

This letter serves as notice that, pursuant to Section 040.0512 of the Washoe County District Board of Health Regulations Governing Air Quality, the residential property at the address listed below is denied Residential Wood Stove Certification based on information determined during a recent inspection.

The owner of said property has the option to remove or replace the uncertified appliance(s) the inspector noted in the residence. If the appliance is unverifiable, then the owner (or his agent) must produce acceptable proof that the appliance is certified.

In the case of certification denial, a second inspection is necessary to determine compliance with Health Department regulations. The Certificate of Compliance will be issued upon verification of removal! Notice of Exemption cannot be filed!

PROPERTY INFORMATION

Inspection #: 10107 Inspector: KEITH POLLMAN ESCROW #: 186716 - RB1

Owner: LAURA A. CHAVEZ-DE-PLASCENCIA ET AL

Address: 375 WELLINGTON WAY RENO NV 89506

Title Company: FIRST CENTENNIAL - RIDGEVIEW BRANCH - RANDI BENNETT

Real Estate Agent: HOPE LEWIS - REMAX CARER GEER & ASSOC - NEIL RD

CAUSE FOR DENIAL:

XXX Appliance Uncertified
 _____ Unable to Verify Appliance
 _____ Insufficient Information on Inspection Form

10/04/11 Inspection Date
10/07/11 Received by Washoe County Air Quality Management Division
10/07/11 Denial Notification Mailed

CB/00 P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

DISTRICT BOARD OF HEALTH REGULATIONS
GOVERNING AIR QUALITY

SECTION 040.051

- D. At the time of issuance or renewal of a Permit to Operate, the Control Officer may impose, in writing, such further conditions on operation as are necessary to meet the purpose of these regulations as set forth in **Subsection A of Section 020.0051** hereof.
- E. A Permit to Operate for a fire training facility expires on the anniversary of the date of its issuance and may be renewed by the Control Officer.
- F. Violation of any condition specified or imposed pursuant to **Subsections C or D** of this section constitutes a major violation and the permittee shall be subject to the penalties specified therefore in **Section 020.040** of these regulations.

040.045 REFUSE BURNING (Regulation text deleted in its entirety by DBOH 9/23/92)

040.046 INCINERATOR BURNING

The incinerator must incorporate a multiple chambered design or be of such design that the Control Officer declared it to be of equal efficiency.

- A. Multiple chambered consists of three (3) or more refractory walls, interconnected by gas passage ports or ducts and employing adequate design parameters necessary for maximum combustion of the material to be burned. In addition, there shall be approved auxiliary burners in the primary and secondary combustion chambers, and an approved flue gas washer on all new installations providing the nearest property line is within 100 feet of the incinerator.
- B. Multiple chambered pathological incinerator is any multiple chambered incinerator used to dispose of pathological wastes, wet garbage, or other high moisture content materials and must incorporate solid hearth construction, with drying shelves for wet wastes and auxiliary heating units to insure temperatures of 1400 degrees F to 1800 degrees F, for not less than 0.3 seconds.

Before constructing or operating any incinerator an Authorization to Build and a Permit to Operate must be obtained from the Control Officer. (See **Section 030**).

040.050 INCINERATOR EMISSIONS

No person shall cause, suffer, allow or permit the discharge into the atmosphere from any multiple chambered incinerator; or approved incinerator, any visible air contaminants for a period or period aggregating more than one (1) minute in any one (1) hour which is:

- A. As dark or darker in shade than that designated as No. 1 on the Ringelmann Chart; or
- B. Of an opacity to or greater than an air contaminant designated as No. 1 on the Ringelmann Chart.

040.051 WOOD STOVE/FIREPLACE INSERT EMISSIONS

(Amended 9/23/98; Revised 6/19/02, Effective 1/1/03; Revised 2/23/06)

SECTION A – GENERAL

1. **PURPOSE:** To limit particulate matter emissions and other pollutants discharged into the ambient air from solid fuel burning devices by:
 - a. Setting emission standards and certifying devices;
 - b. Requiring removal of devices that are not certified;
 - c. Restricting materials that can be burned; and
 - d. Limiting the number devices that are not deemed low emitting.
2. **APPLICABILITY:** The provisions of this regulation apply to any:
 - a. Person that advertises, except when restrictions are noted, sells, offers to sell, or installs any wood stove within the Health District;
 - b. Person that completes, or allows the completion of any:
 - (1) escrow transaction; and/or
 - (2) title change on a residential property.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definitions shall apply.

1. **Antique wood stove.** Means a wood stove built before 1940 that has an ornate construction and a current market value substantially higher than a common wood stove manufactured in the same time period.
2. **Certified.** Means a solid fuel burning device has been certified in accordance with current standards adopted by the U.S. EPA, the State of Oregon, the State of Colorado and/or appears on the Washoe County District Health Department Official List of Certified Wood Stoves; Ref. 40 CFR, Part 60; Oregon Administrative Rules, Chapter 340, Division 21; Colorado Revised Statute, Regulation No. 4. (As noted also in Section 010.0255).
3. **Certificate of Compliance.** A permit issued for a specific location by the Control Officer for a solid fuel burning device deeming the device certified in accordance with this regulation.
4. **Cook Stove.** Means a wood stove installed in the kitchen, which is primarily designed for cooking and has a stovetop and an oven. It may also be equipped with gas burners. This wood stove is exempt from the emission standards and requirements of Section 040.051. (As noted also in Section 010.045).

5. Development. Is a group of multifamily dwelling structures built on a parcel of land with common amenities. Examples of a development include but are not limited to: condominiums, apartments, and townhouses. (Adopted 5/23/90). (As noted also in Section 010.047).
6. Fireplace. Means an open hearth or fire chamber or similarly prepared place in which a fire may be made and which is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. Wood-burning devices initially classified, as a wood heater (Section 010.200) may not be modified to meet the fireplace definition. (Amended 11/16/94). (As noted also in Section 010.063).
7. Garbage. Means putrescible animal or vegetable waste. (As noted also in Section 010.072).
8. Low emitting. Devices that are considered low emitting include but are not limited to:
 - a. All propane or natural gas-fired devices;
 - b. Pellet stoves;
 - c. Specific models of wood stoves or other solid fuel burning devices that meet a certified emission rate of 1 gram/hour or less of particulate matter; and
 - d. Masonry Heaters that are certified by Colorado Revised Statute, Regulation 4.
9. Notice of Exemption (NOE). A form approved by the Control Officer, containing the notarized signatures of both the buyer and seller, attesting to the fact that the previously occupied residential property:
 - a. Does not have any Solid Fuel Burning Device;
 - b. Has a fireplace only that does not have doors that are gasketed to make the device airtight; or
 - c. Had an uncertified wood stove removed from the residential property prior to sale.
10. Pellet Stove. Means a solid fuel burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed which supplies appropriately sized feed material or compressed pellets of wood, or other biomass material to the firebox. (Revised 2/23/06) (As noted also in Section 010.117).
11. Removed or Removal. Means a solid fuel burning device is physically taken off the real property. Furthermore, the device must not be stored at any other location on the real property or elsewhere within the Health District without the approval of the Control Officer.

12. Residential Property. Means any structure used as a dwelling including mobile, manufactured, single and multifamily homes and/or land with outbuildings including but not limited to barns, sheds, and garages.
13. Seasoned Wood. Means firewood with a moisture content not exceeding 20%.
14. Smoke. Means small gas-borne particles resulting from incomplete combustion, consisting predominantly of carbon, ash, and other combustible material present in sufficient quantity to be observable or, as a suspension in gas of solid particles in sufficient quantity to be observable. (As noted also in Section 010.136).
15. Solid Fuel Burning Device (device). Means a device that burns wood, or any other nongaseous or non-liquid fuels, and includes any device burning any solid fuel used for aesthetic or space-heating purposes including but not limited to a fireplace, wood stove, or pellet stove.
16. Stack or Chimney. Means any flue, conduit, or duct arranged to conduct any smoke, air contaminant or emission to the atmosphere. (As noted also in Section 010.140).
17. Treated Wood. Means wood of any species that has been chemically impregnated, painted, or similarly modified.
18. Uncertified. Means a wood stove that cannot be verified as meeting the certified standards and/or does not appear on the Washoe County District Health Department Official List of Certified/Exempt Wood Stoves. (As noted also in Section 010.145).
19. Waste Petroleum Products. Means hydrocarbon based or contaminated materials.
20. Wood Heater. Means an enclosed wood burning appliance capable of, and intended for space heating, domestic water heating or indoor cooking and has an air-to-fuel ratio of less than 35 to 1 in the low burn cycle. It also must have a usable firebox volume less than twenty (20) cubic feet, weigh less than 800 kilograms and have a minimum burn rate less than five (5) kilograms per hour. Appliances that are described as prefabricated fireplaces and are designed to accommodate doors or other accessories that would create the air starved operating conditions of a wood heater, must meet the emission standards if they meet the criteria in the above definition with those accessories in place. (As noted also in Section 010.200).
21. Wood Stove. For purposes of this regulation may be a:
 - a. wood heater;
 - b. pellet stove;
 - c. prefabricated zero clearance fireplace or a fireplace heat form with doors or other accessories which cause the fireplace to function as a wood heater; or

- d. wood heater inserted in a fireplace.

Wood stoves do not include open masonry fireplaces, barbecue devices, portable firepits, gas-fired fireplaces or cook stoves. (Revised 9/23/98) (As noted also in Section 010.205).

SECTION C – STANDARDS

1. **PARTICULATE MATTER EMISSION STANDARD:** The particulate matter emission standard is 7.5 grams or less of particulate matter per hour for a non-catalytic appliance or 4.1 grams or less of particulate matter per hour for a catalytic appliance. If the U.S. Environmental Protection Agency adopts a wood stove/fireplace emission standard, which is more stringent, that emission standard supersedes the standard in this section and becomes effective on the date that the U.S. Environmental Protection Agency standard becomes effective.
2. **CERTIFICATION:** A wood stove shall be considered certified for purposes of these regulations as defined in 040.051.B.2.
3. **EXISTING DEVICES:**
 - a. Upon the transfer or conveyance of any residential property, currently installed or existing wood stove(s) that are uncertified must be removed or replaced with certified or low emitting device(s), prior to the completion of any:
 - (1) escrow transaction; and/or
 - (2) title change on a residential property.Rendering a device inoperable is not acceptable in lieu of removal.
 - b. The Control Officer on a case-by-case basis may approve an exemption from Section 040.051.C.3.a for an Antique wood stove. Persons requesting the exemption must provide proof of antiquity.
 - c. **RENOVATION/REMODEL:** If a residential property is undergoing a renovation/remodel, and not changing ownership, the existing wood stove(s) may be moved and re-installed, or the same type of fireplace(s) may be re-built. New or additional solid fuel burning devices are prohibited in accordance with the limitations set forth in 040.051.C.7 of this regulation.
4. **VISIBLE EMISSIONS:** No person may permit emissions from the stack or chimney of a solid fuel burning device to exceed an opacity greater than that shade designated as No. 2 on the Ringelmann Chart for a period or periods aggregating more than three (3) minutes in any one hour period. Emissions created during a fifteen (15) minute start-up period are exempt.

5. PROHIBITED FUELS: A person shall not cause or allow any of the following materials to be burned in a solid fuel burning device:
 - a. asphaltic products;
 - b. books and magazines;
 - c. garbage;
 - d. paints;
 - e. colored/wrapping paper;
 - f. plastic;
 - g. rubber products;
 - h. treated wood;
 - i. waste petroleum products;
 - j. fuel wood that is not seasoned;
 - k. coal; or
 - l. any other material not intended by a manufacturer for use as a fuel in a solid fuel burning device

6. CONDITIONS FOR SELLING WOOD: A person selling wood for use in a solid fuel burning device shall comply with the following:
 - a. Seasoned wood (wood with a moisture content of 20 percent or less) may be sold for immediate use in a wood burning device.
 - b. Wood with a moisture content of greater than 20 percent may be sold with a disclosure of the excessive moisture content and a recommended seasoning period to obtain a moisture content of 20 percent or less.

7. LIMITATION ON NUMBER OF SOLID FUEL BURNING DEVICES:
 - a. New Installations: The number of certified wood stoves or fireplaces installed on any property for which a building or set-up permit is issued shall not exceed one per acre.
 - b. Existing Property: In dwelling units or commercial/public facilities existing on the effective date of this regulation, installation of additional solid fuel burning devices is prohibited.
 - c. The above limitations do not apply to devices that are defined as low emitting (Section B.8. of this regulation).

SECTION D – ADMINISTRATIVE REQUIREMENTS

1. No local government authority within the Health District may issue a building permit to any person to install an uncertified, or U.S. EPA exempt wood stove.
2. WOOD STOVE INSPECTORS: A person may be approved by the Control Officer to inspect and certify that wood stoves are currently, or have been in the past, certified per Section 040.051.

- a. To obtain approval, an application must be submitted to the Control Officer. Approval will be issued upon satisfactory completion of all requirements set forth by the Control Officer and payment of the fee established by the Board of Health. Annual approval may be renewed upon meeting all the requirements of the Control Officer and payment of the renewal fee.
 - b. An approved inspector shall report the result of each inspection on a form provided by the Control Officer after the fee established by the Board of Health is paid. The approved inspector must indicate:
 - (1) Whether the residential property contains any solid fuel burning device;
 - (2) The number of wood stoves which are certified;
 - (3) The number of wood stoves which are not certified.
3. EXISTING WOOD STOVES AND CHANGE OF OWNERSHIP: In order to complete any escrow transaction, and/or title change on any residential property, the current property owner must obtain either a Certificate of Compliance or a Notice of Exemption:
- a. The Control Officer shall issue a Certificate of Compliance if:
 - (1) An inspection report from an approved Wood Stove Inspector is submitted that demonstrates the residential property contains allowable wood burning devices.
 - i. If the report indicates that a wood stove is uncertified, the wood stove must be removed from the residential property and re-inspection by an approved inspector is required.
 - (2) The Control Officer shall issue a Certificate of Compliance not later than seven (7) working days after receipt of a completed inspection report from an approved Wood Stove Inspector.
 - i. If the Control Officer fails to act within the seven (7) working day period, any escrow transaction and/or title change that requires a Certificate of Compliance may be completed in lieu of issuance of said Certificate.
 - b. A Notice of Emption shall be submitted to the Control Office within ten (10) working days of the close of escrow and/or title change, if:
 - (1) The residential property does not contain a wood stove.

- (2) The residential property contains any solid fuel burning device that is to be removed before the close of escrow and/or title change, then the Notice of Exemption can not be submitted until the solid fuel burning device is removed from the property.

The buyer and seller of any residential property shall observe any disclosure statements supplied by the real estate agents relating to the requirement under this regulation for the inspection of any wood stove.

SECTION E – COMPLIANCE AND RECORDS

1. DEALERS AFFIDAVIT OF SALE

- a. A person who sells a wood stove within the Health District must report the sale to the Control Officer within thirty (30) days from the date of sale on the form provided by the Control Officer.
- b. The form shall be provided by the Control Officer after the person pays the fee established by the Board of Health for that form.
- c. Any person who fails to notify the Control Officer of the sale is subject to the penalties set forth in Section 020.040.

2. CERTIFICATE OF COMPLIANCE: A Certificate of Compliance issued pursuant to this section:

- a. Remains valid until the residential property is transferred or conveyed to a new owner or nine (9) months, whichever comes sooner.
- b. Does not constitute a warranty or guarantee by the approved inspector or the Control Officer that the wood stove meets any other standards of operation, efficiency or safety, except the emission standards contained in these regulations.

3. FALSIFICATION OF INFORMATION: Any person who falsifies any information associated with a:

- a. Wood Stove Inspection;
- b. Certificate of Compliance;
- c. Notice of Exemption; or
- d. Dealer's Affidavit of Sale

is subject to the penalties set forth in Section 020.040, and may be subjected to the applicable penalties prescribed by law for perjury. The revocation of the Control Officer's approval to conduct wood stove inspections or revocation of a Certificate of Compliance may also be a result.

4. VIOLATION OF VISIBLE EMISSIONS OR PROHIBITED FUELS STANDARDS: A person who violates Sections C.4, C.5 or C.6 of this regulation shall be issued a warning for the first violation, and shall be provided information on proper wood burning techniques. Subsequent violations would be subject to the penalties set forth in Section 020.040.
5. CURTAILMENT OF BURNING DURING POLLUTION ALERTS: If the concentrations of an air containment reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.005, operation of any Solid Fuel Burning Device shall be suspended in accordance with the requirements of Section 050.015.A.5.

040.0512 EXISTING WOOD STOVE/FIREPLACE INSERT - REPLACEMENT
(Amended 11/18/92, 11/16/94, 9/23/98; Text deleted in its entirety by DBOH 6/19/02)

040.0514 LIMITATION ON NUMBER OF SOLID FUEL BURNING DEVICES (Adopted 5/23/90, Amended 11/16/94, 9/23/98; Text deleted in its entirety by DBOH 6/19/02)

040.052 OUTDOOR WOOD-FIRED BOILERS (Adopted 11/16/06)

SECTION A – GENERAL

1. PURPOSE: To limit particulate matter emission and other pollutants discharged into the ambient air from outdoor wood-fired boilers by prohibiting the installation of any outdoor wood-fired boiler(s).
2. APPLICABILITY: The provisions of this regulation shall apply to any person seeking to install an outdoor wood-fired boiler within the Health District.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definition shall apply.

1. Outdoor Wood-Fired Boiler. Means a fuel burning device designed: (1) to burn primarily wood; (2) not to be located inside structures ordinarily occupied by humans, and, (3) to heat spaces or water by the distribution through pipes of a fluid, typically water, heated in the device.

SECTION C – STANDARDS

1. All outdoor wood-fired boilers are prohibited from installation in the Health District.

SECTION D – ADMINISTRATIVE REQUIREMENTS

1. No local government authority within the Health District shall issue a building permit to any person to install an outdoor wood-fired boiler.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: March 22, 2012
 TO: District Board of Health
 FROM: Kevin Dick, Director, Air Quality Management
 SUBJECT: Fisher Sand and Gravel - Case No. 1074
 Unappealed Citation No. 4893
 Agenda Item: **7.A.1.d.**

Recommendation

Air Quality Management Division Staff recommends that Citation No. 4893 be upheld and a fine of \$10,000 be levied against Fisher Sand and Gravel Company for operating without a dust control permit for a period of 139 days. The Citation was issued for violation of Section 030.000 of the District Board of Health Governing Air Quality Management.

Recommended Fine:	\$10,000	Negotiated Fine:	\$10,000
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Background

On December 29, 2011, Air Quality Division Director, Kevin Dick distributed an email to a broad distribution list including representatives from Nevada Department of Transportation (NDOT) and Fisher Sand and Gravel Company advising of a high wind warning expected on December 30, 2011 and advising that conditions on all open land areas be assessed so that "any and all precautions necessary to control dust" be taken.

On December 30, 2011, AQMD received two complaints of blowing dust from the Galena Bridge area of the I-580 Project which was described as "a dense fog" making it difficult to breathe. AQ Specialist Wally Prichard attempted to contact NDOT officials and the construction contractor Fisher Sand and Gravel to ensure action was being taken to control dust on the project. There was no answer at the local Fisher Sand and Gravel office, and the receptionist answering phones at NDOT was unable to connect him to anyone because, she explained, everyone was off that afternoon. As a result, AQMD Division Director, Kevin Dick, contacted the Governor's office for assistance in addressing the dust situation. Tyler Klimas from the Governor's office was able to reach NDOT Deputy Director, Scott Rawlins. Mr. Rawlins was able to contact Fisher Sand and Gravel who agreed to mobilize water trucks to control the dust from the construction site. Mr. Klimas noted that they were not working on the I-580 project that day, but acknowledged that they should have had a presence there for dust abatement.

Shortly after AQ Division Director, Kevin Dick contacted the Governor's Office; AQ Specialist Mike Osborn arrived at the I-580 extensions south of town near the Mt Rose Highway in response an additional dust complaint. AQ Specialist Osborn was contacted by AQ Specialist Prichard who informed him that the dust control permit for the project had expired on August 18, 2011.

He also stated that the AQMD Director had contacted the Governor's office for assistance with mobilizing dust control for the site. AQ Specialist Osborn reported to AQ Specialist Prichard that the only contact he was able to make on the I-580 project was a security guard.

DBOH AGENDA ITEM NO. 7.A.1.d.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

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March 22, 2012
DBOH/Fisher Sand & Gravel Co/Case 1074
Page 2

The security guard for Fisher Sand & Gravel drove AQ Specialist Osborn through the construction area from the Mt Rose Highway to the area below the Galena Creek concrete cathedral arch bridge. AQ Specialist Osborn observed that no water trucks were operating on site. The complainant stated that the dust was being generated from the area under the bridge. When AQ Specialist Osborn arrived at the bridge he did not observe blowing dust from that area. The only dust being generated was from their vehicle when driving over fly ash soil on the roadway. AQ Specialist Osborn noted that the winds had declined considerably since the time of his arrival on the I-580 project.

Settlement Meeting

A settlement meeting was held on February 1, 2012 with AQ Division Director Kevin Dick, AQ Specialist Dennis Cerfoglio, and AQ Specialist Mike Osborn met with Representatives of Fisher Sand and Gravel Company (Norman Bestler, Mike Scronce and Cody Albee), and the Nevada Department of Transportation, Mark Cooper. Discussion took place regarding the situation that occurred on December 30, 2011 and the responsibilities of both NDOT and Fisher Sand and Gravel to control dust and maintain a dust control permit. Also discussed was the fact that the dust control permit was expired for a period of 139 days with a possible violation of \$10,000 fine per day. It was determined that NDOT had submitted a new dust control permit application in early January 2012. After consideration of all the facts of this case, Fisher Sand and Gravel agreed to a fine of \$10,000. It was also agreed that NOV Warning No. 4895 be issued to NDOT for the same Regulation. A Memorandum of Understanding was signed by all parties.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 4893.
2. The Board may determine to uphold Citation No. 4893 but levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Fisher Sand and Gravel Company may be properly notified.



Kevin Dick
Air Quality Management, Division Director

KC/DC: ma

0212



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520
(775) 784-7200



NOTICE OF VIOLATION

NOV 4893

DATE ISSUED: FEBRUARY 1, 2012

ISSUED TO: FISHER SAND & GRAVEL CO. PHONE #: 602-501-5415 / 775-227-9507

MAILING ADDRESS: 5000 MAMMIE RANCH AVE, Ste 1056 CITY/ST: RENO, NV ZIP: 89521

NAME/OPERATOR: Mike Scorce PHONE #: SAME AS ABOVE

DRIVER LICENSE #/SSN N/A

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 12/30/2011 (DATE) AT 12:15 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- MINOR VIOLATION OF SECTION:
040.030 DUST CONTROL
040.055 ODOR/NUISANCE
040.200 DIESEL IDLING
OTHER
MAJOR VIOLATION OF SECTION:
030.000 OPERATING W/O PERMIT
030.2175 VIOLATION OF PERMIT CONDITION
030.105 ASBESTOS/NESHAP
OTHER

VIOLATION DESCRIPTION: Operator had no valid dust control plan while constructing the I-580 Freeway Extension project. Previous dust control plan A10011 Expired on 08/18/2011.

LOCATION OF VIOLATION: I-580 Freeway Extension project, Reno, NV

POINT OF OBSERVATION: N/A

Weather: N/A Wind Direction From: N E S W

Emissions Observed: N/A (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective a.m./p.m. (date) you are hereby ordered to abate the above violation within hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature

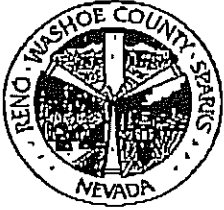
CITATION: You are hereby notified that effective on 02/19/2012 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 0 hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 2-1-2012

Issued by: [Signature] Title: AQSTI

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: February 1, 2012

Company Name: Fisher Sand & Gravel Company

Address: 500 Tamonte Ranch Hwy Suite 1042

Notice of Violation No.: 030.000 Case No.: 1074

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.000 Operating w/o Permit
Dust Control Permit was expired for 139 days

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 10,000.00 dollars. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on March 22, 2012.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

Norman Bessler
Print Name

DENNIS CERFOGLIO
Print Name

Senior Project Manager
Title

Sr. Air Quality Specialist
Title

Witness

Witness

Witness

Witness

*****FAX Transmission*****



500 Damonte Ranch Pkwy
Suite 1056
Reno, NV 89521-9501

Telephone: (775) 853-4225
Fax: (775) 853-8815
www.fisherind.com

- Fisher Sand & Gravel Co.
- Arizona Drilling & Blasting
- Southwest Asphalt Paving
- Fisher Ready Mix
- General Steel & Supply Co.
- Southwest Asphalt
- Fisher Grading & Excavation

To: Dennis Cerfoglio
From: Norman Bessler
Date: 3/12/2012
Fax Number: 775-784-7225
Subject: Air Quality Fine
Pages (including cover sheet): 2

Comments: Please find the attached signed Memorandum of Understanding



COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP11-0212**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: DUSTPLAN

Date Received: 12/30/2011

Time: 11:42:00 AM

Inspector: MOSBORN

Inspector Area: 3

Complaint Description: NOV VIOLATION 4893, CASE 2075 - HEAVY DUST- SOUTH OF RENO

Address:

Location: JUST OFF MT ROSE HWY IN THE GALENA CREEK

Parcel Number:

Related Permit Number: A10011

Complainant:

HEATHER ELLIOT
CURRENT

1505 GEIGER GRADE RD
1042
RENO NV 89521
775-851-0798

Responsible Party:

MARK COOPER (APPLICANT OF

NDOT
500 DAMONTE RANCH PKWAY SUITE

RENO NEVADA 89521
775-853-1371

Investigation:

HIGH WIND WARNING ISSUED

HEAVY DUST - SOUTH OF TOWN OFF MT ROSE HWY - GALENA CREEK AREA. POSSIBLY THE
I-580 PROJECT (INFO
LISTED BELOW)

PERMIT A10011, I-580 FREEWAY EXTENSION PROJECT. GALENA CREEK NORTH TO MT ROSE
INTERCHANGE. AREA 3
(DENNIS), 250 ACRES. THREE WATER TRUCKS.
***** PERMIT EXPIRED 8/18/2011 *****

On December 30, 2011, Specialist Osborn was dispatched to the above location reference dust complaints coming from the I-580 Freeway Extension Project. Specialist Osborn arrived on site at approximately 1215 p.m. Osborn drove the I-580 extension and observed many items such as port-a-pottys turned over, cones and other items blowing down the roadway in the high winds.

Specialist Osborn stopped at several locations and looked over the side of the extension for signs of dust but observed none. The actual topside of the roadway was in good shape. Most areas were holding well but not wet. There was observed several pieces of heavy equipment and water trucks in the area but were not in operation on this date.

Specialist Osborn was then approached by a security official who inquired as to my purpose on the roadway. After identifying myself and explaining the complaints that had come in the security person told me there was no one on site or working at that time. We then took a ride down into the cut (where the complainant stated the dust was coming from.) and specialist Osborn immediately noticed a lot of loose fly ash type soil on the road and in areas under the bridge. Also observed was a long conveyor system that ran from a stockpile area back down under the bridge directly across from us. The only amount of dust at this time was caused by our vehicle that went down the road and back up. It seems as though the winds had lessened considerably at this time.

While checking the site, Specialist Pritchard contacted me via cell phone that there was no valid dust control plan on site for the I-580 project. Pritchard further related that there had been a dust control plan, but it had expired on 08/18/2011.

Several calls were made to various officials on this date in attempts to advise and get water trucks working the area. This was eventually accomplished.

A meeting was called on February 1, 2012. Representative of Fisher Sand and Gravel and the Nevada Department of transportation were in attendance along with AQMD Director Kevin Dick, AQM/Acting Supervisor Dennis Cerfoglio and Specialist Osborn.

Specialist Osborn issued a Notice of violation #4893 to Fisher Sand and Gravel for a Major Violation of 030.000; operating without a permit. Nevada Department of Transportation was issued Warning NOV #4895 for Operating without a permit in violation of the District Board of Health Regulations Governing Air Quality Management.

The previous Dust Control Plan which expired on 08/18/2011 has now been removed with the acreage being reduced from 265 to 65 acres.

Enforcement Activities

Warning Citation...: 02/01/2012	Citation Number: 4895
NOV.....: 02/01/2012	NOV Number....: 4893
	Case Number.....: 0
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: MAMES	Completed Date...:
Date Assigned.....: 12/30/2011	Completed By.....:

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP11-0211**

Complaint Status: ASSIGNED

Source of Complaint: CITIZEN

Complaint Type: DUSTPLAN

Date Received: 12/30/2011

Time: 11:35:00 AM

Inspector: DCERFOGLIO

Inspector Area: 3

Complaint Description: BLOWING DIRT & DUST - LOOKS LIKE DENSE FOG - NO WATER TRUCK

Address:

Location: I-580 PROJECT - PLEASANT VALLEY RIGHT UN

Parcel Number:

Related Permit Number: A10011

Complainant:

CONNIE CRYER

335 GALENA PINES RD
RENO NV 89521
775-849-2957

Responsible Party:

FISHER SAND & GRAVEL

1302 WEST DRIVERS WAY
TEMPE AZ 85284
480-730-1033

Investigation:

HIGH WIND WARNING ISSUED

BLOWING DUST & DIRT - LOOKS LIKE DENSE FOG. CANNOT BREATH BECAUSE IT IS SO BAD. NO WATER TRUCK .

PAGNI LANE - STAGING AREA. MOVING DIRT UNDER THE BRIDGE.

PERMIT A10011, I-580 FREEWAY EXTENSION PROJECT. GALENA CREEK NORTH TO MT ROSE INTERCHANGE. AREA 3

(DENNIS), 250 ACRES. THREE WATER TRUCKS.

***** PERMIT EXPIRED 8/18/2011 *****

Enforcement Activities

Warning Citation..:

Citation Number: 0

NOV.....:

NOV Number.....: 0

Case Number.....: 0

Settlement.....:

Amount.....: \$0.00

Appealed.....:
Upheld.....:

Amount.....: \$0.00

Status Information

Initialized By.....: MAMES
Date Assigned.....: 12/30/2011

Completed Date...:
Completed By.....:

INVESTIGATION REPORT FROM AQ SPECIALIST MIKE OSBORN

On 12-30-2012 at approximately 1155 a.m. Specialist Osborn was dispatched to the area of the I-580 freeway extension project near Pleasant Valley for several reports of blowing dust.

On arrival to the area Specialist Osborn noted that the top side of the I-580 was in good shape with little or no blowing dust. There was noted several port-a-potties, many cones, pieces of plywood and canvas blowing down the roadway. The National Weather Service on this date had issued a winds advisory with south-west winds and a possibility of 65 mph gusts locally in the foothills near Galena. Specialist Osborn checked the area of I-580 and counted several pieces of heavy equipment, unoccupied water trucks, but no construction personnel on site that day. Contact was made with a security guard for Fisher Sand and Gravel and a check under the bridge revealed little or no blowing dust at that point. However it should be noted that the soil under the area of the bridge was a very fine fly ashy type soil that became airborne just from the truck going down the road in the cut.

While Specialist Osborn was doing an on site inspection it was learned from Air Quality Specialist Prichard that Fisher Sand and Gravel did not have a valid dust control plan. A check of the records revealed that their dust control plan had expired on 08-18-2011.

RECOMMENDED FINE WORKSHEET

DATE: 2-1-2012

CASE NO.: 1074

NOV NO.: 4893

COMPANY NAME: Fisher Sand & Gravel

CONTACT NAME: Norman Bestler/Mike Scronce

VIOLATION OF SECTION(S): 030.000 (MAJOR / MINOR)

X 1ST VIOLATION _____ 2ND VIOLATION _____ 3RD VIOLATION

_____ HAZARDOUS AIR POLLUTANT YES / NO

_____ TYPE OF AIR CONTAMINANT
(CO, NOX, SOX, PM, VOC'S)

_____ LEGALLY PERMITTED SOURCE YES / NO

_____ PUBLIC HEALTH EXPOSURE YES / NO

_____ NUMBER OF DAYS IN VIOLATION YES / NO

_____ PUBLIC COMPLAINTS YES / NO

1. **DEGREE OF VIOLATION:** MINOR MODERATE MAJOR
(The degree to which the person/company has deviated from the regulatory requirements)

Major violation: Fisher Sand and Gravel did operate without a dust control permit for 133 days.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR
ESTIMATED COST \$ 7,020

(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

Dust control permit cost - \$108 per acres at 65 acres = \$7,020

3. **DEGREE OF COOPERATION:** MINOR MODERATE MAJOR
(The person/company's efforts to immediately cease the violation and come into compliance)

Very cooperative, a dust control permit application was submitted on January 10, 2012

4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$10,000


AQ SPECIALIST'S SIGNATURE

NOTE: "Minor Violations", per District Regulations, cannot exceed \$1000 for the first and second violations.
Third minor violations, plus "major violations" cannot exceed \$10,000 per day.

DECEMBER 29, 2011
HIGH WIND WARNING EMAIL

Dick, Kevin

From: Dick, Kevin
Sent: Thursday, December 29, 2011 4:19 PM
To: 'A & K Earthmovers -'; 'Airport Authority - D Derie'; 'Airport Authority - David Pittmam'; 'Airport Authority - K Anderson'; 'Airport Authority - R Cox'; 'Airport Authority - Scott Harkema'; 'Airport Authority - Todd Welty'; 'Armstrong Development - Diana Rinck'; 'Associated Builders & Contractors - Clara Andriola'; 'Atlas Contractors - A Arong'; 'Atlas Contractors - Jake Mahoney'; 'Atlas Contractors - Jay Mahoney'; 'Bailey & Dutton Homes - Jerry Cooper'; 'BCJ Sand & Rock - Bryan Morgan'; 'BHI - Terribles - Dave Wood'; 'Black Eagle Consulting - Mitch Fink'; 'Bright Homes - D. Crouch'; 'Brighton Manor LLC - Jeff Francovich'; 'Builders Assn of No NV - Mike Dillon'; 'Burke & Associates - Ray Jacobsen'; 'Campbell Construction - Buddy Shaw'; 'Centex Homes/Pulte Homes - Russell Foster'; 'City of Sparks - Chris Cobb'; 'Columbus Reno 1 LLC - Chris Hunt'; 'Corona LLC - Eric Gibbons'; 'Dennis Banks Construction - Casey'; 'DR Horton - Alex Boelts'; 'DR Horton - James Idleman'; 'DR Horton - Sean Kazemi'; 'Earl Games Excavating'; 'Envirotech Services - Charles Sherven'; 'F & P Construction - Dayton Pitts'; 'F & P Construction - Lystra Pitts'; 'Falcon Ridge Partners - Colleen Fulgar'; 'Fisher Industries - C Hardy'; 'Fisher Industries - F Mehanna'; 'Fisher Industries - Mike Scronce'; 'Fisher Industries - Norm Bessler'; 'Forum Construction - Michael Diloreto'; 'Frank Lepori Construction'; 'Gradex Construction - Ryan Horning'; 'Granite Construction - Brian Roll'; 'Granite Construction - Chase McQuillen'; 'Granite Construction - Craig Miller'; 'Granite Construction - Jessica Rash'; 'Granite Construction - Terry Willsey'; 'Granite Construction - Tom Walborn'; 'Horizon Construction - Brian Smith'; 'Huffman & Carpenter - Debra Lemke'; 'Huffman & Carpenter - Patrick Whitaker'; 'Huffman & Carpenter - Susanne Heim'; 'Incline Village GID - Brad Johnson'; 'KG Walters Construction - Dave Backman'; 'KG Walters Construction - Key Joy'; 'Law Offices - Thomas J Hall'; 'Lennar - Edward Oliver'; 'Lennar - Frank Mushantaf'; 'Lennar - Ken Brown'; 'Lennar - Richard Szostak'; 'Lennar - Tim Scheideman'; 'Lepori Construction - Field Office'; 'Lepori Construction - Glyn'; 'Lepori Construction - Mike'; 'Lepori Construction - Rocky'; 'Lewis Investments - Ted Erkan'; 'Lewis Operating - Gigi Chisel'; 'Lewis Operating Corp. - Alicia Lutz'; 'Meadow Valley Contractors - Jade Thomsón'; 'Meritage Home of NV - Manny Silva'; 'Moana Nursery - Jim Delancey'; 'Monterey Development - S Wagner'; 'Monterey Development Group - SO'; 'Naisbitt Construction - Kirk Naisbitt'; 'NDOT - Shane Cocking'; 'Northern Sierra Construction - Mike'; 'Padovan Consulting - Seth Padovan'; 'Peavine Construction - Jeff Paddock'; 'Peavine Construction - Scott Feratto'; 'Pulte Homes - Wayne Steinpress'; 'Q & D Construction - Doug Elder'; 'Q & D Construction - Kevin Hamilton'; 'Q & D Construction - Michael Rich'; 'Q & D Construction - Rob Bagley'; 'Reno Tahoe Airport Authority - Allan Eckle'; 'Reno-Tahoe Construction - Fred Reeder'; 'Rilite Aggregate - Chris Benna'; 'Rilite Aggregate - Gary Roma'; 'RTC - Doug Maloy'; 'Ryad Consulting Inc. - Randy May'; 'Shaw Engineering - Dave Kitchen'; 'Sierra Earthworks - Joe Meilthoft'; 'Sierra Nevada Construction - D Barlow'; 'Sierra Nevada Construction - Dan LeBlanc'; 'Sierra Nevada Construction - M Gordine'; 'Sierra Strippers & Asphalt Paving'; 'Silver Star Communities - Tara Barker'; 'Silverado Excavating - B Fehling'; 'Silverado Excavating - Garret Burleson'; 'Spanish Springs Construction - Adam'; 'SRT - Rich Casci'; 'Sunseri Construction - Dave Christ'; 'Tanamera Development'; 'Target Mining'; 'Tarragon - Spanish Springs Land - Charlie Foushee'; 'Ted Brown, PE LLC'; 'The Ridges - Ranson Webster'; 'TNT Construction - Fred Toeuber'; 'Toll Brothers - John Tolbert'; 'Toll Brothers - Matt Mulej'; 'Truckee River Investors - William Wager'; 'Union Pacific Railroad - Danny King'; 'Water Boy - Maddox Guidry'; 'A & K Earth Movers - Rick Parkin'; 'A & K Earth Movers - Scott Saibini'; 'Adkins Grading - Gregg Adkins'; 'Al's Excavation - Alex Bernhard'; 'Bateman-Hall Inc - Robert Clements'; 'DR Horton - Justin Bertoli'; 'Eagle Landing - Steve Hamilton'; 'Estancia Reno - Paul Manning'; 'Gerhardt & Berry Construction - Greg Gerhardt'; 'Granite Construction - Marty Powers'; 'Granite Construction - Patrick Rucker'; 'Granite Construction - Sam Lair'; 'Industrial Builders - Sam Hartwick'; 'KB Homes Northern CA Div - Henry Tay'; 'KB Homes Northern CA Div - Zach Gomes'; 'Lakemont Canyon Pines - Jason Dietz'; 'Meadow Valley Contractors - Brett Amesbury'; 'Miles Construction - Dale Dunnet'; 'NDOT - Steve Williams'; 'NDOT - Tony Angelopoulos'; 'Nevada DOT - Larry Boge'; 'Odyssey Engineering - Frank Bidart'; 'Peavine Construction - John Duckett Jr'; 'Peek Construction - Travis Peek'; 'Placer LLC - Lisa Finch'; 'PNII Inc (Pulte) - Russell Foster'; 'Q & D Construction - Bob Leone'; 'Q & D Construction - Brian Kernan'; 'Q & D Construction - Kevin Linderman'; 'Q & D Construction - Tobin Basta'; 'Reno Capital Projects - Khalil Wilson'; 'Reno, City of - Michael Drinkwater'; 'RTC - Garth Oksol'; 'RTC - Michele Dennis'; 'RTC - Warren Call'; 'RTM-HRCF Sky Vista LLC - Bob Falsone'; 'Ryder NV Mgmt - Rob Dunbar'; 'Silver Crest Homes Inc

To: - Aaron Jerome'; 'Silver Crest Homes Inc - Chris Bacon'; 'South Towne Crossing - Kent Will'; 'Spanish Springs Construction - Leslie Skinner'; 'Topaz Construction - Ellen Shelten'; 'United Construction - Jason Stevens'; 'United Construction - Jeremy Kearns'; 'UNR - Lyle Woodward'; 'WCSO - Derwin Bass'; 'West Coast Paving - J Sander'

Cc: Bonderson, Noel; Cerfoglio, Dennis; Dugger, Suzanne; Gaige, Jerry; Mendoza, Lauri; Osborn, Mike; Prichard, Wallace; Mendoza, Lauri; Albee, Charlene

Subject: High Wind Warning - 12/30

The National Weather Service in Reno has issued a wind advisory which will be in effect from 10:00 AM to 7:00 PM PST Friday December 30, 2011. Southwest winds of 20 to 35 mph with gusts to 50 mph are expected. Locally there is the possibility of 65 mph gusts for the foothills near Galena. The Air Quality Management Division, of the Washoe County Health District, is recommending the condition of all open land areas be assessed, so that any and all precautions necessary to control dust may be taken during this wind event.

Kevin Dick
Director, Air Quality Management Division
Washoe County Health District
1001 E. 9th Street, Suite A-115
Reno, NV 89520

P.O. Box 11130
Reno, Nevada 89520-0027
(775) 784-7200 Voice
(775) 784-7225 Fax

kdick@washoecounty.us
www.washoecounty.us/health

VARIOUS EMAILS

Dick, Kevin

From: Dick, Kevin
Sent: Friday, December 30, 2011 1:49 PM
To: Stickney, Eileen
Cc: Iser, Joseph; Prichard, Wallace; Osborn, Mike; Ames, Mary
Subject: Assistance Request to Governor

Eileen,

Here's a summary of communication with the Governor's office following your authorization at 12:50 pm to contact them.

12:55 pm – Was directed to Tyler Klimas, Staff Agency Liaison for NDOT. Left voice-mail message with situation of blowing dust/dust complaints from 580 project and no one reachable at NDOT, or contractor Fisher Sand and Gravel.

1:05 pm– Call returned from Tyler Klimas, I explained situation to him. He agreed to make some calls and get back to me.

1:25 pm – Tyler Klimas called back, he had reached Scott Rawlins, Deputy Director and Scott was able to reach contractor, Fisher Sand and Gravel. Contractor was mobilizing a water truck and they would water the complete section of the project. Tyler explained that they were not working on the project, but that they should have had a presence for dust abatement there today.

Kevin

Kevin Dick
Director, Air Quality Management Division
Washoe County Health District
1001 E. 9th Street, Suite A-115
Reno, NV 89520

P.O. Box 11130
Reno, Nevada 89520-0027
(775) 784-7213 Voice
(775) 784-7225 Fax

kdick@washoecounty.us
www.washoecounty.us/health

Dick, Kevin

From: Dick, Kevin
Sent: Monday, March 05, 2012 8:39 AM
To: 'Fisher Industries - Norm Bessler'
Subject: MOU Reminder

Hi Norm,

We haven't yet received the Memorandum of Understanding that I faxed over for you to sign on 2/29. Can you please return it or let me know if you need it re-faxed? Thanks Kevin

Kevin Dick
Director, Air Quality Management Division
Washoe County Health District
1001 E. 9th Street, Suite A-115
Reno, NV 89520

P.O. Box 11130
Reno, Nevada 89520-0027
(775) 784-7213 Voice
(775) 784-7225 Fax

kdick@washoecounty.us
www.washoecounty.us/health

RECORD OF COMMUNICATION FROM KEVIN DICK, AQMD DIRECTOR



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



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* FAX ROUTING COVER PAGE *

FROM: Kevin Dick

DATE: 2/29/12 TIME: 2:40pm

NUMBER OF PAGES FAXED (INCLUDING THIS COVER PAGE): 2
(If you do not receive all pages of this transmission please call 784-7200)

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Norman Bessler

COMPANY: Fisher Sand & Gravel

FAX #: 775-853-8815

NOTES: Norm,

Please sign and ~~set~~ fax back the
attached form. I'd appreciate if you
could mail us your signed copy also.
See Fax # and address at bottom of form.

Thanks, Kevin

1001 East 9th Street, Bldg A, Ste 115, Reno NV 89520 • (775) 784-7200 • FAX (775) 784-7225

Record of Communication

On Wednesday, February 29, 2:25 pm. I called Norman Bessler, Senior Project Manager, Fisher Sand and Gravel Company. I explained to him that we needed him to sign the Memorandum of Understanding for the Settlement Agreement we had made, for us to put the form in the case file to take the Case to the District Board of Health for their March 22, 2012 meeting. I explained that Dennis Cerfoglio had provided the form to Mike Scronze (sp?) who had told Dennis he would provide to Norm and have him sign it. (Dennis had informed me that he had previously called and spoken to Mike requesting the form be signed and returned on three occasions.) Norm said that he didn't have the form and would need to get it from Mike. I told him that I would fax him a copy and Norm said that he would sign the form and fax it back. I faxed the form which went through at 2:43 pm and placed the fax result report form in the case file.

A handwritten signature in black ink, appearing to read "Kevin Dick", written in a cursive style.

Kevin Dick

Date/Time: Feb. 29. 2012 2:43PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5612	Memory TX	98538815	P. 2	OK	

Reason for error

E. 1) Hang up or line fail	E. 2) Busy
E. 3) No answer	E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size	



WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION



* FAX ROUTING COVER PAGE *

FROM: Kevin Dick
DATE: 2/29/12 TIME: 2:40pm

NUMBER OF PAGES FAXED (INCLUDING THIS COVER PAGE): 2
(If you do not receive all pages of this transmission please call 764-7200)

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Norman Bessler
COMPANY: Fisher Sand & Gravel
FAX #: 775-853-8815

NOTES: Norm,
Please sign and fax back the
attached form. I'd appreciate if you
could mail us your signed copy also.
See Fax # and address at bottom of form.

Thanks, Kevin



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
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DATE: March 22, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Variance Request – The Hertz Corporation
Reno-Tahoe International Airport
Maintenance Facility

Agenda Item: **7.A.2**

Recommendation

The Air Pollution Control Hearing Board recommends the issuance of a variance to the Hertz Corporation (Hertz) for an exemption from the Phase II Vapor Recovery requirements, Section 040.080(C) of the District Board of Health Regulations Governing Air Quality Management, for a new above ground gasoline storage tank. Additionally, staff commits to propose for adoption, within the next 12 months, a regulation to be included in the Phase II Exemptions, Section 040.080(C)(4), for fleets that can demonstrate the widespread use of onboard refueling vapor recovery (ORVR).

Background

On January 4, 2012, Washoe County Health District, Air Quality Management Division received an application from Enviroscapes, Inc. on behalf of Hertz for a variance from the requirements for Phase II Vapor Recovery, Section 040.080(C)(3), for a new 10,000 gallon above ground gasoline storage tank. The application included a copy of the memorandum issued on December 12, 2006, by the U.S. Environmental Protection Agency providing guidance to Air Quality Control Agencies with regards to the removal of Phase II Vapor Recovery. The installation of Phase II Vapor Recovery at gasoline dispensing facilities is a result of the requirements of the Clean Air Act in areas of ozone non-attainment. The Phase II Vapor Recovery Regulations were adopted by the Board of Health on February 27, 1991, following the redesignation of Washoe County to moderate non-attainment for ozone.

DBOH AGENDA ITEM NO. 7.A.2

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

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The Clean Air Act did provide for an exemption from the Phase II Vapor Recovery requirements upon the demonstration of the widespread availability of ORVR. The variance application submitted by Enviroscope includes documentation of the installation of ORVR on all of the fleet vehicles that may be serviced at the Reno-Tahoe International Airport Maintenance Facility. The documentation included the make, model year, gross vehicle weight, and the evaporation family code assigned to the ORVR system.

After review of the information provided in the application, Air Quality Management staff is recommending the issuance of a variance from Section 040.080(C)(3), Gasoline Transfer into Vehicle Fuel Tanks (Phase II), to Hertz for a period of 12 months. During that 12 month period, staff commits to propose for adoption an exemption for fleet vehicles that can demonstrate widespread use of ORVR to be included in Section 040.080(C)(4).

On February 21, 2012, the Air Pollution Control Hearing Board met to hear this matter. After consideration of all of the information presented in the application and the findings of fact in the staff report, the Hearing Board made the recommendation to approve the issuance of the variance request.

Alternatives

1. The District Board of Health may determine that the issuance of a variance may be approved but with additional conditions of approval and/or duration.
2. The District Board of Health may determine that the issuance of a variance is not appropriate and deny the application.



Kevin Dick
Director Air Quality Management



Washoe County Health District



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CASE NO. 1078 ~ AS REVIEWED BY THE AIR POLLUTION CONTROL HEARING BOARD

In Re: Application of THE HERTZ)
CORPORATION, located at 1551)
National Guard Way, request for a)
variance from the requirements of)
Section 040.080 (Gasoline Transfer)
and Dispensing Facilities), Subsection)
C (Standards), 3 (Gasoline Transfer into)
Vehicle Tanks -- Phase II) of the Washoe)
County District Board Regulations)
Governing Air Quality Management.)

CASE NO. 1078
THE HERTZ CORPORATION

At a hearing of the Air Pollution Control Hearing
Board at Wells Avenue at Ninth Street,
Reno, Nevada
February 21, 2012

PRESENT: Acting Chairman Jon Greene
Member Cathleen Fitzgerald, DEnv, PE
Member Richard Harris, Esquire
Member Andrew Sato
Kevin Dick, Director, Air Quality Management
Dan Inouye, Air Quality Supervisor
Charlene Albee, Environmental Engineer
Dennis Cerfoglio, Acting Air Quality Supervisor
Suzanne Dugger, Air Quality Specialist II
Michael Osborn, Air Quality Specialist II
Janet Smith, Recording Secretary

ABSENT: Chairman David Rinaldi
Member Joe Serpa
Member Michael Ford

STATEMENT OF THE FACTUAL QUESTION

SECTION 040.080 – GASOLINE TRANSFER AND DISPENSING FACILITIES

SECTION A – GENERAL

1. **PURPOSE:** The purpose of this regulation is to control and reduce emissions of volatile organic compounds (VOC)s from the sale and distribution of gasoline by requiring:
 - a. Control of gasoline vapors during the transfer and storage into stationary containers (Phase I)
 - b. Control of gasoline vapors from the fueling of vehicles (Phase II)
 - c. Enhanced Vapor Recovery (EVR)
2. **APPLICABILITY:** All gasoline dispensing and storage facilities within the Health District. Certain requirements, including exemptions, are defined within the rules – differing standards apply to various operations within the gasoline-dispensing infrastructure.

SECTION B – DEFINITIONS: For the purpose of these regulations, the following definitions shall apply:

10. Phase II means gasoline vapor recovery from vehicle fuel tanks during vehicle refueling operations from stationary tanks. May also be referred to as Stage II vapor recovery.

SECTION C – STANDARDS. For the purpose of these regulations, the following standards shall apply:

3. GASOLINE TRANSFER INTO VEHICLE TANKS (PHASE II)

A person shall not transfer, permit transfer, or provide equipment for the transfer of gasoline from a stationary storage container to which gasoline has been transferred from another container subject to the provisions of paragraph C1, above, into any motor vehicle fuel tank of greater than 19 liters (5 gallons) capacity unless;

- a. The dispensing unit used to transfer the gasoline from the

stationary storage container to the motor vehicle fuel tank is equipped with a "District Approved Vapor Control Systems"; and

- b. The vapor recovery system is operating in accordance with the manufacturer's specifications and shall be maintained to be "leak-free", "vapor-tight", and in good working order; and
- c. Equipment subject to this regulation is operated and maintained with none of the following defects:
 - (1) A nozzle boot which is torn in one or more of the following manners:
 - i. Triangular shaped or similar tear $\frac{1}{2}$ inch or more to a side.
 - ii. A hole $\frac{1}{2}$ inch or more in diameter.
 - iii. A slit 1 inch or more in length.
 - iv. Damaged face plate or flexible cone.
 - (2) Nozzle shut-off mechanisms which malfunction in any manner.
 - (3) Vapor return lines (including such components as swivels, anti-recirculation valves, and underground piping) which malfunction or are blocked or restricted.
 - (4) A vapor processing unit which is inoperative.

Any tank may be opened for gauging or inspection when loading operations are not in progress provided that such tank is not pressurized.

The requirements of **Section 040.080** do not apply to deliveries made to completely fill stationary tanks for the purpose of leak testing provided that such deliveries do not exceed 1,000 gallons at each facility.

Prohibition of use: whenever the Control Officer determines that a Phase II vapor recovery system, or any component thereof, contains a defect as described by these regulations, the Control Officer shall mark such system or component "Out of Order". No person shall use or permit the use of such marked component or system until it has been repaired, replaced, or adjusted, as necessary, and the Control

Officer has re-inspected it or has authorized its use pending re-inspection.

4. PHASE II EXEMPTIONS:

- a. Facilities with an annual throughput of less than 240,000 gallons of gasoline. Persons requesting such an exemption shall certify their eligibility annually and maintain adequate records as specified by the Control Officer.
- b. Vehicle to vehicle refueling
- c. Facilities which exclusively refuel vehicles that are not motor vehicles as defined by the Nevada Revised Statute 482.135.
- d. Any stationary tank with a fuel storage capacity of 1001 gallons or less.

GENERAL COMMENTS

On February 21, 2012, the Hearing Board for the referenced regulations held a public hearing to consider the evidence and testimony concerning the request of **THE HERTZ CORPORATION**, for a variance (**Case No. 1078**), to the requirements of Section 040.080 (Gasoline Transfer and Dispensing Facilities), Subsection C (Standards), 3 (Gasoline Transfer Into Vehicle Fuel Tanks (Phase II)), of the Washoe County District Board of Health Regulations Governing Air Quality Management.

Ms. Charlene Albee, Environmental Engineer II, advised Staff recommends **approval** of the request of The Hertz Corporation, Case No. 1078 for a variance to the requirements of the above stated Regulations. Advised, the request is to exempt a new 10,000 gallon above ground gasoline storage tank, which is scheduled for installation. Advised The Hertz Corporation currently has two (2) underground storage tanks at the facility; that these tanks will be removed and replaced with the above-the-ground gasoline storage tank.

Ms. Albee advised the variance request is to allow for an exemption to the requirements specific to Phase II vapor recovery, "which recovers the vapors when gasoline is transferred from the storage tank into the vehicle." Advised, when the Clean Air Act was developed, provisions were incorporated allowing for exemption to Phase II recovery when vehicles "would have on-road vapor recovery built-in." Advised The Hertz Corporation Fleet Services has "been able to demonstrate

that 100% of the fleet is equipped with on-road vapor recovery; therefore, even without a vapor recovery system for the tank there is no net emission increase as the recovery has been transferred from one (1) system to another."

Ms. Albee advised, based on the demonstration of 100% on-vehicle vapor recovery for the fleet and no net increase in emissions, the Air Quality Management Division is recommending the **approval of variance request Case No. 1078 (The Hertz Corporation)**, for a period of **twelve months** (from March 22, 2012 through March 22, 2013).

Ms. Albee advised during the period of the variance Staff will be in the process of developing regulatory amendments to provide all fleets, which can demonstrate 100% on-road vapor recovery (ORVR), the option of exemption to Phase II recovery for the gasoline storage tanks.

In response to Mr. Harris regarding the number of anticipated variance requests with the advent of the proposed amendment to the Regulations, Ms. Albee stated, currently Staff does not anticipate any additional requests, as this variance is specific to the installation of a new above-the-ground storage tank, and there are no authority to construct requests for new tanks pending. Ms. Albee stated, once the amendment is adopted there may be other companies with fleet facilities that will choose to remove the Phase II Vapor Recovery equipment. Ms. Albee stated, conversion of the storage tanks is "easy, as it only requires the 'capping-off' of the piping at the bottom of the dispenser and change to the hose and nozzle." Advised, conversion would eliminate "a lot of maintenance and testing requirements"; therefore, more companies may take advantage of the exemption once the Regulations are amended; however, she does not anticipate any requests prior to that.

Ms. Albee advised there are no recommended conditions associated with the variance request.

FINDINGS OF FACT

The Hearing Board may recommend a variance only if, after a hearing on due and proper notice it finds a preponderance of evidence that:

1. The emissions occurring or proposed to occur do not endanger or tend to endanger the health or safety of persons living in the Washoe County Health District:

No person living in the Health District will be endangered by the emissions occurring from the gasoline dispensing facility if the variance is approved. The application has identified the fleet vehicles that will be serviced at the maintenance facility and documented the vehicles are equipped with on-road vapor recovery (ORVR) which will

capture and control vapors in place of the Phase II Vapor Recovery System. There will be no increase in emissions from the facility.

2. Compliance with these Regulations would produce serious hardship on the petitioner without equal or greater benefits to the public:

The expense associated with the installation of the Phase II Vapor Recovery System, including tank fittings and underground piping, will not result in any environmental gain. The fleet vehicles are equipped with ORVR which provides the environmental control required during the refueling of vehicles.

3. Owners of property in the general vicinity of the proposed emission would not be adversely affected by the emissions:

The operation of the gasoline dispensing facility without Phase II Vapor Recovery will have no impact on the property in the general vicinity as there will be no increase in emissions.

MOTION

Dr. Fitzgerald moved that based upon the testimony presented, it be recommended to the District Board of Health that the request of **THE HERTZ CORPORATION, Case No. 1078**, to vary the requirements of Section 040.080 (Gasoline Transfer and Dispensing Facilities), Subsection C (Standards), 3 (Gasoline Transfer Into Vehicle Tanks – Phase II) of the Washoe County District Board of Health Regulations Governing Air Quality Management, be **approved** for a period of one (1) year (March 22, 2012 through March 22, 2013).

The motion was seconded by Mr. Harris and carried unanimously for approval.

Charlene Albee
for JON GREENE, ACTING CHAIRMAN
AIR POLLUTION CONTROL HEARING BOARD

Janet Smith
JANET SMITH, CAP/CPS
RECORDER



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



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The Air Pollution Control Hearing Board has been established pursuant to Section 020.025 of the Washoe County District Board of Health Regulations Governing Air Quality Management, and Section 020.0251 authorizes its jurisdiction in hearing appeals from any aggrieved person. This Board is comprised of volunteers appointed by the District Board of Health, who meet the qualifications required in Section 020.025.

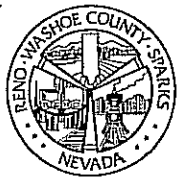
Appeals heard today, February 21, 2012, will be forwarded to the District Board of Health with a recommendation, as set forth in Section 020.0251 (D), and will be reviewed at their next regularly scheduled meeting, Thursday, March 22, 2012, at 1:00 p.m. At the discretion of the District Board of Health, all appellants may provide further testimony regarding their case at that time. Appellants must indicate in writing, in a letter addressed to the District Health Officer, within five (5) days of today's hearing, that they wish to be heard at the District Board of Health meeting.

*The Hertz Corporation
Reno/Tahoe Airport
1-12AQM*

[Signature]
Appellant's Signature

2/21/12
Date

APPELLANT NOTIFICATION
OF THE DBOH MEETING, MARCH 22, 2012



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
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March 13, 2012

Thomas Trapp
Enviroscapes Inc
215 Deans Lane
Monmouth Junction NJ 08852-2427

RE: Variance Request – The Hertz Corporation
Reno-Tahoe International Airport
Maintenance Facility

The matter noted above has been scheduled before the District Board of Health for review on *March 22, 2012*, at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B Auditorium B. As the Board may have some questions concerning this case, it would be wise to have someone familiar with the facts in attendance.

If you have any questions or need further information, please contact me at (775) 784-7211.

Sincerely,

A handwritten signature in cursive script that reads "Charlene Albee".

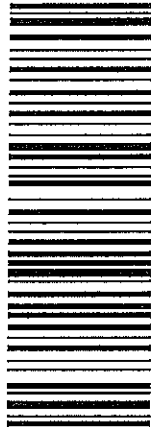
Charlene Albee
Branch Chief
Air Quality Management Division
Washoe County Health District

CA: ma

3/12/12

DBOH MEETING NOTIFICATION

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: February 21, 2012

TO: Air Pollution Control Hearing Board

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Variance Request – The Hertz Corporation
Reno-Tahoe International Airport
Maintenance Facility

Agenda Item: 4

Recommendation

Air Quality Management Division Staff recommends the issuance of a variance to the Hertz Corporation (Hertz) for an exemption from the Phase II Vapor Recovery requirements, Section 040.080(C) of the District Board of Health Regulations Governing Air Quality Management, for a new above ground gasoline storage tank. Additionally, staff commits to propose for adoption, within the next 12 months, a regulation to be included in the Phase II Exemptions, Section 040.080(C)(4), for fleets that can demonstrate the widespread use of onboard refueling vapor recovery (ORVR).

Background

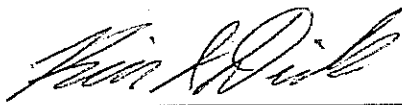
On January 4, 2012, Washoe County Health District, Air Quality Management Division received an application from Enviroscapes, Inc. on behalf of Hertz for a variance from the requirements for Phase II Vapor Recovery, Section 040.080(C)(3), for a new 10,000 gallon above ground gasoline storage tank. The application included a copy of the memorandum issued on December 12, 2006, by the U.S. Environmental Protection Agency providing guidance to Air Quality Control Agencies with regards to the removal of Phase II Vapor Recovery. The installation of Phase II Vapor Recovery at gasoline dispensing facilities is a result of the requirements of the Clean Air Act in areas of ozone non-attainment. The Phase II Vapor Recovery Regulations were adopted by the Board of Health on February 27, 1991, following the redesignation of Washoe County to moderate non-attainment for ozone.

The Clean Air Act did provide for an exemption from the Phase II Vapor Recovery requirements upon the demonstration of the widespread availability of ORVR. The variance application submitted by Enviroscope includes documentation of the installation of ORVR on all of the fleet vehicles that may be serviced at the Reno-Tahoe International Airport Maintenance Facility. The documentation included the make, model year, gross vehicle weight, and the evaporation family code assigned to the ORVR system.

After review of the information provided in the application, Air Quality Management staff is recommending the issuance of a variance from Section 040.080(C)(3), Gasoline Transfer into Vehicle Fuel Tanks (Phase II), to Hertz for a period of 12 months. During that 12 month period, staff commits to propose for adoption an exemption for fleet vehicles that can demonstrate widespread use of ORVR to be included in Section 040.080(C)(4).

Alternatives

1. The Air Pollution Control Hearing Board may determine that the issuance of a variance may be approved but with additional conditions of approval and/or duration.
2. The Board may determine that the issuance of a variance is not appropriate and deny the application.



Kevin Dick
Director Air Quality Management

CA/KD: ma

WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

VARIANCE REQUEST:

THE HERTZ CORPORATION
Reno-Tahoe International Airport
Maintenance Facility

02-21-12

FACILITY:

The Hertz Corporation
Reno-Tahoe International Airport – Maintenance Facility
1551 National Guard Way
Reno, Nevada

APPLICANT:

Mr. Thomas Trapp
Enviroscapes, Inc.
215 Deans Lane
Monmouth Junction, NJ
(732) 422-4449

On Behalf of

Mr. Stephen Jarvis
The Hertz Corporation
1551 National Guard Way
Reno, NV
(775) 785-2638

DISTRICT REPRESENTATIVE:

Charlene Albee, Environmental Engineer II
Washoe County Health District
Air Quality Management Division
1001 E. 9th Street Ste. 115A
Reno, Nevada 89512
(775) 784-7211

DETAILS:

On January 4, 2012, an application was submitted by Enviroscapes, Inc., on behalf of The Hertz Corporation (Hertz), requesting a variance from the Phase II Vapor Recovery regulations, specifically Section 040.080(C)(3) of the Washoe County Health District Regulations Governing Air Quality Management. The variance request applies to the installation of a new above ground gasoline tank.

Hertz currently owns and operates a rental car maintenance facility at the Reno-Tahoe International Airport, Permit to Operate #J0197GS. The gasoline distribution equipment includes two (2) 10,000 gallon underground storage tanks providing fuel to two (2) service islands with two (2) gasoline dispensers. Hertz is proposing to remove the two (2) underground storage tanks and replace them with one (1) 10,000 gallon aboveground storage tank which would be connected to the existing dispenser islands.

District Regulation 040.080(C) (3) states in part:

A person shall not transfer, permit transfer, or provide equipment for the transfer of gasoline from a stationary storage container...into any motor vehicle fuel tank of greater than 19 liters (5 gallons) capacity unless;

a) The dispensing unit used to transfer the gasoline from the stationary storage container to the motor vehicle fuel tank is equipped with a "District Approved Vapor Control System.

The submittal of the variance request is based on a memorandum issued by the U.S. Environmental Protection Agency on December 12, 2006, providing guidance to States concerning the removal of Phase II Vapor Recovery Systems in cases where fleet vehicles could demonstrate the widespread use of onboard refueling vapor recovery (ORVR). The specific fleets addressed by this memo included:

1. initial fueling of new vehicles at automobile assembly plants
2. refueling of rental cars at rental car facilities
3. refueling of flexible fuel vehicles at E85 dispensing pumps

The guidance document explains that use of Phase II Vapor Recovery Systems became required at gasoline dispensing facilities located in Ozone non-attainment areas as a control measure under the Clean Air Act. This requirement was incorporated in the District Health Regulations Governing Air Quality on February 27, 1991 as a result of Washoe County being designated as Moderate Non-Attainment for Ozone and was submitted as part of the federally approved State Implementation Plan (SIP).

EPA was provided the opportunity to waive the Phase II Vapor requirements under Section 202(a)(6) of the Clean Air Act if it was determined that ORVR is in widespread use throughout a motor fleet. As part of the petition request for a variance, Enviroscapes has provided a list of all of the vehicles included in the Hertz fleet that may be serviced at the Reno-Tahoe Maintenance Facility. The itemized list provides documentation including the vehicle model, year of manufacture, gross vehicle weight, and evaporation family code identifying the installation of ORVR.

In addition, Enviroscapes has also provided copies of permits to operate that have been issued to Hertz reflecting the exemption from Phase II Vapor Recovery in California. The County of San Diego, Air Pollution Control District, and the Bay Area Air Quality Management District have both issued permits to Hertz identifying the exemption based on the ORVR equipped vehicle. San Diego has identified widespread use as 95% of the fleet while Bay Area has established 90% use.

FINDINGS OF FACT:

In accordance with Section 020.0253(B), the Air Pollution Hearing Board may recommend a variance only if, after a hearing on due and proper notice, it finds from a preponderance of evidence that:

1. The emissions occurring or proposed to occur do not endanger or tends to endanger the health or safety of persons living in the Washoe County Health District:

No persons living in the Health District will be endangered by the emissions occurring from the gasoline dispensing facility if the variance is approved. The application has identified the fleet vehicles that will be serviced at the maintenance facility and documented they are equipped with ORVR which will capture and control vapors in place of the Phase II Vapor Recovery System. There will be no increase in emissions from the facility.

2. Compliance with these regulations would produce serious hardship on the petitioner without equal or greater benefits to the public:

The expense associated with the installation of the Phase II Vapor Recovery System, including tank fittings and underground piping, will not result in any environmental gain. The fleet vehicles are equipped with ORVR which provides the environmental control required during the refueling of vehicles.

3. Owners of property in the general vicinity of the proposed emission would not be adversely affected by the emissions:

The operation of the gasoline dispensing facility without Phase II Vapor Recovery will have no impact on the property in the general vicinity since there will be no increase in emissions.

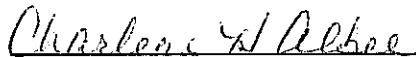
DISPOSITION:

On behalf of Hertz, Enviroscapes has submitted a complete application and provided adequate information to support the approval of the issuance of a variance from Section 040.080(C)(3) of the Washoe County Health District Regulations Governing Air Quality Management.

RECOMMENDATION:

Based on the information provided in the application and a review of the supplemental documentation, staff recommends the issuance of the variance for a period of 12 months.

AQMD staff recognizes the issue of the exemption from Phase II Vapor Recovery may be applicable to other gasoline dispensing facilities located in Washoe County. Therefore, in addition to recommending the approval of the variance, staff will commit to drafting a proposed regulation to be included in Section 040.083(C)(4), Phase II Exemptions, for fleets that are able to demonstrate the widespread availability of ORVR. Staff proposes to have the new regulation adopted within the next 12 months.



Charlene H. Albee
Environmental Engineer II

Enviroscapes, Inc.

Environmental and Ecological Restoration Services



December 21, 2011

AIR QUALITY MGMT.

Via: Certified Mail

Washoe County Health District
Air Quality Management Division
Mr. Kevin Dick
P.O. Box 11130
Reno, Nevada 89520-0027

DEC 28 2011
WASHOE COUNTY
HEALTH DIST.

RE: *PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD*
PHASE II VAPOR RECOVERY VARIANCE
HERTZ RENTAL CAR FACILITY (RAC #1275-11)
RENO/TAHOE INTERNATIONAL AIRPORT – MAINTENANCE FACILITY
1551 NATIONAL GUARD WAY
RENO, NEVADA

Dear Mr. Dick:

On behalf of the Hertz Corporation (Hertz), Enviroscapes, Inc. (Enviroscapes) is pleased to present this enclosed Petition/Variance Request to the Washoe County Health District, Air Quality Management Division (the District) for an exemption from Phase II Vapor Recovery regulations.

1.0 BACKGROUND

Hertz currently operates a rental car maintenance facility at the referenced location. Two (2) 10,000-gallon unleaded gasoline underground storage tank (USTs) are currently used to supply gasoline to two (2) fuel islands. Hertz wishes to decommission and remove the existing gasoline USTs and install one (1) new 10,000-gallon gasoline aboveground storage tank (AST) system.

Hertz is currently in the process of developing design documents and permit applications for this project. Since the Hertz rental car fleet is equipped with Onboard Refueling Vapor Recovery (ORVR), Hertz is petitioning the District for an exemption from the applicable statutes requiring Phase II Vapor Recovery.

2.0 ENCLOSURES

Enclosed please find the following enclosures:

- Attachment No. 1: Petition to the Air Pollution Control Hearing Board (pages 1 and 2)
- Attachment No. 2: Supporting Documentation – Hertz Onboard Refueling Vapor Recovery (ORVR) Fleet Information
- Attachment No. 3: Supporting Documentation – Hertz Phase II Vapor Recovery Exemptions from Neighboring States/Jurisdictions
- Attachment No. 4: Variance Fee (in the form of a check in the amount of \$228.00)

P.O. Box 5067 Kendall Park, NJ 08824 / 215 Deans Lane, Monmouth Junction, NJ 08852
telephone # (732) 422-4449 - fax # (732) 422-4450
visit us at: www.enviroscapesinc.com

3.0 BASIS FOR APPEAL/VARIANCE & FINDINGS OF FACT

3.1 Rental Fleet / ORVR Information

Provided as Attachment No. 2 is the following documentation:

- ✓ **California Air Resources Board (CARB) ORVR Technical Guidance Document:** a technical guidance document prepared by Mobile Source Operations Division of CARB which summarizes/details how to determine if a vehicle is ORVR compliant.

In summary, if a vehicle is comprised of model year 2000 or newer passenger cars (PC), model year 2003 or newer light duty trucks (LDT), and model year 2006 or newer medium duty vehicles (MDV) less than 8,500 pounds gross vehicle weight rating – these vehicles are ORVR compliant. In addition, if the tune-up label (aka the emission label) indicates that the fifth (5th) letter in the Evaporation Family Code is an “R” – the vehicle is ORVR compliant.

- ✓ **The Hertz Corporation – Rental Vehicle Fleet Summary – Reno, Nevada Rental Pool:** a detailed list of the Hertz Reno, Nevada rental car pool.

The Hertz Reno rental car fleet is comprised of model year 2011 and 2012 PCs and LDTs. By industry standards, these vehicles are ORVR compliant.

- ✓ **The Hertz Corporation – Rental Vehicle Fleet Summary – Model Year 2009 – Western Region Rental Pool:** a summary of the oldest model year vehicles (2009) currently maintained in the Hertz Western Region vehicle rental fleet. These vehicles would be used across the entire Hertz Western Region and could arrive, and be maintained (including refueling) at the Reno, NV location.

The oldest vehicles maintained in the Hertz Western Region rental fleet are model year 2009 or newer. As detailed on the enclosed summary, the fifth (5th) letter in the Evaporation Family Code for every vehicle is an “R” – depicting all the vehicles are ORVR compliant.

3.2 Hertz Phase II Vapor Recovery Exemptions from Neighboring States/Jurisdictions

Provided as Attachment No. 3 is the following documentation:

- ✓ **United States Environmental Protection Agency (USEPA) Memorandum dated December 12, 2006:** a memo providing guidance and the basis for exemptions from Phase II Vapor Recovery in refueling of rental cars at rental car facilities.

The Memo provides that if 95% of vehicles in an automobile rental fleet are equipped with ORVR – then widespread use of ORVR could be found for the motor vehicle fleet refueling at that facility – essentially presenting the opportunity for an exemption from Phase II Vapor Recovery requirements.

- ✓ **Previously Acquired Phase II Vapor Recovery Exemptions:** exemptions from Phase II Vapor recovery received from numerous air quality districts in neighboring states/jurisdictions.

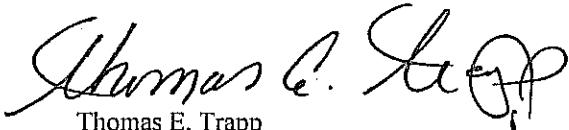
Hertz has received Phase II Vapor Recovery exemptions from numerous air quality districts in neighboring states/jurisdictions. Several are as follows:

- ❖ County of San Diego Air Pollution Control District – Hertz San Diego, CA.*
- ❖ Bay Area Air Quality Management District – Hertz Santa Rosa, CA.*
- ❖ Bay Area Air Quality Management District – Hertz San Leandro, CA.*

As requested, enclosed are permits to operate from the above listed air control districts documenting Hertz' exempt status.

I trust the enclosed documentation provides the prerequisite information to allow the District to make a decision on the variance request at hand. Please do not hesitate to contact me at (732) 422-4449 or Mr. Gregory Smith at (201) 307-2421 with any questions or comments regarding the enclosed information.

Sincerely yours,
Enviroscapes, Inc.



Thomas E. Trapp
Sr. Project Manager
Enviroscapes, Inc.

Encl.

cc: Mr. Gregory M. Smith (Hertz Compliance Manager – Park Ridge, NJ)
Mr. Stephen M. Jarvis (Hertz Reno City Manager – Reno, NV)

ATTACHMENT NO. 1

PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD (PAGES 1 AND 2)

***PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD
PHASE II VAPOR RECOVERY VARIANCE
HERTZ RENTAL CAR FACILITY (RAC #1275-11)
RENO/TAHOE INTERNATIONAL AIRPORT - MAINTENANCE FACILITY
1551 NATIONAL GUARD WAY
RENO, NEVADA***



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

ALL APPLICANTS REQUESTING A PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD

The attached "Petition" covers three separate situations:

1. Appeal of an order by the control officer. Only page one is required. No fee.
2. Appeal of a violation. Only page one is required. No fee.
3. Request for a variance. Both pages one and two are required along with a \$228.00 variance fee. Upon receipt of the required information, a public hearing will be set and public notification will be listed in the legal section of a local newspaper. The cost of publication is included in the variance fee.

Fill out the forms as completely as possible; use additional sheets if necessary. Upon receipt of the completed petition, a hearing date will be scheduled; notification of this date will be sent to all interested parties.

Should you have any questions regarding the appeal/variance process, please contact Kevin Dick, Air Quality Division Director at (775) 784-7200.

Make check payable to:

Washoe County Health District

Mail check with Petition to:

Air Quality Management Division
Attn: Kevin Dick
P O Box 11130
Reno NV 89520-0027

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

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WASHOE COUNTY HEALTH DISTRICT
1001 EAST 9TH STREET, BLDG A-115
RENO NV 89502
(775) 784-7200 * FAX (775) 784-7225

A PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD

PETITIONER: THE HERTZ CORPORATION PHONE: (201) 307-2421 [GREG SMITH]
ADDRESS (MAILING): 225 BRAE BLVD. PARK RIDGE, N.J. ZIP CODE: 07656
ADDRESS (ACTUAL LOCATION): 1551 NATIONAL GUARD WAY - RENO, NEVADA 89502

EQUIPMENT OR PROCESS REGISTERED WITH CONTROL OFFICER? YES NO

APPEAL OF ORDER _____
APPEAL OF VIOLATION _____
REQUEST FOR VARIANCE

VIOLATION NOTICE RECEIVED: # N/AP. DATE: N/AP.
REGULATION INVOLVED: SECTION: 040.080 ; (C) (3)

BASIS FOR APPEAL/VARIANCE: _____

HERTZ MAINTAINS A FLEET OF RENTAL
CAR VEHICLES THAT ARE ORVR COMPLIANT.

SEE ADDITIONAL INFORMATION PROVIDED
IN THE LETTER PROVIDED WITH THIS
SUBMISSION.

FILED BY: THOMAS E. TRAPP SR. Project MANAGER - ENVIROSCAPES INC.
Name (Type or Print) Title

Thomas E. Trapp DECEMBER 21, 2011
Signature Date

[ON BEHALF OF THE HERTZ CORPORATION - MR. GREG SMITH]

FINDINGS OF FACT

At the hearing, the Board shall receive all relevant evidence and make written findings of fact as to whether:

- 1. The emissions occurring, or proposed to occur, do not endanger, or tend, to endanger health or safety of persons living in the Washoe County Health District:

SEE BASIS OF VARIANCE PRESENTED
IN ACCOMPANYING LETTER.

- 2. Compliance with these regulations would produce serious hardship on the petitioner without equal or greater benefits to the public:

SAME AS ABOVE.

- 3. Owners of property in the general vicinity of the proposed emission would not be adversely affected by the emissions:

SAME AS ABOVE.

(Use additional sheets if necessary)

James G. Lipp - ENVIROSCOPE, INC. 12/21/11

ATTACHMENT NO. 2
SUPPORTING DOCUMENTATION –
HERTZ ONBOARD REFUELING VAPOR RECOVERY (ORVR) FLEET INFORMATION

PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD
PHASE II VAPOR RECOVERY VARIANCE
HERTZ RENTAL CAR FACILITY (RAC #1275-11)
RENO/TAHOE INTERNATIONAL AIRPORT – MAINTENANCE FACILITY
1551 NATIONAL GUARD WAY
RENO, NEVADA

Draft for fleet owners: How to determine if a gasoline-powered vehicle is on-board refueling vapor recovery (ORVR) compliant

Vehicle Class	Non-ORVR Vehicles	ORVR Phase-in Model Years (Transition Years)	ORVR model years
<p>Passenger Cars: Check the model year and vehicle class on the emission label (tune-up label) in the engine compartment. Look for an indication that the vehicle is a passenger car or "PC" or "LDV."</p>	<p>If the model year is 1997 or older, it is non-ORVR.</p>	<p>1998, 1999: Check the emission label (tune-up label) in the engine compartment. If the evaporative family code has an "R" as the fifth character in the sequence, it is ORVR compliant. If the evaporative family code contains any other character as the fifth character in the sequence, it is not ORVR compliant, and may be presumed to be non-ORVR.</p>	<p>If the vehicle is a model year 2000 or newer year passenger car (PC), it is ORVR</p>
<p>Light Duty Trucks: Check the vehicle weight inside the driver's door frame. If the gross vehicle weight rating (GVWR) is 6000 lbs. or less, then the vehicle is a light-duty truck and may be subject to the ORVR requirements. Check the emission label (tune-up label) in the engine compartment for indication of the model year and confirm that the vehicle is a light-duty truck or "LDT."</p>	<p>If the model year is 2000 or older, it is non-ORVR.</p>	<p>2001, 2002: Check the emission label (tune-up label) in the engine compartment. If the evaporative family code has an "R" as the fifth character in the sequence, it is ORVR compliant. If the evaporative family code contains any other character as the fifth character in the sequence, it is not ORVR compliant, and may be presumed to be non-ORVR.</p>	<p>If the vehicle is a model year 2003 or newer year light-duty truck (LDT), it is ORVR.</p>
<p>Light Duty Trucks / Medium-Duty Vehicles: Check the vehicle weight inside the driver's door frame. If the gross vehicle weight rating (GVWR) is greater than 6000 lbs., the vehicle may be a light-duty truck or medium-duty vehicle subject to the ORVR requirements. Check the emission label (tune-up label) in the engine compartment for indication of the model year and confirm that the vehicle is a light-duty truck or "LDT" or medium-duty vehicle or "MDV."</p>	<p>If the model year is 2003 or older, it is non-ORVR.</p>	<p>2004, 2005: Check the emission label (tune-up label) in the engine compartment. If the evaporative family code has an "R" as the fifth character in the sequence, it is ORVR compliant. If the evaporative family code contains any other character as the fifth character in the sequence, it is not ORVR compliant, and may be presumed to be non-ORVR.</p>	<ul style="list-style-type: none"> • If the vehicle is a light-duty truck (LDT) or medium-duty vehicle (MDV) between 6000 and 8500 lbs. GVWR, and it is 2006 model year or newer, it is ORVR compliant. • If the vehicle is a medium-duty vehicle (MDV) between 8500 and 10000 lbs. GVWR, and it is 2006 model year or newer, the emission label (tune-up label) should be checked. If the evaporative family code has an "R" as the fifth character in the sequence, it is ORVR compliant. If the evaporative family code does not have an "R" as the fifth character in the sequence, it is not ORVR compliant. * • If the vehicle is a medium-duty vehicle (MDV) greater than 10000 lbs. GVWR, it is not ORVR compliant.

* As an alternative to checking the emission label for a 2006 model year or newer medium duty vehicle, the ARB Executive Order may be viewed for a manufacturer's model year and vehicle class. Please note that vehicles with 8501-10,000 lbs. GVWR are not required to meet ORVR requirements in California. However, Federal law requires vehicles with 8501-10,000 lbs. GVWR to be ORVR compliant. The ARB Executive Orders for vehicles in that weight class may not include certification results or the federal emissions standard for on-board vapor recovery. However, the vehicle is ORVR compliant if the evaporative family code has an "R" as the fifth character in the sequence.

The Hertz Corporation
Rental Vehicle Fleet Summary - Model Year 2009
Western Region Rental Pool (including Reno, NV)

MFR	MODGRP	CYL	Weight	Year	Evaporation Family Code	# of vehicles
FORD TRUCK(S)	ESCAPE	6	3547	2009	9FMXR0125NAB	20
	EXPED EL	8	6080	2009	9FMXR0265NBR	2
	EXPEDITION	8	5763	2009	9FMXR0265NBR	5
CADILLAC	DTS	8	4009	2009	9GMXR0133810	33
	STS	6	3973	2009	9GMXR0133810	3
		8	3995	2009	9GMXR0133810	12
CADILLAC TRUCK	ESCALADE	8	5691	2009	9GMXR0176822	45
CHEVROLET	AVEO	4	2546	2009	9GMXR0105817	9
			2579	2009	9GMXR0105817	9
	COBALT	4	3216	2009	9GMXR0105817	19
	EQUINOX	6	3776	2009	9GMXR0118811	23
	HR	4	3155	2009	9GMXR0120818	25
			3208	2009	9GMXR0120818	37
	IMPALA	6	3555	2009	9GMXR0133810	244
			3649	2009	9GMXR0133810	7
		8	3711	2009	9GMXR0133810	16
	MALIBU	4	3415	2009	9GMXR0133810	36
	CHEVROLET TRUCK	SUBURBAN	8	5743	2009	9GMXR0223840
	TAHOE	8	5524	2009	9GMXR0176820	10
FORD	FOCUS	4	2642	2009	9FMXR0125CNX	10
	FUSION	6	3355	2009	9FMXR0155GAA	10
	MUST CV	6	3345	2009	9FMXR0125NAA	40
			3526	2009	9FMXR0125NAA	80
	MUST SDN	6	3345	2009	9FMXR0125NAA	60
GMC	ACADIA	6	4936	2009	9GMXR0176820	33
HUMMER	HUMMER H2	8	6400	2009	9GMXR0223841	5
	HUMMER H3	5	4695	2009	9GMXR0176820	25
MAZDA	MAZDA 3	4	2811	2009	9TKXR0107GCX	62
			2983	2009	9TKXR0107GCX	5
	MAZDA 5	4	3475	2009	9TKXR0125GAK	10
	MAZDA 6	4	3309	2009	9TKKR0150GAK	21
MERCURY	GRAND MARQUIS	8	4117	2009	9FMXR0115GAA	25
LINCOLN	NAVIGATOR	8	6005	2009	9FMXR0265NBR	22
	TOWNCAR	8	4345	2009	9FMXR0115GAA	15
			4518	2009	9FMXR0115GAA	15
NISSAN	ALTIMA	4	3142	2009	9NSXR0120PBA	25
	MURANO	6	3983	2009	9NSXR0132PBA	10
	VERSA	4	2700	2009	9NSXR009PBA	10
			2722	2009	9NSXR009PBA	10
		2780	2009	9NSXR009PBA	10	
INFINITI	FX35	6	4315	2009	9NSXR0144MBA	10
PONTIAC	G6	4	3305	2009	9GMXR0133810	78
	TORRENT	6	3660	2009	9GMXR0118811	2
			3776	2009	9GMXR0118811	3
SATURN	AURA	4	3647	2009	9GMXR0133810	37
	VUE	4	3825	2009	9GMXR018813	2
		6	3825	2009	9GMXR018813	8
SUBARU	FORESTER	4	3250	2009	9FYXR01253CM	50
TOYOTA	AVALON	6	3625	2009	9TYXR0130A12	5
	CAMRY	4	3307	2009	9TYXR0130A12	258
	COROLLA	4	2745	2009	9TYXR0115P12	150
			2822	2009	9TYXR0115P12	43
	MATRIX	4	2822	2009	9TYXR0115P12	10
	PRIUS	4	2932	2009	9TYXR0030A42	55
	RAV4	4	3300	2009	9TYXR0130A22	5
			3444	2009	9TYXR0130A22	20
	SIENNA	6	4177	2009	9TYXR0165P22	15
Grand Total						1828

The Hertz Corporation
Rental Vehicle Fleet Summary
Reno, Nevada Rental Pool

Count of ITM						MDYR		
MFR	DCITY	MODGRP	WGT	CYL	DR	2011	2012	Grand Total
	4 RENO	TOWN COUNTRY	4532	6	F	15		15
			4538	6	F	14		14
FORD TRK	RENO	ESCAPE	3331	4	A		35	35
			3350	4	A	25		25
			3441	6	A		65	65
CADILLAC	RENO	CTS	3809	6	R	4		4
			3853	6	R	6		6
			3879	6	R	2		2
			3890	6	R	2		2
			3913	6	R	2		2
			3924	6	R	4		4
		DTS	3995	8	F	16		16
			4029	8	F	2		2
			4030	8	F	3		3
DODGE	RENO	GR CARAVAN	4440	6	F	112		112
			4522	6	F	24		24
			4528	6	F	20		20
CHRYSLER	RENO	TOWN COUNTRY	4532	6	F	1		1
DODGE TRK	RENO	RAM 1500	5054	8	A	10		10
			5055	8	A	4		4
BUICK	RENO	LACROSSE	3707	4	F	1		1
			3712	4	F	1		1
			3724	4	F	1		1
			3914	6	F	1		1
			4070	6	F	1		1
CHEVY	RENO	AVEO	2557	4	F	12		12
			2579	4	F	13		13
		CRUZE	3047	4	F	40		40
			3087	4	F	10		10
			3106	4	F	1		1
			3126	4	F	4		4
			3128	4	F	6		6
			3145	4	F	1		1
			3167	4	F	6		6
		EQUINOX	0	6	A		12	12
			4015	6	A		12	12
			4048	6	A		1	1
		HHR	3125	4	F	3		3
			3133	4	F	6		6
			3151	4	F	10		10
			3167	4	F	1		1
			3184	4	F	4		4
		IMPALA	3475	6	F	35		35
			3476	6	F	47		47
			3503	6	F	22		22
			3505	6	F	17		17
			3566	6	F	60		60
			3578	6	F		23	23
			3611	6	F		8	8
		MALIBU	3336	4	F	4		4
			3337	4	F	6		6
			3343	4	F	27		27
			3350	4	F	1		1
			3352	4	F	3		3
			3361	4	F	4		4

Count of ITM			MDYR					
MFR	DCITY	MODGRP	WGT	CYL	DR	2011	2012	Grand Total
		MALIBU	3371	4	F	4		4
			3372	4	F	7		7
			3379	4	F	1		1
			3381	4	F	1		1
			3383	4	F	2		2
			3409	4	F	2		2
			3411	4	F	2		2
			3412	4	F	3		3
			3436	4	F	2		2
			3437	4	F	2		2
			3438	4	F	3		3
			3439	4	F	2		2
			3538	6	F	3		3
			3540	6	F	20		20
			3577	6	F	14		14
			3579	6	F	13		13
CHEVY TRK	RENO	SILVERADO EXT	5248	8	A	3		3
		SUBURBAN	5681	8	A		5	5
			5689	8	A	5		5
			5701	8	A		2	2
			5708	8	A		16	16
			5709	8	A		7	7
			5714	8	A	2		2
			5737	8	A		2	2
			5739	8	A		28	28
		TAHOE	5601	8	A		20	20
			5627	8	A		11	11
			5661	8	A		14	14
		TRAVERSE	0	6	A		55	55
			4769	6	A		31	31
			4770	6	A		3	3
			4773	6	A		4	4
			4778	6	A		55	55
			4779	6	A		2	2
			4782	6	A		9	9
			4791	6	A		4	4
			4792	6	A		4	4
			4800	6	A		2	2
			4857	6	A		5	5
			4864	6	A		26	26
			4866	6	A		2	2
			4930	6	A		13	13
		YUKON	5625	8	A	7		7
FORD	RENO	MUST SDN	3342	6	R		11	11
GMC	RENO	ACADIA	4837	6	A		16	16
			4929	6	A		9	9
		YUKON	5625	8	A	37		37
			5628	8	A		3	3
			5629	8	A		33	33
			5630	8	A		5	5
			5635	8	A		5	5
			5637	8	A		1	1
			5645	8	A	5		5
			5663	8	A		6	6
			5665	8	A	13		13
			5671	8	A		2	2
		YUKON XL	5680	8	A		5	5
			5710	8	A		23	23
			5717	8	A	7		7

Count of ITM			MDYR						
MFR	DCITY	MODGRP	WGT	CYL	DR	2011	2012	Grand Total	
GMC	RENO	YUKON XL	5741	8	A		10	10	
			5742	8	A		2	2	
			5751	8	A	3		3	
JEEP	RENO	COMPASS	3286	4	A	4		4	
			3362	4	A	26		26	
			Patriot	3395	4	A	21		21
				3445	4	A	1		1
				3500	4	A	3		3
MITSU	RENO	WRANGLER	0	6	A		50	50	
		SPYDER	3425	4	F		20	20	
NISSAN	RENO	ALTIMA	3007	4	F	2		2	
		MAXIMA	3076	4	F	80		80	
TOYOTA	RENO	ROGUE	3423	6	F	5		5	
		SENTRA	3338	4	A	5		5	
		CAMRY	2902	4	F	45		45	
			3208	4	F	26		26	
		RAV4	3230	4	F	24		24	
		3408	4	A	15		15		
Grand Total						1034	677	1711	

***ATTACHMENT NO. 3
SUPPORTING DOCUMENTATION -
HERTZ PHASE II VAPOR RECOVERY EXEMPTIONS FROM NEIGHBORING STATES/JURISDICTIONS***

***PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD
PHASE II VAPOR RECOVERY VARIANCE
HERTZ RENTAL CAR FACILITY (RAC #1275-11)
RENO/TAHOE INTERNATIONAL AIRPORT - MAINTENANCE FACILITY
1551 NATIONAL GUARD WAY
RENO, NEVADA***



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RESEARCH TRIANGLE PARK, NC 27711

DEC 12 2006

OFFICE OF
AIR QUALITY PLANNING
AND STANDARDS

MEMORANDUM

SUBJECT: Removal of Stage II Vapor Recovery in Situations Where Widespread Use of Onboard Refueling Vapor Recovery is Demonstrated

FROM: Stephen D. Page, Director *Steve Page*
Office of Air Quality Planning and Standards

Margo Tsirigotis Oge, Director *Margo T. Oge*
Office of Transportation and Air Quality

TO: Regional Air Division Directors

The purpose of this memorandum is to provide guidance to States concerning the removal of Stage II gasoline vapor recovery systems where States demonstrate to EPA that widespread use of onboard refueling vapor recovery (ORVR) has occurred in specific portions of the motor vehicle fleet. The specific fleets addressed here include:

1. initial fueling of new vehicles at automobile assembly plants
2. refueling of rental cars at rental car facilities
3. refueling of flexible fuel vehicles at E85 dispensing pumps

Background

Stage II vapor recovery systems are required to be used at gasoline dispensing facilities located in serious, severe, and extreme non-attainment areas for ozone under section 182(b)(3) of the Clean Air Act (CAA). States have included these control measures in their federally-approved state implementation plans (SIPs) in the form of generally applicable regulatory requirements governing all gasoline dispensing facilities that exceed the relevant gasoline dispensing throughput criteria. However, section 202(a)(6) of the CAA allows EPA to revise or waive the section 182(b)(3) Stage II requirement for these ozone non-attainment areas after the Agency determines that ORVR is in widespread use throughout the motor vehicle fleet.

CAA section 202(a)(6) does not specify which motor vehicle fleet must be the subject of a widespread use determination before EPA may revise or waive the section 182(b)(3) Stage II requirement. Nor does the CAA identify what level of ORVR use in the motor vehicle fleet must be reached before it is "widespread." EPA expects the possibility of

different rates of the implementation of ORVR across different geographic regions and among different types of motor vehicle fleets within any region. Given this, EPA does not believe that CAA section 202(a)(6) must be read narrowly to allow a widespread use determination and waiver of the Stage II requirement for a given area or area's fleet only if ORVR use has become widespread throughout the entire United States, or only if ORVR use has reached a definite level in each area. Rather, EPA believes that section 202(a)(6) allows the Agency to apply the widespread use criterion to either the entire motor vehicle fleet in a State or non-attainment area, or to special segments of the overall fleet for which ORVR use is shown to be sufficiently high, and to base widespread use determinations on differing levels of ORVR use, as appropriate. Moreover, a single national rulemaking is not needed to grant such a waiver for a specific area. Instead, EPA believes that the Act allows the Agency to use an area-specific rulemaking approving a SIP revision to issue the section 202(a)(6) waiver for a relevant fleet in a non-attainment area, where a State meets the recommended criteria discussed below.

Various metrics have been studied for demonstrating widespread use of ORVR in motor vehicle fleets. One metric focuses on the percentage of vehicles in service that are ORVR-equipped. Based on our preliminary analysis, this metric seems to track fairly closely with the percentage of vehicle miles traveled (VMT) from ORVR-equipped vehicles, and with the percentage of gasoline sold which is dispensed to ORVR-equipped vehicles. In fact, since newer vehicles tend to be driven more miles than older models, VMT traveled by ORVR-equipped vehicles and gasoline dispensed to ORVR-equipped vehicles may exceed 95 percent in a 95 percent ORVR-equipped fleet.

Another metric that EPA considered is when VOC emissions resulting from the application of ORVR controls alone equal the VOC emissions when both Stage II vapor recovery systems and ORVR controls are used, after accounting for incompatibility excess emissions. The incompatibility excess emissions factor relates to losses in control efficiency when certain types of Stage II and ORVR are used together. Studies conducted in three northeastern states indicate that when the percentages of motor vehicles in service with ORVR, vehicle miles traveled by ORVR-equipped vehicles, or gasoline dispensed to ORVR-equipped vehicles are above 95 percent, then the widespread use metric based on comparable VOC emissions will likely have been reached. For this reason, EPA believes that if 95 percent of the vehicles in a fleet have ORVR, then widespread use will likely have been demonstrated.

1. Initial Fueling at Automobile Assembly Plants

Based on our preliminary analysis, EPA expects that if a State's submission of a SIP revision shows that 95 percent of the new vehicles fueled at an automobile assembly plant are equipped with ORVR, and that this level of ORVR use would not decrease, the Agency can determine that widespread use of ORVR has been achieved for the fleet of motor vehicles that are fueled at that facility.

Since model year 2000, all passenger cars have been required to have ORVR. Also since 2006, all light duty trucks, SUVs and medium duty vehicles are required to be equipped

with ORVR. There may be a few situations, such as the chassis for motorized mobile homes, which still do not have ORVR. However, the number of these would be small. It is apparent that at most automobile assembly plants greater than 95 percent of the vehicles manufactured would have ORVR. Many assembly plants manufacture 100 percent ORVR equipped vehicles. Only such new vehicles are expected to be fueled at the automobile assembly plants.

States desiring to remove the Stage II requirement for these facilities would need to submit a SIP revision that EPA would evaluate through notice and comment rulemaking. The SIP would need to demonstrate that the widespread use benchmark has been achieved and provide assurance that any facility wishing to remove Stage II equipment maintains its eligibility for its motor vehicle fleet. Any EPA SIP approval would also be subject to the CAA section 110(l) requirement that the revision not interfere with any applicable requirement concerning attainment and reasonable further progress, or any other requirement of the CAA.

2. Refueling of Rental Cars at Rental Car Facilities

Similarly, EPA expects that if a SIP revision submission demonstrates that 95 percent of the vehicles in an automobile rental fleet refueling at a rental car facility are equipped with ORVR and that this level of ORVR use would not decrease, then widespread use of ORVR could be found for the motor vehicle fleet refueling at that facility. Most large rental car companies rent current model vehicles that would all have ORVR. There may be truck rental companies which have older vehicles which do not have ORVR and that would not be able to demonstrate widespread use of ORVR for their fleets. As discussed above, any SIP revision would be subject to CAA section 110(l) and other applicable requirements, and State and local agencies should consider any potential transportation conformity impacts if Stage II is currently included in a SIP's on-road motor vehicle emissions budget.

3. Refueling Flexible Fuel Vehicles at E85 Dispensing Pumps

E85 is a motor vehicle fuel that is a blend of as little as 15 percent gasoline and up to 85 percent ethanol. (In wintertime applications, the ratio may be 30 percent gasoline and 70 percent ethanol.) Ethanol is ethyl alcohol, a type of alcohol which can be produced from renewable resources such as corn. Based on the agency's survey of existing SIPs, EPA believes that most States have defined "gasoline" (for purposes of controlling emissions of VOC from refueling activities) to include gasoline/alcohol blends that have the same volatility as E85. EPA's guidance for States in developing their Stage II SIPs in the early 1990s suggested that States use the same definition of "gasoline" as the one found in EPA's Standards of Performance for Bulk Gasoline Terminals at 40 C.F.R. 60.501, which includes "any petroleum distillate or petroleum distillate/alcohol blend having a Reid vapor pressure of 27.6 kilopascals (kPa) or greater which is used as a fuel for internal combustion engines." EPA recommended using this definition to most broadly reach situations in which refueling of motor vehicles results in evaporative VOC emissions that contribute to ozone non-attainment concentrations, and to avoid a narrow interpretation of what is "gasoline" that

would allow significant VOC emissions from motor vehicle refueling activities in non-attainment areas to go uncontrolled.

E85 can only be used in specially designed flexible fuel vehicles (FFVs), which have mostly been manufactured since 1998. Since these are newer vehicles, most of them are equipped with ORVR, and every FFV built today has ORVR. Thus, most vehicles refueling at E85 dispensing pumps are already having their evaporative emissions captured, as in the cases of late model rental cars refueling at rental car facilities and newly manufactured cars being fueled for the first time at automobile assembly plants. EPA estimates that 59 percent of FFVs in current use are equipped with ORVR. The percentage of FFVs with ORVR will continue to climb as older vehicles are taken out of service and new models join the fleet. Across different ozone non-attainment areas and between States, these percentages may vary.

EPA believes that encouraging the use of E85 as a motor vehicle fuel reduces emissions of other air pollutants such as CO and benzene, a known human carcinogen, and reduces emissions of greenhouse gases. In addition, based on available information, the Agency is concerned that there is currently a lack of certified Stage II equipment for E85 (which may require different materials of construction than conventional Stage II equipment), and that the timing for when certified E85-compatible equipment will become widely available is uncertain. This may unnecessarily hinder E85 distribution in areas that now require Stage II.

Unlike in the cases of automobile assembly plants and rental car facilities, EPA is not recommending a specific percentage of the FFV fleet that should have ORVR before widespread use could be determined. This is because most E85 compatible vehicles are already equipped with ORVR and this percentage is increasing over time, whereas for automobile assembly plants and car rental facilities very high percentages of ORVR use have in most cases already been reached and are not expected to further increase significantly. The general use of ORVR in FFVs, instead, is expected to significantly increase, as are the miles driven by and amount of fuel dispensed to recent ORVR-equipped FFVs compared to those manufactured before 2000 without ORVR.

Moreover, we believe that in determining whether widespread use of ORVR has been demonstrated, it is reasonable under section 202(a)(6) to consider the VOC emissions impacts of removing Stage II, and that those impacts may inform the percentage of ORVR-equipped vehicles that would need to be achieved for a specific motor vehicle fleet or in a specific non-attainment area. EPA expects that the air quality impact of allowing E85 refueling facilities to operate without Stage II controls would likely be minimal in most non-attainment areas. FFVs currently comprise about 2 percent of the total US fleet. Non-ORVR FFVs are less 1 percent of the total U.S. vehicle fleet. EPA estimates that non-ORVR FFVs participate in only about 0.5 percent of all refueling events. Furthermore, because of the relatively small number of stations that offer E85 (around 1,000 out of 170,000 total refueling stations) EPA believes that very few of these non-ORVR refueling events actually occur at E85 pumps.

Considering the factors discussed above, if an area can demonstrate that any increase in emissions caused by operating E85 fueling facilities without Stage II controls is so small as to clearly not interfere with attainment of the ozone standard or reasonable further progress or any other applicable CAA requirement, then EPA expects it could find that ORVR is in widespread use for FFVs when refueling at E85 facilities in this area. These areas could then allow E85 facilities to operate without Stage II controls, after modifying their SIPs such that E85 is not included within the definition of “gasoline” for purposes of Stage II vapor recovery controls (or after taking other necessary SIP revision action). As discussed above, States would need to submit SIP revisions affecting this change to their current Stage II SIPs, which EPA would evaluate through notice and comment rulemaking, subject to the provisions of CAA section 110(l). In addition, State and local agencies should consider if there are any transportation conformity impacts related to removing Stage II, if emissions reductions from Stage II are included in a SIP’s on-road motor vehicle emissions budget. Due to the expected rapid growth of E85 installations, EPA will explore the development of ways to expedite the SIP revision process for States which are dealing with the E85 issue.

General Exclusions from Widespread Use Determinations

States in the ozone transport region (OTR) are still required to apply Stage II, or a comparable measure, in all areas under 184(b)(2) of the CAA. This requirement is not affected by any widespread use determination or waiver of the section 182(b)(3) requirement granted under section 202(a)(6). For the independent section 184(b)(2) “comparable measure” requirement to not prevent an appropriate removal of Stage II controls, OTR States may want to revisit their previously approved comparable measure SIPs to consider substituting available non-Stage II measures for the Stage II controls they currently require.

Also, some States have chosen to add Stage II vapor recovery system requirements in their SIPs for ozone nonattainment areas that are classified in a category lower than “serious.” While it is not necessary for States to demonstrate ORVR is in widespread use in moderate or cleaner ozone non-attainment areas, a revision of previously adopted SIP requirements to specifically waive Stage II requirements in such areas would need to comply with the provisions of CAA section 110(l) and, as described above, consider any transportation conformity impacts as applicable.

This guidance for widespread use determinations for special sectors would not necessarily apply to widespread use determinations for the general motor vehicle fleet. Within the overall motor vehicle fleet, the rate of penetration of ORVR-equipped vehicles has not advanced at the same rapid rates as for the fleets discussed in this memorandum. EPA is still considering the possible criteria for determining widespread use for the general fleet.



COUNTY OF SAN DIEGO, AIR POLLUTION CONTROL DISTRICT
 10124 OLD GROVE ROAD, SAN DIEGO, CA 92131
 (858) 586-2600 FAX (858) 586-2601
 www.sdapcd.org

PERMIT NO
 APCD2009-PTO-940930
 EXPIRES
 December 31, 2011

Sectors: 04, N
 ID#: APCD1995-SITE-09278
 APP: APCD1995-APP-940930

PERMIT TO OPERATE

This permit is not valid until required fees are received by the District.

The following is hereby granted a Permit To Operate the article, machine, equipment or contrivance described below. This permit is not transferable to a new owner nor is it valid for operation of the equipment at another location except as specified. This Permit To Operate or copy must be posted on or within 25 feet of the equipment, or readily available on the operating premises.

Hertz Rent A Car
 Manager Owner
 3202 Harbor Dr N
 San Diego CA 92101

EQUIPMENT ADDRESS
 Hertz Rent A Car
 3202 Harbor Dr N
 San Diego CA 92101

EQUIPMENT DESCRIPTION

GASOLINE DISPENSING FACILITY (NON-RETAIL) PHASE II VRS: EXEMPT PER RULE 61.4.1(B)(5) PHASE I VRS: TWO-POINT OPW PER ARB VR-102-D. TANKS: ONE (1) 12,000 GALLON AND ONE (1) 10,000 GALLON, UNDERGROUND, GASOLINE (MANIFOLDED UNDERGROUND). ONE (1) 10,000 GALLON, UNDERGROUND, GASOLINE (NOT MANIFOLDED WITH OTHER USTS). (APPL 981719 & 982449/DMW-10/AUG-2006)(987382/JNH/1208)

Every person who owns or operates this equipment is required to comply with the conditions listed below and all applicable requirements and District rules, including but not limited to Rules 10, 20, 40, 50, 51.

FAILURE TO OPERATE IN COMPLIANCE IS A MISDEMEANOR SUBJECT TO CIVIL AND CRIMINAL PENALTIES

1. At least ninety-five percent (95%) of the vehicles (excluding motor-cycles and racecars) refueled at this facility shall be equipped with an onboard refueling vapor recovery (ORVR) system.
2. The permittee shall maintain records of the make, year of manufacture, gross vehicle weight rating (GVWR), and evaporation family code or applicable vehicle certification executive order for all vehicles refueled at this facility. These records shall be maintained onsite for at least three years and be made available to the District upon request.
3. The Phase I vapor recovery system specified in the equipment description of this permit, shall be installed,

Fee Schedules: 3 [26C] Phase I

BEC: 13422

Revised Date:

Page 1 of 5

Print Date: March 29, 2011



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operated, and maintained in accordance with the applicable California Air Resources Board Executive Order, installation, operation and maintenance manual, and District Rules and Regulations. (Rules 61.3.1 and 61.8)

4. A copy of the California Air Resources Board Executive Orders (EO) specified in the equipment description, including the installation, operation and maintenance (IOM) manuals, or the most recent version of these EO and IOM manuals, and this permit to operate shall be maintained on site at all times and made available to the District upon request. (Rules 61.3.1 and/or 61.4.1)
5. Only components certified by the California Air Resources Board (CARB) for use with the particular Phase I vapor control system specified in the equipment description shall be installed at this facility. All components certified by CARB and installed at this facility shall be clearly identified by a permanent identification showing the manufacturer's make and model number, unless the component is specifically exempted from this requirement by CARB in writing. (Rules 61.3.1)
6. Periodic scheduled maintenance, which includes inspections and/or tests, in accordance with the California Air Resources Board approved installation, operation, and maintenance manual for the Phase I vapor recovery system specified in the equipment description. A certified technician, as specified in Attachment K of this Permit to Operate, shall perform all tests and repairs associated with the scheduled inspections and maintenance. (Rule 61.3.1)
7. A maintenance log for the periodic scheduled maintenance, including any repairs performed, shall be kept onsite for at least three (3) years and made available to the District upon request. The maintenance log shall itemize at a minimum: the date of each inspection and test, any defect, damage, loose connections, or leaks found during the inspections or tests, any test failure, the make and model number of any component that is replaced, maintained or repaired as a result of these inspections or tests, the date of repair/replacement, and the affiliation and name of the person performing the inspections, tests, and repair/replacement. (Rule 61.3.1)
8. Any installation, repair, replacement or testing of the Phase I system or components specified in the equipment description shall be performed per the applicable California Air Resources Board (CARB) Executive Order and CARB approved installation, operation and maintenance manual, by a technician certified as specified in Attachment K, "Certification Requirements for Technicians." These certification requirements are also applicable for removal and installation of the Phase I components in the course of any required performance test. Proof of certification shall be made available to the District upon request. (Rules 61.3 and 61.3.1)



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9. All liquid transfer lines, piping, and associated fittings shall be maintained so that there are no fugitive liquid leaks as defined by Rule 61.0(k) or fugitive vapor leaks as defined by Rule 61.0(l).
10. The Phase I vapor recovery equipment and associated components, except for components with an allowable leak rate as specified by the most recent applicable CARB Executive Order and certification procedure, shall be maintained free of liquid leaks and shall be vapor tight. Components with an allowable leak rate shall operate within such rate. (Rules 61.3 and 61.3.1)
11. The permittee shall ensure that the Phase I tank truck and trailer Vapor Recovery System are utilized during each transfer of gasoline and that product and vapor (poppet) caps are securely replaced and remain in place following each such transfer.
12. All storage tanks containing gasoline shall be equipped with a permanent submerged fill pipe, which has a discharge opening entirely submerged when the liquid level is six (6.0) inches above the bottom of the tank.
13. During liquid transfers involving tank trucks and trailers, the vapor return hose and gasoline hose connections shall be made in the following order: (1) connect the vapor return hose to the fuel delivery truck drybreak, (2) connect the vapor return hose to facility storage tank drybreak, (3) connect the gasoline hose to the facility storage tank fill pipe adaptor, and (4) connect the gasoline hose to the fuel delivery truck product fitting. At the end of the fuel dump, the disconnections shall be made in reverse order of the connections, i.e., (4),(3),(2), and (1), wherein the gasoline transfer hose shall be connected or disconnected only while the vapor return hose is connected and functional.
14. The permittee shall perform a visual monthly inspection of all Phase I Vapor Recovery components. The components to be inspected for damage, loose connections, or leaks are: the vapor and product dust caps and gaskets, popped dry breaks, vapor and product fill adaptors, and spill boxes, including the drain valves. In addition, the permittee shall verify that there is no standing gasoline or debris in the spill boxes and that the drain valves are seating properly. (Rule 61.3.1)
15. An inspection, maintenance and repair log shall be kept onsite for at least three (3) years and made available to the District upon request. Attachment I, "Inspection, Maintenance and Repair Log", is attached as an example and can be used for this purpose. The inspection, maintenance and repair log shall record the monthly inspections and itemize at a minimum: the date the defect was found or the date the component was identified as not being in good condition, date the component was removed from service, the date of call for service, the date of repair/replacement, the affiliation and name of the person performing the



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repair/replacement, the make and model number of the component, and whether the component was maintained, replaced or repaired. (Rule 61.3.1)

16. Any Phase I component, device or system identified and recorded by the permittee as not being in good condition, based on testing and/or visual inspections, or not operating properly shall be repaired, replaced, or adjusted within seven (7) calendar days of detection in a manner that will bring the facility into compliance with the applicable District Rules and Regulations and the most recent applicable CARB Executive Order. Any Phase I component or affected portion of the system that is determined to have a defect as set forth in the California Code of Regulations, Title 17, Section 94006, shall not be operated and shall be removed from service immediately. The defective component or affected portion of the system shall not be operated until the defect has been repaired or the defective component replaced such that the defect no longer exists. (Rule 61.3.1)
17. The permittee and/or their designated agent shall perform an annual inspection to ensure compliance with all applicable district rules, regulations, and permit conditions. This inspection shall be conducted within 45 calendar days prior to the first day of the permit expiration month. An inspection checklist shall be kept onsite for at least three (3) years and made available to the District upon request. Attachment J, "Annual Inspection and Maintenance checklist", is attached as an example and can be used for this purpose. The inspection shall verify that: (Rule 61.3.1)
 - A. The District permit is current and posted
 - B. The facility complies with all permit conditions.
 - C. The Phase I vapor recovery system is properly installed and complies with the most recent applicable CARB certification procedures and CARB Executive Order.
 - D. Each gasoline underground storage tank or compartment has a gasoline submerged drop tube with a discharge opening entirely submerged when the liquid level is six (6.0) inches above the bottom of the tank or compartment.
 - E. The vent pipes are equipped with the required pressure/vacuum valves and each such valve is properly installed.
18. The permittee shall record the combined volume of all gasoline grades dispensed at this facility. Attachment C, "Monthly Gasoline Throughput", or an equivalent form, shall be used for this purpose. Monthly gasoline throughput records shall be maintained on site for at least three (3) years and made available to the District upon request. (Rules 61.3/61.3.1 and 61.4/61.4.1)
19. The tests referenced in Attachment A, shall be conducted and passed at least once every calendar year within forty-five (45) calendar days prior to the first day of the permit expiration month. The permittee and/or



COUNTY OF SAN DIEGO, AIR POLLUTION CONTROL DISTRICT
10124 OLD GROVE ROAD, SAN DIEGO, CA 92131
(858) 586-2600 FAX (858) 586-2601
www.scdapcd.org

PERMIT NO
APCD2009-PTO-940930
EXPIRES
December 31, 2011

PERMIT TO OPERATE

their designated testing agent shall report all test results completely and accurately to the District Compliance Division within fifteen (15) calendar days of conducting these annual tests in a format approved by the District Compliance Division. (Rule 61.3,61.3.1, 61.4, 61.4.1)

20. The permittee and/or the designated testing agent shall notify the District Compliance Division, in writing, fifteen (15) calendar days prior to conducting the required annual tests and shall include the date and the time in a format approved by the District Compliance Division. (Rules 21, 61.3, 61.3.1, 61.4, and 61.4.1)
21. Copies of all tests shall be maintained on site for three (3) years and made immediately available to the district upon request. (Rules 21, 61.3,61.3.1, 61.4 and 61.4.1)
22. In the event of any failed test, which does not constitute a defect, the permittee shall make all necessary repairs, reschedule and re-test within seven (7) calendar days of the failed test. In the event of any failed test, which does constitute a defect, the permittee shall remove all of the affected components from service until they are successfully retested. Notice of any retest, including the date, time and nature of repairs made, conducted on a subsequent date after the initial test date shall be provided to the District Compliance Division in writing (e-mail or facsimile are acceptable) as soon as possible and prior to the retest. All retest results shall be reported completely and accurately and submitted to the District Compliance Division within fifteen (15) calendar days of conducting the retest in a format approved by the District Compliance Division. (Rules 61.3, 61.3.1, 61.4 and 61.4.1)
23. Access, facilities, utilities and any necessary safety equipment for source testing and inspection shall be provided upon request of the Air Pollution Control District.
24. This Air Pollution Control District Permit does not relieve the holder from obtaining permits or authorizations required by other governmental agencies.
25. The permittee shall, upon determination of applicability and written notification by the District, comply with all applicable requirements of the Air Toxics "Hot Spots" Information and Assessment Act (California Health and Safety Code Section 44300 et seq.)

ATTACHMENT A – INSTRUCTIONS AND REQUIREMENTS

X and XX represent most recent California Air Resources Board (CARB) certification of the applicable vapor recovery system

¹ Unless otherwise specified by a District's representative, the tests for the Phase II Vapor Recovery System specified shall be conducted in the following order:

<u>ORVR Healy (G-70-191-XX)</u>	<u>Phase II Exempt OR Pre-EVR Balance Systems</u>	<u>EVR Healy (VR-201-X/VR-202-X)</u>
TP-201.1E	TP-201.1E	Exhibit 4 of VR-201-X/VR-202-X
TP-201.1B	TP-201.1B	TP-201.1E
TP-201.1C or TP-201.1D	TP-201.1C or TP-201.1D	TP-201.1B
TP-96-1 or TP-201.3	TP-96-1 or TP-201.3	TP-201.1C or TP-201.1D
TP-201.5, Version 1996	TP-201.6C option 2, if applicable	TP-96-1 and Exhibit 8 of VR-201-X/VR-202-X OR TP-201.3 and Exhibit 8 of VR-201-X/VR-202-X
Exhibit 2 of G-70-191-XX		B-3, B-5, B-6 of IOM manual for VR-201-X/VR-202-X Exhibit 9 of VR-201-X/Exhibit 11 of VR-202-X, as applicable Exhibit 5 of VR-201-X/VR-202-X Exhibit 9 OR Exhibit 10 of VR-202-X

² Test results shall be submitted on current District approved test forms located at <http://www.sdapcd.org> and maintained onsite.

³ The CARB Test Procedure TP-201.3 (most recent version) shall be conducted between sundown and a half hour after sunrise to minimize interface from solar effects and barometric pressure changes. The San Diego Air Pollution Control District's TP-96-1 (most recent version) leak detection procedure may be used in lieu of TP-201.3. TP-96-1 can be conducted at any time except when daytime temperatures exceed 100°F, and there is direct sunlight on exposed metal vent pipe(s) and metal manhole cover(s) that are in contact with vapor space of the storage tanks. The District will also accept the results of leak tests based on soap solution, helium detection or vacuums provided that procedures have prior written District approval. Election of any test method (including optional tests) requires compliance with the performance standard for the test method.

⁴ If the equipment is identified as BACT in the equipment description, only TP-96-1 will be accepted by the District.

⁵ Alternate TP-201.1E may be used in lieu of TP-201.1E when specified by the applicable Executive Order. Once the test has started, the same test shall be completed prior to conducting another test on the P/V Vent Valves (i.e. the results of TP-201.1E cannot be used as part of the Alternate TP-201.1E and vice versa).

⁶ Ensure all P/V valves, have been removed and vent risers capped prior to conducting TP-96-1 and re-install the valves after the test has been completed.

⁷ The CARB Test Procedure TP-201.6C, Option 2 is applicable to hose configurations per Exhibits 8c, 9c, 10 and 11 of CARB EO G-70-52-AM.

⁸ A CARB certified Healy A/L adapter for 800 ORVR nozzles (Healy Part #8034 or # 8034-1) and for 900 nozzles (Healy Part #8034-1) must be used in order to obtain accurate results (E.O. G-70-191-AA, Exhibit 2, Figure 2C-1 and E.O. VR-201-X or VR-202-X, Exhibit 5, Figure 1)

⁹ Upon any identical dispenser replacement, as defined in District Rule 11, the permittee shall successfully conduct the following performance tests for the new dispenser(s), within 60 days of any dispenser replacement. Any replacement that does not meet the identical definition per District Rule 11 will require an application for an Authority to Construct.

a. Dispenser Vapor Line Integrity Test, Dispensing Vacuum Test, and Audible Increase Test per B-3, B-5 and B-6, respectively, of the Start-Up / New Installation/ Warranty/ Annual Testing Form located in the ARB IOM Manual for VR-201-X and VR-202-X

b. A Vapor-to-Liquid Ratio (V/L) per Exhibit 5 of ARB E.O. VR-201-X or VR-202-X or an equivalent ARB approved test method.

c. An ISD Vapor Flow Meter Operability Test and, if applicable, an ISD Vapor Pressure Sensor Ambient Reference Test per Exhibit 9 or Exhibit 10 of ARB E.O. VR-201-X or VR-202-X.

The permittee shall promptly record all information relating to the dispenser replacement and performance testing on Attachment I, "Inspection, Maintenance and Repair Log," or an equivalent form. All test results and maintenance logs shall be maintained onsite for three (3) years from the test date and made available to the District upon request.

¹⁰ The pressure decay test for this system (TP-201.3 or TP-96-1) shall be conducted in conjunction with Exhibit 8 of ARB E.O. VR-201-X or VR-202-X.

¹¹ A CARB certified Healy V/L adapter for 900 nozzles (Healy Part #8034-1) must be used in order to obtain accurate results (E.O. VR-201-X or VR-202-X, Exhibit 5, Figure 1).

¹² If the station pressure is $-2.00''$ wc or more negative, a vacuum test must be performed followed by a pressure test. If the pressure is less negative than $-2.00''$ wc, a pressure test must be performed. Anytime a vacuum test is conducted a subsequent pressure test shall also be conducted immediately after the vacuum test.

See Notes on Attachment A-1 for continued instructions and requirements regarding Attachment A.



COMPLIANCE DIVISION
 10124 OLD GROVE RD.
 SAN DIEGO CA 92131
 PHONE (858) 586-2600
 FAX (858) 586-2601

ATTACHMENT A: VAPOR RECOVERY TESTS FOR PHASE I EVR SYSTEMS, PHASE II PRE-EVR SYSTEMS AND VACUUM ASSIST PHASE II EVR SYSTEMS LOCATED AT GASOLINE DISPENSING FACILITIES EQUIPPED WITH UNDERGROUND STORAGE TANKS
 REQUIRED TESTING

	Vapor Recovery System	Pressure Decay	A/L TP-201-5 (April, 1996)	A/L Equivalent Test	V/L Exhibit 5 (VR-201-X/VR-202-X)	V/L Equivalent Test	Additional Required Test
PHASE I	Phil Tite (VR-101-X) ^{1,2} OPW (VR-102-X) ^{1,2} CNI (VR-104-X) ^{1,2}	TP-201.3 ^{3,4}	N/A	N/A	N/A	N/A	Static Torque of Rotatable Phase 1 Adaptors (TP-201.1B) Pressure Integrity of the Drop Tube/Drain Valve (TP-201.1C/TP-201.1D) Leak Rate and Cracking Pressure of P/V Relief Vent Valves (TP-201.1E) ^{3,4}
PHASE II	Pre-EVR Balance Systems ^{1,2}	TP-201.3 ^{3,4}	N/A	N/A	N/A	N/A	Compliance Determination of Liquid Removal Rate (TP-201.6C, Option 2) ⁷
	Healy/Franklin System ORVR (G-70-191-XX) ^{1,2}	TP-201.3 ^{3,4}	Yes ⁸	TriTester Version 2.96 ⁸	N/A	N/A	Integrity of Vapor Valve (Exhibit 2)
	Healy EVR System w/o ISD (VR-201-X) ^{1,2,9}	TP-201.3 ^{3,4} ₁₀	N/A	N/A	Yes ¹¹	TriTester Version 2.01 ¹¹	Clean Air Separator Integrity Test (Exhibit 4) ¹² Nozzle Vapor Valve Integrity (Exhibit 7) Dispenser Vapor Line Integrity Test, Dispensing Vacuum Test and Audible Increase Test (B-3, B-5, B-6, of the Start-Up / New Installation/ Warranty/ Annual Testing Form located in the IOM manual) (If applicable) Liquid Condensate Trap Compliance Test Procedure (Exhibit 9)
	Healy EVR System w/ ISD (VR-202-X) ^{1,2,9,c}	TP-201.3 ^{3,4} ₁₀	N/A	N/A	Yes ¹¹	TriTester Version 2.01 ¹¹	Clean Air Separator Integrity Test (Exhibit 4) ¹¹ Nozzle Vapor Valve Integrity (Exhibit 7) Dispenser Vapor Line Integrity Test, Dispensing Vacuum Test and Audible Increase Test (B-3, B-5, B-6, of the Start-Up / New Installation/ Warranty/ Annual Testing Form located in the IOM manual) Operability Test (Exhibit 9/Exhibit 10) (If applicable) Liquid Condensate Trap Compliance Test Procedure (Exhibit 11)

X and XX represent the most recent California Air Resources Board (CARB) certification of the applicable vapor recovery system



**ATTACHMENT A-1
INSTRUCTIONS AND REQUIREMENTS FOR
RESPONDING TO ISD ALARMS**

Displayed Message		ISD Monitoring Category	Veeder-Root Indicator Light	Cause	Troubleshooting Tests/Inspections ^{a,c}
Veeder-Root	INCON				
ISD VAPOR LEAKAGE WARN	Weekly Ullage Pressure Leak Test (Warning)	Containment	Yellow	7-Day Vapor Leakage Detection test warning	Exhibit 4, TP-201.1E, TP-201.1C or TP-201.1D, TP-96-1, B-3 Dispenser Vapor Line Integrity Test (IOM), Exhibit 7, Exhibit 9 or Exhibit 10 as applicable (pressure sensor only).
ISD VAPOR LEAKAGE FAIL	Weekly Ullage Pressure Leak Test (Failure)	Containment	Red	7-Day Vapor Leakage Detection test - 8th consecutive failure	
ISD GROSS PRESSURE WARN	Weekly Ullage Pressure (Warning)	Containment	Yellow	7-Day Gross Over Pressure test warning	Check the CAS ball valve positions and the ball valve near the ISD pressure sensor, Exhibit 4, TP-201.1E, TP-96-1, B-3 Dispenser Vapor Line Integrity Test (IOM), Exhibit 5, Flow Rate Verification (Section 1.2.3 (IOM), Visually inspect hanging hardware, Exhibit 7, Exhibit 9 or Exhibit 10 as applicable (pressure sensor only)
ISD GROSS PRESSURE FAIL	Weekly Ullage Pressure (Failure)	Containment	Red	7-Day Gross Over Pressure test - 8th consecutive failure	
ISD DEGRD PRESSURE WARN	Monthly Ullage Pressure (Warning)	Containment	Yellow	30-Day Degradation Over-Pressure test warning	30-Day Degradation Over-Pressure test - 30th consecutive failure
ISD DEGRD PRESSURE FAIL	Monthly Ullage Pressure (Failure)	Containment	Red	30-Day Degradation Over-Pressure test - 30th consecutive failure	
Hnn: GROSS COLLECT WARN	Daily Vapor Collection (Warning)	Collection	Yellow	1-Day Gross A/L Test warning	B 3/5/6 Dispenser Vapor Line Integrity Test (IOM), Visually inspect hanging hardware, Exhibit 7, Exhibit 9 or Exhibit 10 as applicable (vapor flow meter only) INCON Only: look through the flow meter sight glass to see if air is flowing
Hnn: GROSS COLLECT FAIL	Daily Vapor Collection (Failure)	Collection	Red	1-Day Gross A/L Test failure - 2nd consecutive failure	
Hnn: DEGRD COLLECT WARN	Weekly Vapor Collection (Warning)	Collection	Yellow	7-Day Degradation A/L Test warning	
Hnn: DEGRD COLLECT FAIL	Weekly Vapor Collection (Failure)	Collection	Red	7-Day Degradation A/L Test - consecutive failure	

^a Troubleshooting Tests and Inspections also include, but are not limited to, the lists referenced in the Veeder-Root ISD Troubleshooting Manual P/N 577013-819 located at http://www.veeder.com/page/isd_manuals and the Vapor Recovery Monitoring Troubleshooting and Diagnostics Guide located at http://www.franklinfueling.com/service/pdfs/dis/405274001_healvevr_troubleshootingguide.pdf.

^b Visually inspect hanging hardware at the affected dispenser(s) including: A) Replacing any damaged or worn face seals, B) Repair or replace any misaligned face seals, C) Replace any damaged or torn boots, D) Tighten any loose boot clamps, E) Replace any damaged or loose spouts.

^c The permittee and/or designated contractor shall not clear alarm conditions upon any ISD alarm unless, at minimum, the applicable troubleshooting tests and inspections listed below have been successfully conducted in order to verify the cause of the ISD alarm recorded in Attachment I, the maintenance and repair log. Other tests and/or inspections may be performed in lieu of those below provided the same ISD alarm does not occur within the next consecutive assessment period after resetting the alarm. Test results/inspection documents shall be maintained onsite for three (3) years from test/inspection date and made available to the District upon request.



SAN DIEGO AIR POLLUTION CONTROL DISTRICT
 COMPLIANCE DIVISION
 10124 OLD GROVE ROAD
 SAN DIEGO CA 92131-1649
 PHONE (858) 586-2650 FAX (858) 586-2651

ATTACHMENT C: MONTHLY GASOLINE THROUGHPUT

Facility Name: _____ ID #: _____

Address: _____

This sheet covers period from: _____ to _____
(Day/Month/Year) (Day/Month/Year)

Date (Month)	Column A ¹
	Amount of Gasoline Dispensed (Gallons)
Sum of 12-Month Period ² (Gallons)	

¹ Column A: Total monthly amount of gasoline dispensed in gallons. Column A shall not exceed 2,000 gallons of gasoline in any month if Phase II vehicle fueling vapor control system is not installed.

² Sum of 12-month period: Sum of Column A.



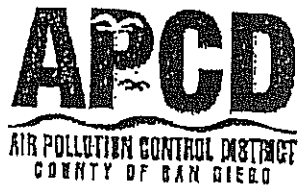
AIR POLLUTION CONTROL DISTRICT
 10124 OLD GROVE RD.
 SAN DIEGO, CA 92131
 PHONE: (858) 586-2600
 FAX: (858) 586-2601

ATTACHMENT I: INSPECTION, MAINTENANCE AND REPAIR LOG FOR PHASE I AND PHASE II SYSTEMS

COPY THIS SHEET AS NEEDED

Date/Time the problem was detected ¹	Date/Time the component was removed from service ²	Date/Time of call for service ³	Date of Service ⁴	Name, Affiliation, Telephone Number & Certified Technician Identification Number ⁵	Component Make and Model ⁶	Nature of the Service ⁷	Service Performed and Outcome ⁸

¹ Time and Month/Day/Year the problem was detected, which includes any system's malfunction or defect or an ISD alarm
² Time and Month/Day/Year the component was removed from service
³ Time and Month/Day/Year a call for service was placed, this should include calls for service resulting from a warning or alarm posting from ISD
⁴ Month/Day/Year the component was repaired or replaced
⁵ Name, affiliation, telephone number and Certified Technician Identification Number from the applicable manufacturer of the person performing the service; refer to Attachment K for certified technician requirements.
⁶ Make and Model of the component in service
⁷ Indicate if the service was to maintain, repair or replace a component or to respond to an ISD alarm (include type of ISD alarm)
⁸ Explanation of the maintenance, test(s) and/or inspection performed and outcome of service



AIR POLLUTION CONTROL DISTRICT
 10124 OLD GROVE RD.
 SAN DIEGO, CA 92131
 PHONE: (858) 586-2600
 FAX: (858) 586-2601

ATTACHMENT I: INSPECTION, MAINTENANCE AND REPAIR LOG FOR PHASE I AND PHASE II SYSTEMS

Facility Name: _____ Address: _____

Check (✓) each box where your inspection revealed no problems, and place an (X) in each box if the component is found in need of repair or defective in accordance with the applicable Executive Order and/or California Code of Regulations, Title 17, Section 94006. Any component that is determined to have a defect as set forth in the California Code of Regulations, Title 17, Section 94006, shall not be operated and shall be removed from service immediately. The defective component shall not be operated until the defect has been repaired or the defective component replaced such that the defect no longer exists.

COPY THIS SHEET AS NEEDED

MONTH/YEAR: _____

Vapor Recovery Components	MONTH/YEAR: _____																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dust Caps (Vapor/Product)																															
Gaskets*																															
Dry Breaks																															
Adaptors** (Vapor/Product)																															
Spill Boxes (Vapor/Product)																															
Hoses																															
Swivels**																															
Nozzles																															
Breakaways																															

* The gaskets located in the dust caps and the gasket located in between the product adaptor and drop tube shall be inspected

** The adaptors and swivels shall be easily rotatable

Please print the name (s) of the site representative (s) performing these inspections: _____



AIR POLLUTION CONTROL DISTRICT
 10124 OLD GROVE RD.
 SAN DIEGO, CA 92131
 PHONE: (858) 586-2600
 FAX: (858) 586-2601

Attachment J - Annual Inspection Checklist

Source Information	
Facility (DBA):	Inspection Conducted by:
Street Address:	Affiliation: (e.g. Employee, Manager, Contractor)
City/Zip:	Permit Number:
Inspection Date:	

The owner/operator of any underground gasoline dispensing facility shall ensure compliance with all applicable San Diego Air Pollution Control District (District) Rules and Regulations, and all permit conditions by inspecting the facility listed below. This inspection shall be conducted at least once every 12 months. In order to ensure the annual inspection requirements are met, gasoline dispensing facility operators should consider performing this inspection during your annual tests.

General Requirements

1. Is the District permit current and posted? YES NO
2. Is your facility in compliance with all permit conditions? YES NO
3. Has the required maintenance per the applicable California Air Resources Board (CARB) Enhanced Vapor Recovery (EVR) Executive Order(s) been performed? YES NO

Phase I Requirements

4. Is the Phase I vapor recovery system properly installed per the most recent applicable CARB Executive Order? YES NO
5. Are the underground storage tanks equipped with a submerged drop tube which has its discharge opening entirely submerged when the liquid level is six inches above the bottom of the tank.
(Note: Any time a submerged drop tube is removed or replaced this shall be verified) YES NO
6. Are the vent pipes equipped with the required pressure/vacuum valves and is each valve properly installed?) YES NO
(Note: Any time a pressure/vacuum valve is removed or replaced this shall be verified)

Phase II Requirements Not Applicable

7. Are the operating instructions for the nozzles posted? YES NO
8. Is the toll free phone number (800 952-5588) prominently posted for the public to call to report problems with a nozzle or a Vapor Recovery system? YES NO
9. Is a warning sign stating that topping off is prohibited and may result in spillage of gasoline conspicuously posted? YES NO
10. Is the phase II vapor recovery system properly installed per the most recent applicable CARB Executive Order? YES NO
11. Are all connections and fittings inside the dispenser free of liquid leaks? YES NO
12. Are all hose lengths in compliance with the most recent applicable CARB Executive Order? YES NO
13. Are hose configurations in compliance with the most recent applicable CARB Executive Order? YES NO



AIR POLLUTION CONTROL DISTRICT

10124 OLD GROVE ROAD
 SAN DIEGO, CA 92131
 PHONE (858) 586-2600
 FAX (858) 586-2601

ATTACHMENT K: CERTIFICATION REQUIREMENTS FOR TECHNICIANS

Any person installing, repairing, replacing or testing Phase I and/or Phase II systems or components at gasoline dispensing facilities equipped with an underground storage tank shall have the applicable certification/training as specified below. These certification/training requirements are also applicable for removal and installation of the Phase I and/or Phase II components in the course of any required performance test. Proof of certification shall be made available to the District upon request.

These certification requirements are not applicable when conducting: verification of flow rates and volume accumulated in the hoses, annual inspections, or inspections of Phase I and/or Phase II components, unless specified in the applicable California Air Resources Board Executive Order. If repairs or replacements are necessary in the course of these inspections, the following applicable certification(s) is required.

System	Type of Service	Type of Certification
Phase I EVR	Installation, Maintenance and/or Repair	Applicable Manufacturer & ICC ¹
	Testing	Applicable Manufacturer, SCAQMD ² , & ICC ¹
	Manufacturer's Scheduled Maintenance/Inspection	Applicable Manufacturer & ICC ¹
Phase II EVR	Installation, Maintenance and/or Repair	Applicable Manufacturer & ICC ¹
	Testing	Applicable Manufacturer & SCAQMD ² , & ICC ¹
	Manufacturer's Scheduled Maintenance/Inspection	Applicable Manufacturer & ICC ¹
In-Station Diagnostics System	Installation, Maintenance and/or Repair	Veeder-Root ISD course and Level 1, 2, 3 or 4 certification ³ OR INCON Level 1, 2 and 5
	Testing	Certified Veeder-Root Contractor & SCAQMD ² OR INCON Level 1, 2 and 5 & SCAQMD ²
	Manufacturer's Scheduled Maintenance/Inspection	N/A
Phase II Pre-EVR	Installation	ICC ¹
	Testing	ICC ¹ & SCAQMD ²
	Manufacturer's Scheduled Maintenance/Inspection	N/A

¹ Effective March 1, 2008, the International Code Council's (ICC) certification program for Vapor Recovery System is required for all contractors installing, repairing or testing any vapor recovery system or component.

² SCAQMD: South Coast Air Quality Management District, Vapor Recovery Performance Testing Orientation Class

³ Refer to the applicable Installation, Operation and Maintenance Manual for the required level of Veeder-Root certification.



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
TO OPERATE**

G# 433

Page: 1

Expires: Dec 1, 2011

This document does not permit the holder to violate any District regulation or other law.

Hertz Rent A Car
225 Brae Boulevard
Park Ridge, NJ 07656

(201) 307-2421

ATTN: Greg Smith

G# 433 GASOLINE DISPENSING FACILITY

Hertz Corporation
2241 Airport Boulevard
Santa Rosa, CA 95403

Sharon Gallager <----- Permitted Operator

Nozzles, Gasoline: 1 ea Conventional
Vapor Recovery (Phase 1): Two Point
Vapor Recovery (Phase 2): Exempt: ORVR Fleet
Tanks: 2000 gal

This permit is valid only for the Permitted Operator shown above.
A new operator must apply for transfer. Please be advised that
District inspectors may visit your facility without notice in
order to determine compliance with District Regulations.

PERMIT SUBJECT TO FOLLOWING CONDITIONS:

#14098 Pursuant to BAAQMD Toxic Section Policy, this facility's
annual gasoline throughput shall not exceed 940,000 gallons
in any consecutive 12 month period.

#16516 For each aboveground gasoline storage tank, the Static
Pressure Performance Test (Leak Test) ST-38 shall be
successfully conducted at least once in each twelve
consecutive month period after the date of successful
completion of the startup Static Pressure Performance Test.

The applicant shall notify Source Test by email at
gdfnotice@baaqmd.gov or by FAX at (510) 758-3087, at least
48 hours prior to any testing required for permitting. Test
results for all performance tests shall be submitted within
fifteen (15) days of testing. Start-up test results
submitted to the District must include the application



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
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G# 433

Page: 2

Expires: Dec 1, 2011

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number and the GDF number. (For annual test results submitted to the District, enter "Annual" in lieu of the application number.) Test results may be submitted by email (gdfresults@baaqmd.gov), FAX (510) 758-3087) or mail (BAAQMD Source Test Section, Attention Hiroshi Doi, 939 Ellis Street, San Francisco CA 94109). (Basis: Regulation 8-7-407)

#20853 PHASE II EXEMPTION PER REG.8-7-112.9, ORVR FLEETS

1. Pursuant to Regulation 8-7-112.9, at least 90% of the vehicles refueled at this facility shall be owned by a common operator and equipped with On-board Refueling Vapor Recovery (ORVR) controls.
2. Facility shall retain records of vehicles refueled during the preceding consecutive twelve month period to demonstrate compliance with the above. Records shall be retained for 24 months, and be available for inspection by District staff upon request.
3. Only conventional (i.e., non-vapor-recovery) nozzles, breakaways and hoses shall be operated at this facility.
4. All remaining vapor recovery piping (including internal dispenser piping) shall be capped with NPT galvanized pipe.
5. Each tank shall be equipped with a CARB-certified Pressure-Vacuum valve rated at 0.5 psig. Tanks may be manifolded to a single valve.

~~~~~


**BAY AREA AIR QUALITY  
MANAGEMENT DISTRICT**

 939 ELLIS STREET  
 SAN FRANCISCO, CALIFORNIA 94109  
 (415) 771-6000

**PERMIT  
TO OPERATE**

G# 10741

Page: 1

Expires: Jun 1, 2011

This document does not permit the holder to violate any District regulation or other law.

 Hertz Rent A Car  
 225 Brae Boulevard  
 Park Ridge, NJ 07656

(201) 307-2421

ATTN: Greg Smith

## G# 10741 GASOLINE DISPENSING FACILITY

 Hertz Rent A Car  
 1400 Doolittle Drive  
 San Leandro, CA 94577

Hertz RAC &lt;----- Permitted Operator

 Nozzles, Gasoline: 2 ea Conventional  
 Vapor Recovery (Phase 1): Two Point, EVR certified  
 Vapor Recovery (Phase 2): Exempt: ORVR Fleet  
 Tanks: 10000 gal

This permit is valid only for the Permitted Operator shown above.  
 A new operator must apply for transfer. Please be advised that  
 District inspectors may visit your facility without notice in  
 order to determine compliance with District Regulations.

## PERMIT SUBJECT TO FOLLOWING CONDITIONS:

#14098 Pursuant to BAAQMD Toxic Section Policy, this facility's  
 annual gasoline throughput shall not exceed 940,000 gallons  
 in any consecutive 12 month period.

#20666 1. The OPW EVR Phase I Vapor Recovery System,  
 including all associated plumbing and components,  
 shall be operated and maintained in accordance with the  
 most recent version of California Air Resources Board  
 (CARB) Executive Order VR-102. Section 41954(f) of the  
 California Health and Safety Code prohibits the sale,  
 offering for sale, or installation of any vapor control  
 system unless the system has been certified by the state  
 board.

2. The owner or operator shall conduct and pass a  
 Rotatable Adaptor Torque Test (CARB Test Procedure



**BAY AREA AIR QUALITY  
MANAGEMENT DISTRICT**

939 ELLIS STREET  
SAN FRANCISCO, CALIFORNIA 94109  
(415) 771-6000

C0103

**PERMIT  
TO OPERATE**

G# 10741

Page: 2

Expires: Jun 1, 2011

This document does not permit the holder to violate any District regulation or other law.

TP201.1B) and either a Drop Tube/Drain Valve Assembly Leak Test (TP201.1C) or, if operating drop tube overflow prevention devices ("flapper valves"), a Drop Tube Overflow Prevention Device and Spill Container Drain Valve Leak Test (TP201.1D) at least once in each 36-month period. Measured leak rates of each component shall not exceed the levels specified in VR-102.

The applicant shall notify Source Test by email at [gdfnotice@baaqmd.gov](mailto:gdfnotice@baaqmd.gov) or by FAX at (510) 758-3087, at least 48 hours prior to any testing required for permitting. Test results for all performance tests shall be submitted within fifteen (15) days of testing. Start-up tests results submitted to the District must include the application number and the GDF number. (For annual test results submitted to the District, enter "Annual" in lieu of the application number.) Test results may be submitted by email ([gdfresults@baaqmd.gov](mailto:gdfresults@baaqmd.gov)), FAX (510) 758-3087) or mail (BAAQMD Source Test Section, Attention Hiroshi Doi, 939 Ellis Street, San Francisco CA 94109).

#23117 PHASE II EXEMPTION PER REG. 8-7-112.9, ORVR FLEETS

1. Pursuant to Regulation 8-7-112.9, at least 90% of the vehicles refueled at this facility shall be owned by a common operator and equipped with On-board Refueling Vapor Recovery (ORVR) controls.
2. Facility shall retain records of vehicles refueled during the preceding consecutive twelve month period to demonstrate compliance with the above. Records shall be retained for 24 months, and be available for inspection by District staff upon request.
3. Only conventional (i.e., non-vapor-recovery) nozzles, breakaways and hoses shall be operated at this facility.
4. All remaining vapor recovery piping (including internal dispenser piping) shall be capped with NPT galvanized pipe.

***ATTACHMENT NO. 4***

***VARIANCE FEE (IN THE FORM OF A CHECK IN THE AMOUNT OF \$228.00)***

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***PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD  
PHASE II VAPOR RECOVERY VARIANCE  
HERTZ RENTAL CAR FACILITY (RAC#1275-11)  
RENO/TAHOE INTERNATIONAL AIRPORT – MAINTENANCE FACILITY  
1551 NATIONAL GUARD WAY  
RENO, NEVADA***

FILE COPY

WARNING: DO NOT CASH THIS CHECK AT ANY STORE. SECURE CHECK IF ANY FEATURES LISTED ON BACK INDICATE TAMPERING OR COPYING.

WELLS FARGO  
55-002/212

13872

12/21/2011

Washoe County Health District

PAY TO THE ORDER OF

Two Hundred Twenty-Eight and 00/100

Washoe County

\$ \*\*228.00

DOLLARS

VOID AFTER 90 DAYS

TWO SIGNATURES REQUIRED \$10,000 & OVER

MEMO

10213872101021200025120000925476410

Intelli CheckLock™ Secure Check

Details on Back

ENVIROSCAPES, INC. / ENVIRONMENTAL RESTORATION SERVICES

|                               |               |       |
|-------------------------------|---------------|-------|
| Washoe County Health District | 12/21/2011    | 13872 |
| Date                          | Payment       |       |
| 12/19/2011                    | 228.00        |       |
| Bill                          | 228.00        |       |
| Reference                     | Check Amount  |       |
|                               | Balance Due   |       |
|                               | 228.00        |       |
|                               | Original Amt. |       |
|                               | 228.00        |       |

A/P CHECKING - Well

228.00



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: March 22, 2012**

**DATE:** March 12, 2012

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us) *LC*

**THROUGH:** Eileen Stickney, Administrative Health Services Officer  
775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us)

**SUBJECT:** Approve donation to pay the Tahoe-Pyramid Bikeway, fiduciary 501(c)3 organization for the Truckee Meadows Bicycle Alliance, in the amount of \$3,000, to establish a fully independent Truckee Meadows Bicycle Alliance website for the current and future years' Bike to Work/School events.

---

## SUMMARY

The Washoe County Health District Chronic Disease Program requests permission to fund the establishment of a fully independent Truckee Meadows Bicycle Alliance website. A copy of the Quote, including Scope of Work, is attached.

Approval of this payment (donation) supports the Chronic Disease Prevention Program's mission to empower our community to be tobacco free, live active lifestyles, and eat nutritiously through education, message development and distribution, and collaboration.

## PREVIOUS ACTION

There has been no previous action.

## BACKGROUND

The Health District's Chronic Disease program currently hosts and maintains the information related to Bike to Work/School activities for Washoe County. With staff and resource reductions, and in the spirit of community collaboration, it is requested that the Board of County Commissioners approve payment of \$3,000 to the Tahoe Pyramid Bikeway for the establishment of a fully independent Truckee Meadows Bicycle Alliance website.

The funds to support the development of the independent website address chronic disease risk factors of physical inactivity, air pollution & transportation congestion reduction,

**AGENDA ITEM # 7.C.1.**

with the goal of reducing the burden of chronic diseases such as obesity, diabetes, cardiovascular disease, and cancer.

The Washoe Board of County Commissioners is scheduled to approve this donation on March 27, 2012.

**FISCAL IMPACT**

Should the Board approve this payment (donation), there is sufficient authority in the adopted FY12 budget in Cost Center 170800 and General Ledger Account 710100 in support of this donation.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the donation to pay the Tahoe-Pyramid Bikeway, fiduciary 501 (c)3 organization for the Truckee Meadows Bicycle Alliance, in the amount of \$3,000, to establish a fully independent Truckee Meadows Bicycle Alliance website for the current and future years' Bike to Work/School events.

**POSSIBLE MOTION**

**Move to** approve the donation to pay the Tahoe-Pyramid Bikeway, fiduciary 501 (c)3 organization for the Truckee Meadows Bicycle Alliance, in the amount of \$3,000, to establish a fully independent Truckee Meadows Bicycle Alliance website for the current and future years' Bike to Work/School events.



a 501(c)(3) organization  
www.tpikeway.org

---

Ms. Erin Dixon  
WCDH Community Disease Prevention Program  
1001 E. 9th Street  
Reno, NV 89512

February 16, 2012

## QUOTE

Dear Ms. Dixon:

The Truckee Meadows Bicycle Alliance (TMBA), known previously as the Northern Nevada Bike to Work Committee, is pleased to submit this quote to the Washoe County Health District Chronic Disease and Prevention Program for TMBA to develop and implement its own independent website. TMBA will use the website to promote safe cycling for transportation in the Truckee Meadows.

### OBJECTIVE

By the end of April 2012 to have a fully functional independent TMBA website for use in this and succeeding years' Bike to Work/School Events.

### SCOPE OF WORK

- 1) Design, develop and implement elements of the independent TMBA website.
- 2) Elements will include ability of website to:
  - a) allow for TMBA committee members to create/import documents and update website with text, photographs, and videos
  - b) promotion of cycling as a safe, alternative mode of transportation
  - c) link to Facebook, Survey Monkey and other websites
  - d) accommodate and archive individual and team/corporate registrations
  - e) accommodate statistical analysis of registration database

COST: \$3,000 to complete the full SCOPE OF WORK

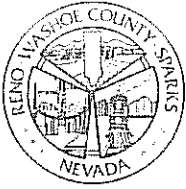
### CONTACT INFORMATION:

The Tahoe-Pyramid Bikeway is the fiduciary 501(c)3 organization for the Truckee Meadows Bicycle Alliance. Contact me for more information:  
Terry K. McAfee, 3961 S. Westpoint Dr, Reno, NV 89509, phone - 775-287-7142

Best regards,

Terry K. McAfee, Treasurer





# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: March 22, 2012**

**DATE:** March 8, 2012

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us) *LC*

**THROUGH:** Eileen Stickney, Administrative Health Services Officer  
775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us)

**SUBJECT:** Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, HIV/AIDS Surveillance Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$79,634 in support of the HIV Surveillance Program, IO 10012; and authorize the Chairman of the Board to sign.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), in the amount of \$79,634 in support of the HIV Surveillance Program, IO 10012. A copy of the Subgrant Award is attached.

*Goal supported by this item:* Approval of the Subgrant Award supports the Health District Sexual Health Program Mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

**PREVIOUS ACTION**

The Washoe County District Board of Health approved the Notice of Subgrant Award in support

**AGENDA ITEM # 7.c.2.**

of the HIV Surveillance Program in the amount of \$79,634 for Calendar Year 2011 on March 24, 2011.

**BACKGROUND**

This grant provides funding for: personnel and benefits, travel, and operating supplies.

**FISCAL IMPACT**

Should the Board approve the Notice of Subgrant Award budget amendments for FY12 are not necessary as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2012.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, HIV/AIDS Surveillance Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$79,634 in support of the STD Program, IO 10012; and authorize the Chairman of the Board to sign.

**POSSIBLE MOTION**

Move to approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, HIV/AIDS Surveillance Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$79,634 in support of the STD Program, IO 10012; and authorize the Chairman of the Board to sign.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3219  
 Category #: 18  
 GL #: 8516

NOTICE OF SUBGRANT AWARD

|                                                                                                |                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Program Name:</b><br>HIV/AIDS Surveillance Program<br>OPHIE<br>Nevada State Health Division | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD) |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Address:</b><br>3811 W. Charleston Blvd, Suite 205<br>Las Vegas, NV 89102 | <b>Address:</b><br>P. O. Box 11130<br>Reno, NV 89520 |
|------------------------------------------------------------------------------|------------------------------------------------------|

|                                                                      |                                                                                                                          |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Subgrant Period:</b><br>January 1, 2012 through December 31, 2012 | <b>Subgrantee's</b><br><b>EIN#:</b> 88-6000138<br><b>Vendor#:</b> T40283400Q<br><b>Dun &amp; Bradstreet#:</b> 73-786-998 |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**Reason for Award:** To conduct HIV/AIDS Surveillance activities Washoe County, Nevada

**County(ies) to be served:** ( ) Statewide ( x ) Specific county or counties: Washoe County

**Approved Budget Categories:**

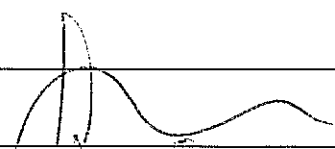
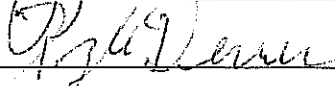
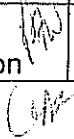
|                           |           |               |                                                                                                                                                                                                                                                                                                    |
|---------------------------|-----------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Personnel              | \$        | 78,033        | Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. |
| 2. Travel                 | \$        | 1,001         |                                                                                                                                                                                                                                                                                                    |
| 3. Supplies               | \$        | 600           |                                                                                                                                                                                                                                                                                                    |
| 4. Equipment              | \$        | 0             |                                                                                                                                                                                                                                                                                                    |
| 5. Contractual/Consultant | \$        | 0             |                                                                                                                                                                                                                                                                                                    |
| 6. Training               | \$        | 0             |                                                                                                                                                                                                                                                                                                    |
| 7. Other                  | \$        | 0             |                                                                                                                                                                                                                                                                                                    |
| <b>Total Cost</b>         | <b>\$</b> | <b>79,634</b> |                                                                                                                                                                                                                                                                                                    |

**Disbursement of funds will be as follows:**  
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$ **79,634** during the subgrant period.

|                                               |                    |               |                         |
|-----------------------------------------------|--------------------|---------------|-------------------------|
| <b>Source of Funds:</b>                       | <b>% of Funds:</b> | <b>CFDA#:</b> | <b>Federal Grant #:</b> |
| 1. Centers for Disease Control and Prevention | 100                | 93.944        | 5U62PS001038-05         |

**Terms and Conditions**  
 In accepting these grant funds, it is understood that:

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

|                                                       |                                                                                     |           |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|
| Authorized Sub-grantee Official<br>WCHD               | Signature                                                                           | Date      |
| Sandi Noffsinger, MPH<br>Program Manager              |  | 2/11/2012 |
| Kyle Devine<br>Health Program Manager II              |  | 2/14/12   |
| Richard Whitley, MS<br>Administrator, Health Division |  |           |

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the *Subgrantee* agrees to the following conditions:

1. *Subgrantee* agrees grant funds may not be used for other than the awarded purpose. In the event *Subgrantee* expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
  2. *Subgrantee* agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
  3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
  4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
    - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the *Subgrantee* five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
    - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.
- Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.
5. *Subgrantee* agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
  6. *Subgrantee* agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
  7. *Subgrantee* agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
  8. *Subgrantee* agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the *Subgrantee* agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. *Subgrantee* certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every *Subgrantee* receiving any payment in whole or in part from federal funds.
10. *Subgrantee* agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of *Subgrantee's* expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the *Subgrantee's* fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

The intent of the HIV/AIDS Surveillance Program is to maintain complete, timely, and accurate data on HIV cases and HIV-related morbidity and mortality in adults, adolescents, and children toward the successful identification of persons in need of HIV-related prevention and care services in Nevada. As a result, the Program serves a pivotal role for the state by generating HIV/AIDS data that can be used in program management, policy development, and resource allocation, thereby enhancing and extending the ability of state and local agencies to appropriately provide HIV/AIDS prevention and care activities to persons in need.

**Washoe County Health District (WCHD)**, hereinafter referred to as *Subgrantee*, agrees to provide the following services and reports according to the identified timeframes:

1. Active Case Finding. The *subgrantee* will review and investigate all reported cases of HIV infection in their jurisdiction: upon receipt of laboratory evidence of HIV infection, the *subgrantee* will solicit information needed to complete HIV/AIDS case reports by contacting area healthcare providers and facilities serving HIV-positive persons. The *subgrantee* will also monitor laboratory reporting to ensure that HIV testing, CD4 counts, viral loads, opportunistic infections, and other tests/information are reported. The *subgrantee* will identify duplicate surveillance reports and take appropriate corrective action. The *subgrantee* will conduct No Identified Risk (NIR) investigation and interview, as needed.
2. Follow-Up Investigations of Cases of Special Epidemiologic Significance. The *subgrantee* will maintain contact with area HIV testing sites and conduct follow-up investigation of cases that present with rare/unusual or previously unidentified modes of HIV transmission. The *subgrantee* will report each case to the Division within 24 hours of investigation.
3. Evaluation of the Performance of the Surveillance System. The *subgrantee* will demonstrate compliance with CDC's "Minimum HIV Reporting Performance Standards" annually. The *subgrantee* will identify staff to participate in the NSHD's HIV/AIDS Surveillance Evaluation Workgroup.
4. Interstate Reciprocal Notification of Newly Identified HIV/AIDS Cases. The *subgrantee* will complete case reports on out-of-state/out-of-jurisdiction HIV/AIDS cases that present in their jurisdiction; if the *subgrantee* cannot solicit information for completing case report forms about said cases, the *subgrantee* will contact the NSHD for assistance with interstate communication. The *subgrantee* will track out-of-jurisdiction HIV/AIDS cases using standardized CDC software.
5. Analysis, Dissemination, and Promotion of HIV/AIDS Surveillance Data. The *subgrantee* will produce an Annual HIV/AIDS Surveillance Report (see #9) and provide it to the HIV/AIDS Community Planning Group (CPG) in their area. The *subgrantee* will identify staff to participate in local CPG meetings and in other HIV/AIDS planning bodies (e.g., the State AIDS Task Force), as needed. The *subgrantee* will respond to requests for data by staff involved in Prevention Case Management, Counseling and Testing System, Prevention Counseling and Referral Services, and other HIV Prevention and CARE activities, as needed.
6. Activities to Improve the Quality, Efficiency, and Productivity of the Surveillance Program. The *subgrantee* will identify data inconsistencies in institution names/identifiers, reporting time period, and jurisdiction. Annually, the *subgrantee* will identify a random selection of HIV/AIDS case reports to be reviewed in hard copy for comparison to data entered. The *subgrantee* will identify least-productive reporters in their area and establish a schedule of routine and appropriate contact modes to improve reporting compliance.
7. Reporting of Data Using CDC Standards and Software. The *subgrantee* will maintain the electronic HIV/AIDS Reporting System (eHARS) database for their jurisdiction. The *subgrantee* will enter HIV/AIDS case reports, laboratory results, and other updated case information into the eHARS database, including (or as available) CDC's recommended standard data elements/questions. The *subgrantee* will update eHARS should any laboratory report or additional medical finding be reported.

8. Security. The *subgrantee* will maintain security and confidentiality policies that comply with conditions set forth in *NRS 441A.230*, Disclosure of personal information prohibited without consent. Except as otherwise provided in this chapter, a person shall not make public the name of, or other identifying information about, a person infected with a communicable disease who has been investigated by the health authority pursuant to this chapter, without the consent of the person. (Added to NRS by 1989, 300)
  
9. Acknowledgements. The *subgrantee* agrees to adhere to the following acknowledgements of funding:
  - a) Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number **5U62PS001038-05** from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Centers for Disease Control and Prevention."
  - b) Acknowledge that any activities performed under this subgrant were provided through funding from the Nevada State Health Division through Grant Number **5U62PS001038-05** from the Centers for Disease Control and Prevention.

(continued on next page)

*Subgrantee* agrees to adhere to the following budget:

|                           |           |                                                                                                                        |
|---------------------------|-----------|------------------------------------------------------------------------------------------------------------------------|
| 1. Personnel              | \$ 78,033 | Funds to cover, Disease Intervention Specialist (DIS), \$78,033/FTE/Yr (includes fringe benefits) x 1.0 FTE = \$78,033 |
| 2. Travel                 | \$ 1001   | Funds to cover, In-State Travel: \$0.55/mile x 1,820 miles = \$1,001                                                   |
| 3. Operating              | \$ 600    | Funds to cover, Office Supplies: \$50/month x 12 months = \$600                                                        |
| 4. Equipment              | \$        |                                                                                                                        |
| 5. Contractual Consultant | \$        |                                                                                                                        |
| 6. Training               | \$        |                                                                                                                        |
| 7. Other                  | \$        |                                                                                                                        |
| Total Cost                | \$ 79,634 |                                                                                                                        |

- With prior approval from the NSHD HIV/AIDS Surveillance Coordinator, *subgrantee* may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/*Subgrantees* to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

*Subgrantee* agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursements may be requested monthly for expenses incurred in the implementation of the Scope of Work;
- Reimbursements will not exceed \$79,634 for the period of the subgrant.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the *Subgrantee* agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- The HIV/AIDS Surveillance Program, in the Bureau of Epidemiology will provide the following services to ensure successful completion of this project, such as:
  - Technical assistance, upon request from the *Subgrantee*;
  - Prior approval of reports or documents to be developed;
  - Forwarding a report to another party, i.e. CDC.



- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

- Site-visits and/or audits may be conducted by the Division or CDC or related staff of the *Subgrantee* in its entirety at any time. Program and fiscal audits shall occur annually or as needed.
- The *Subgrantee* will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the *Subgrantee* is considered a Business Associate of the Health Division.
  - Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office. (This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.)
- All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**E. Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

***\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION D**

**NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST**

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES xx NO \_\_\_\_\_
3. When does your fiscal year end? June 30th
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/8/11
6. What time period did it cover? 7/1/10 through 6/30/11
7. Which accounting firm conducted the audit? Kafoury & Armstrong

Eileen Strickney Administrative Health Services Officer 3/8/12  
SIGNATURE TITLE DATE

**BUSINESS ASSOCIATE ADDENDUM**

BETWEEN

*Nevada State Health Division*  
Hereinafter referred to as the "Covered Entity"

and

Hereinafter referred to as the "Business Associate".

**PURPOSE.** In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

**WHEREAS,** the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

**WHEREAS,** Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

**WHEREAS,** the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

**THEREFORE,** in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
  5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

## SECTION E

6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

## II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the

## SECTION E

- Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
  4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
  5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
  6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
  7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
  8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered

## SECTION E

Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of

## SECTION E

protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.

17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

### III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

#### 1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

#### 2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

### IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that



## SECTION E

such changes may affect the Business Associate's use or disclosure of protected health information.

3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

## V. TERM AND TERMINATION

### 1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
  3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

## VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

SECTION E

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

COVERED ENTITY

BUSINESS ASSOCIATE

Health Division  
(Enter Division Name)

Washoe County Health District  
(Enter Business Name)

4150 Technology Way  
(Enter Business Address)

PO Box 11130  
(Enter Division Address)

Carson City, NV 89706  
(Enter Division City, State and Zip Code)

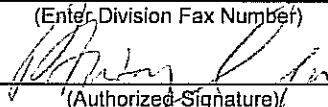
Reno, NV 89520-0027  
(Enter Business City, State and Zip Code)

775-684-4200  
(Enter Division Phone Number)

775-328-2400  
(Enter Business Phone Number)

775-684-4211  
(Enter Division Fax Number)

775-328-2279  
(Enter Business Fax Number)

  
(Authorized Signature)

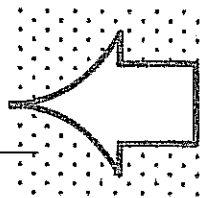
\_\_\_\_\_  
(Authorized Signature)

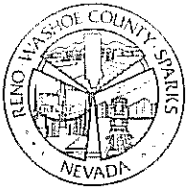
Richard Whitley  
(Print Name)

Matt Smith  
(Print Name)

Administrator  
(Title)

Chairman, DBOH  
(Title)





# Washoe County Health District




**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: March 22, 2012**

**DATE:** March 8, 2012

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District   
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)

**THROUGH:** Eileen Stickney, Administrative Health Services Officer  
775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us)

**SUBJECT:** Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.

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## SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), in the amount of \$119,023 in support of the STD Program, IO 10014. A copy of the Subgrant Award is attached.

*Goal supported by this item:* Approval of the Subgrant Award supports the Health District Sexual Health Program Mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

## PREVIOUS ACTION

The Washoe County District Board of Health approved the Notice of Subgrant Award in support of the STD Program in the amount of \$119,023 for Calendar Year 2011 on March 24, 2011.

## **AGENDA ITEM # 7.C.3.**

**BACKGROUND**

This grant provides funding for: personnel and benefits, and operating supplies, including lab testing.

**FISCAL IMPACT**

Should the Board approve the Notice of Subgrant Award budget amendments for FY12 are not necessary as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2012.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.

**POSSIBLE MOTION**

Move to approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2012 through December 31, 2012 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3219  
 Category #: 09  
 GL #: 8516

NOTICE OF SUBGRANT AWARD

|                                                                                                     |                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Program Name:</b><br>STD Prevention and Control Program<br>OPHIE<br>Nevada State Health Division | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD)<br>WCHD Project Code: 93977A<br>George Furman, MD, Chair, (775) 328-2417 |
| <b>Address:</b><br>3811 W Charleston Blvd, Suite 205<br>Las Vegas, NV 89102                         | <b>Address:</b><br>P. O. Box 11130<br>Reno, NV 89520                                                                                     |
| <b>Subgrant Period:</b><br>January 1, 2012 through December 31, 2012                                | <b>Subgrantee's</b><br><b>EIN#:</b> 88-6000138<br><b>Vendor#:</b> T40283400Q<br><b>Dun &amp; Bradstreet#:</b> 07-378-6998                |

**Reason for Award:** To identify, treat and control Sexually Transmitted Diseases (STD) in Washoe County.

**County(ies) to be served:** ( ) Statewide (x) Specific county or counties: Washoe County

**Approved Budget Categories:**

|                           |           |                |                                                                                                                                                                                                                                                                                                           |
|---------------------------|-----------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Personnel              | \$        | 95,452         | <i>Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.</i> |
| 2. Travel                 | \$        |                |                                                                                                                                                                                                                                                                                                           |
| 3. Supplies               | \$        | 23,571         |                                                                                                                                                                                                                                                                                                           |
| 4. Equipment              | \$        |                |                                                                                                                                                                                                                                                                                                           |
| 5. Contractual/Consultant | \$        |                |                                                                                                                                                                                                                                                                                                           |
| 6. Training               | \$        |                |                                                                                                                                                                                                                                                                                                           |
| 7. Other                  | \$        |                |                                                                                                                                                                                                                                                                                                           |
| <b>Total Cost</b>         | <b>\$</b> | <b>119,023</b> |                                                                                                                                                                                                                                                                                                           |

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$ 119,023.00** during the subgrant period.

| <b>Source of Funds:</b>                       | <b>% of Funds:</b> | <b>CFDA#:</b> | <b>Federal Grant #:</b> |
|-----------------------------------------------|--------------------|---------------|-------------------------|
| 1. Centers for Disease Control and Prevention | 100                | 93.977        | 5H25PS001382-04         |

**Terms and Conditions**

In accepting these grant funds, it is understood that:

1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

|                                                       | Signature | Date    |
|-------------------------------------------------------|-----------|---------|
| Authorized Subgrantee Official<br>WCHD                |           |         |
| Lazara Paz, MPH<br>Program Manager                    |           | 7/7/12  |
| Luana J. Ritch, PhD<br>Bureau Chief                   |           | 7/14/12 |
| Richard Whitley, MS<br>Administrator, Health Division |           |         |

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the *Subgrantee* agrees to the following conditions:

1. *Subgrantee* agrees grant funds may not be used for other than the awarded purpose. In the event *Subgrantee* expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
  2. *Subgrantee* agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
  3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
  4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
    - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the *Subgrantee* five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
    - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.
- Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.
5. *Subgrantee* agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
  6. *Subgrantee* agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
  7. *Subgrantee* agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
  8. *Subgrantee* agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the *Subgrantee* agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. *Subgrantee* certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every *Subgrantee* receiving any payment in whole or in part from federal funds.
10. *Subgrantee* agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of *Subgrantee's* expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the *Subgrantee's* fiscal year. **To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

**Washoe County Health District (WCHD)**, hereinafter referred to as *Subgrantee*, agrees to provide the following services and reports according to the identified timeframes:

- Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) in Washoe County as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, the Juvenile Detention Center and non-traditional sites which services are provided by County-Level Community Outreach.
- Provide and supervise Communicable Disease Investigators, Public Health Nurses, Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.
- Provide interview and investigative services including pre and post-test evaluations of STD patients seeking STD evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.
- Use the Sexually Transmitted Disease\*Management Information System (STD\*MIS) or compatible system meeting CDC standards , reactor registry, and other records to perform the following activities related to STD investigation during the subgrant period:
  - a. program planning,
  - b. program implementation;
  - c. program evaluation; and,
  - d. Respond to recommendations for data quality improvements made by the Health Division.
- Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period.
- Maintain a minimum level of STD individual and community behavior change intervention activities during the subgrant period, including appropriate risk reduction education of high-risk or vulnerable populations. (For guidance, reference *Healthy People 2010: Understanding and Improving Health, Focus Area 25: Sexually Transmitted Diseases.*)
- Provide to the Health Division, upon request, reports regarding STD activities in Washoe County.
- Submit electronically to the Health Division the following deliverables by the deadlines listed:
  - STD\*MIS Reports (Due weekly)
  - Quarterly Statistical Reports - Reports should present data on all STD testing, diagnoses, treatment, and partner services conducted by the *subgrantee* during each quarter (by gender, race, age, etc.), including (1) infertility data (which includes the number of clients screened and treated for Chlamydia); (2) a ratio of the number of infected partners brought to treatment per the number of client interviews performed (by gender); and (3) prevalence monitoring. These reports must be presented in the format requested by the STD Program Coordinator. **Reports are due to the STD Program Coordinator no later than 30 days after the end of each quarter of the subgrant period.**



- o Annual Progress Reports - Reports should include: (1) a brief narrative description (no more than 10 double-spaced pages) of all STD program activities conducted by the *subgrantee* for the subgrant period for CSPA and IPP, including any education, outreach, or intervention activities and their locations; (2) identification of future technical assistance or training needs (if any); and (3) copies of all products produced for the STD program with subgrant funds. These reports must be presented in the format requested by the STD Program Coordinator (See Attachment A). The annual report is due to the NSHD STD Program Coordinator no later than 45 calendar days after the end of the subgrant period (December 31<sup>st</sup>) and the interim report is due to the Program Coordinator no later than 15 calendar days after the end of the reporting period (June 30<sup>th</sup>); unless otherwise notified by the NSHD STD Program Coordinator.
  
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "*This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number **5H25PS001382-04** from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention.*"
  
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number **5H25PS001382-04** from the Centers for Disease Control and Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

|                    |                   |                                                                    |
|--------------------|-------------------|--------------------------------------------------------------------|
| Personnel          | \$ 95,452         |                                                                    |
|                    | \$ 31,084         | 0.40 FTE Disease Investigation Specialist (Kathy Hong) @ \$77,711  |
|                    | \$ 38,856         | 0.50 FTE Disease Investigation Specialist (Linda Gabor) @ \$77,711 |
|                    | \$ 25,512         | Fringe Benefits (36.477% ) @ \$31,084*0.36477 + \$38,856*0.36477   |
| Travel             | \$ -              |                                                                    |
| Operating/Supplies | \$ 23,571         |                                                                    |
|                    | \$ 23,571         | 2,619 Aptima NAATs tests x \$9.00 per test (IPP Funding)           |
| Contractual        | \$ -              |                                                                    |
| Other              | \$ -              |                                                                    |
| <b>Total</b>       | <b>\$ 119,023</b> |                                                                    |

- With prior approval from the NSHD STD Program Coordinator, *subgrantee* may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/*Subgrantees* to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

*Subgrantee* agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed **\$119,023** for the period of the subgrant;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- and, Additional expenditure detail will be provided upon request from the Division.

Additionally, the *Subgrantee* agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
  - Provide reimbursement of activities related to this subgrant, not to exceed **\$119,023** during the subgrant period, given receipt of appropriate documentation;
  - Providing technical assistance, upon request from the *Subgrantee*;
  - Providing prior approval of reports or documents to be developed;
  - Forwarding a report to CDC.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

- Site-visit monitoring and/or audits may be conducted by the Health Division or the Centers for Disease Control and Prevention or related staff of the *Subgrantee's* STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.
- The *Subgrantee* will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the *Subgrantee* is considered a Business Associate of the Health Division.
  - Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**E. Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

*\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.*

HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION D

NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES xx NO \_\_\_\_\_
3. When does your fiscal year end? June 30th
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/8/11
6. What time period did it cover? 7/1/10 through 6/30/11
7. Which accounting firm conducted the audit? Kafoury & Armstrong

Eileen Stokney  
SIGNATURE

Administrative Health Services Officer  
TITLE

3/8/12  
DATE

SECTION E

**BUSINESS ASSOCIATE ADDENDUM**

BETWEEN

*Nevada State Health Division*  
Hereinafter referred to as the "Covered Entity"

and

Hereinafter referred to as the "Business Associate".

**PURPOSE.** In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

**WHEREAS,** the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

**WHEREAS,** Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

**WHEREAS,** the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

**THEREFORE,** in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
  5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

## SECTION E

6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

## II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the

## SECTION E

- Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
  4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
  5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
  6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
  7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
  8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered



## SECTION E

Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of

## SECTION E

protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.

17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

### III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

#### 1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

#### 2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

### IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that

## SECTION E

such changes may affect the Business Associate's use or disclosure of protected health information.

3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

## V. TERM AND TERMINATION

### 1. **Effect of Termination:**

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
  3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

## VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

SECTION E

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

**IN WITNESS WHEREOF**, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

COVERED ENTITY

BUSINESS ASSOCIATE

Health Division  
(Enter Division Name)

Washoe County Health District  
(Enter Business Name)

4150 Technology Way  
(Enter Business Address)

PO Box 11130  
(Enter Division Address)

Carson City, NV 89706  
(Enter Division City, State and Zip Code)

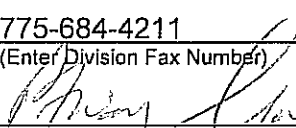
Reno, NV 89520-0027  
(Enter Business City, State and Zip Code)

775-684-4200  
(Enter Division Phone Number)

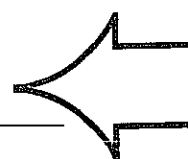
775-328-2400  
(Enter Business Phone Number)

775-684-4211  
(Enter Division Fax Number)

775-328-2279  
(Enter Business Fax Number)

  
(Authorized Signature)

\_\_\_\_\_  
(Authorized Signature)

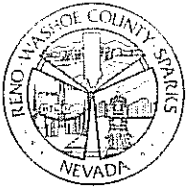


Richard Whitley  
(Print Name)

Matt Smith  
(Print Name)

Administrator  
(Title)

Chairman, DBOH  
(Title)



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: March 22, 2012**

**DATE:** March 8, 2012  
**TO:** District Board of Health  
**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)  
**THROUGH:** Eileen Stickney, Administrative Health Services Officer  
775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us)

**SUBJECT:** Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2012 in the amount of \$97,519 in support of the Immunization Program, IO 10028; and authorize the Chairman of the Board to sign.

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## SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), in the amount of \$97,519 in support of the Immunization Program, IO 10028. A copy of the Subgrant Award is attached.

*Goal supported by this item:* Approval of the Subgrant Award supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

## PREVIOUS ACTION

The Washoe County District Board of Health approved the Notice of Subgrant Award, Subgrant Amendment #1, and Subgrant Amendment #2 in support of the Immunization Program on 4/28/11, 6/23/11 and 10/27/11, respectively.

**AGENDA ITEM # 7.C.4.**

**BACKGROUND**

The NSHD has received "Round 1" of funding from the Centers for Disease Control and Prevention (CDC). As such, the Notice of Subgrant Award reflects the subgrant period of January 1, 2012 through December 31, 2012, but only approximately one third of the CY12 anticipated funding. Once the additional round(s) are received by the NSHD, the WCHD will receive amendment(s) to increase funding. The anticipated CY12 funding is \$292,556.

This grant provides funding for: personnel and benefits (registry, technical assistance, training, surveillance, assessment, etc.), equipment, office supplies, training/travel, and operating supplies such as: MD consultants, other professional services, postage, copier charges, printing, telephone and repairs and maintenance.

**FISCAL IMPACT**

Should the Board approve the Notice of Subgrant Award budget amendments for FY12 are not necessary as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2012.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2012 in the amount of \$97,519 in support of the Immunization Program, IO 10028; and authorize the Chairman of the Board to sign.

**POSSIBLE MOTION**

Move to approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2012 in the amount of \$97,519 in support of the Immunization Program, IO 10028; and authorize the Chairman of the Board to sign.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3213  
 Category #: 20  
 GL #: 8516

NOTICE OF SUBGRANT AWARD

|                                                                                                                              |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Program Name:</b><br>Immunization Program<br>Bureau of Child, Family & Community Wellness<br>Nevada State Health Division | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD) |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                                  |                                                   |
|----------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Address:</b><br>4150 Technology Way, Suite #210<br>Carson City, NV 89706-2009 | <b>Address:</b><br>PO Box 11130<br>Reno, NV 89520 |
|----------------------------------------------------------------------------------|---------------------------------------------------|

|                                                        |                                                                                                                        |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Subgrant Period:</b><br>1/1/2012 through 12/31/2012 | <b>Subgrantee's</b><br><b>EIN#:</b> 886000138<br><b>Vendor#:</b> T40283400 Q<br><b>Dun &amp; Bradstreet#:</b> 73786998 |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

**Reason for Award:** To eliminate cases of vaccine-preventable diseases in Washoe County by raising the immunization levels of all Washoe County citizens with special emphasis placed on increasing the age-appropriate immunization levels of adolescent and adult populations.

**County(ies) to be served:** ( ) Statewide (X) Specific county or counties: Washoe County

**Approved Budget Categories:**

|                               | VFC Ops (01)   | VFC/AFIX (04)   | 317 Ops (00)    | Pan Flu (05) | Total Cost      |
|-------------------------------|----------------|-----------------|-----------------|--------------|-----------------|
| 1. Personnel                  | \$6,134        | \$59,872        | \$26,208        |              | \$92,214        |
| 2. Travel                     |                |                 | \$440           |              | \$440           |
| 3. Operating                  |                |                 | \$4,865         |              | \$4,865         |
| 4. Equipment                  |                |                 |                 |              |                 |
| 5. Contractual/<br>Consultant |                |                 |                 |              |                 |
| 6. Training                   |                |                 |                 |              |                 |
| 7. Other                      |                |                 |                 |              |                 |
| <b>Total Cost</b>             | <b>\$6,134</b> | <b>\$59,872</b> | <b>\$31,513</b> |              | <b>\$97,519</b> |

Any categorical adjustments must be approved through the Immunization Program Manager. Written permission must be obtained and can be done via email.

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$97,519 during the subgrant period.

|                                               |                    |               |                         |
|-----------------------------------------------|--------------------|---------------|-------------------------|
| <b>Source of Funds:</b>                       | <b>% of Funds:</b> | <b>CFDA#:</b> | <b>Federal Grant #:</b> |
| 1. Centers for Disease Control and Prevention | 100%               | 93.268        | 5H23IP922549-10         |

**Terms and Conditions**

In accepting these grant funds, it is understood that:

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or



activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults. The activities addressed in this contract are required under the federal Immunizations and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention, and identified within the Immunization Program Operations Manual (IPOM) dated 1/1/2008 – 12/31/2012.

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

**CHAPTER 2 – VACCINE ACCOUNTABILITY AND MANAGEMENT (VFC/AFIX FUNDS)**

VFC site visits ensure that federally provided vaccine is stored and handled appropriately. **Please note that for every VFC site visit (if the provider practice is large enough) an AFIX assessment is also required. All county VFC/AFIX Coordinators are required to work closely with state Provider Quality Assurance Manager.**

| <b>Goal: Conduct site visits to assure vaccine accountability and appropriate vaccine storage and handling. (IPOM 2.2)</b>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>Objectives</b>                                                                                                                                                                                                                                                   | <b>Activities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date Due By</b> | <b>Documentation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (0202)<br>(IPOM 2.2a)<br>By 12/31/2012, conduct compliance site visits in at least 75% of all enrolled and active public and private 317/VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level. | 1) Throughout 2012, state Quality Assurance Manager and county coordinators are responsible for conducting site visits on a minimum of 75% of enrolled 317 & VFC providers. State and county are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC site visits. This will help coordinators meet their goal of 75%. The following are required for VFC site visits:<br>a) Utilize the most current VFC site visit questionnaire and VFC non-compliance checklist as provided by the Nevada State Immunization Program (NSIP).<br>b) Conduct VFC site visits on 100% of newly enrolled VFC providers.<br>c) Conduct VFC site visits on newly enrolled VFC providers no sooner than ninety (90) days and no later than 120 days of completion of enrollment.<br>- Utilize the VFC site visit questionnaire and original reporting sheet to note deficiencies while conducting site visits with newly enrolled providers.<br>d) Provide technical assistance and/or follow-up visits as directed by the NSIP. | 12/31/2012         | <ul style="list-style-type: none"> <li>• Mid-Year &amp; End-of-Year Progress Report</li> <li>• Within 30 days of the VFC site visit submit the following documentation for site visits completed:               <ul style="list-style-type: none"> <li>o VFC Areas of Non-compliance</li> <li>o Post visit letter</li> </ul> </li> <li>• Submit by the fifth (5<sup>th</sup>) day of each month the previous month's Co-CASA export on an FTP site as designated by the NSIP.</li> </ul> |

**CHAPTER 4 – PROVIDER QUALITY ASSURANCE (VFC OPS AND/OR VFC/AFIX FUNDS)**

AFIX is a continuous quality improvement process that is used to improve provider practice and raise immunization coverage rates. Please note that for every VFC site visit (if provider practice is large enough) an AFIX assessment is also required. All county VFC/AFIX Coordinators are required to work closely with state Provider Quality Assurance Manager.

| Goal: Annually, review and maintain achievement of Level 1 (required) AFIX Standards. (IPOM 4.1)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Objectives                                                                                                               | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date Due By | Documentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (0401)<br>(IPOM 4.1a)<br>By 12/31/2012, implement a method to ensure continuous improvement of your AFIX process.        | 1) Throughout 2012, state Quality Assurance Manager and county coordinators will conduct AFIX assessments on all VFC providers who immunized 10 or more children born in 2009. The following will be conducted with each AFIX visit:<br>a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current Co-CASA module as provided by the CDC.<br>b) Generate the summary reports for the immunization series (4:3:1:3:3:1 & 4:3:1:3:3:1:4) as selected by the CDC and complete "Visit Information" tab of Co-CASA.<br>c) Generate the single antigen report to complete the information on the "Visit Information" tab of Co-CASA.<br>d) Promote coalition reminder/recall program and NILE activities during site visits.<br>e) Perform AFIX assessments for all Nevada WebIZ users in jurisdiction for the annual Silver Syringe Awards.<br>- Coordinate with Nevada State Immunization Program staff to conduct an AFIX assessment on all VFC providers/users that use the Nevada WebIZ. | 12/31/2012  | <ul style="list-style-type: none"> <li>• Mid-Year &amp; End-of-Year Progress Report</li> <li>• Within 30 days of the VFC/AFIX site visit submit the following documentation for site visits completed: <ul style="list-style-type: none"> <li>○ Provider AFIX feedback report (submitted after a six month follow up visit)</li> <li>○ AFIX Series Summary Reports – page 1 and Single Antigen Report</li> </ul> </li> <li>• Submit by the fifth (5<sup>th</sup>) day of each month the previous month's Co-CASA export on an FTP site as designated by the NSIP.</li> </ul>              |
| (0402)<br>(IPOM 4.3a)<br>By 12/31/2012, conduct assessment of adolescent vaccination coverage levels during AFIX visits. | 1) Throughout 2012, Washoe County Health District will conduct adolescent AFIX visits on 11-18 year olds for 1 Tdap, 1 MCV, 1 HPV, and 3 HPV. Washoe County Health District will conduct 6 adolescent AFIX site visits in their jurisdictions. Reassessments will occur six months after the original visit. Activities should be developed in accordance with the Level 1 AFIX standards.<br>(Goal = 15% increase in immunization rates)<br>a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current Co-CASA module as provided by the CDC.                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/2012  | <ul style="list-style-type: none"> <li>• Mid-Year &amp; End-of-Year Progress Report</li> <li>• Within 30 days of the AFIX session, submit the following documentation: <ul style="list-style-type: none"> <li>- Summary report for 1 Tdap</li> <li>- Summary report for 1 MCV</li> <li>- Summary report for 1 HPV</li> <li>- Summary report for 3 HPV</li> <li>- Summary report for combined 1 Tdap, 1 MCV, 3 HPV.</li> </ul> </li> <li>• Submit by the fifth (5<sup>th</sup>) day of each month the previous month's Co-CASA export on an FTP site as designated by the NSIP.</li> </ul> |

**CHAPTER 5 - PERINATAL HEPATITIS B PREVENTION (317 FUNDS)**

Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However this goal cannot be achieved without the assistance from the immunization grantees, especially the Perinatal Hepatitis B prevention coordinators. **All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator.**

| <b>Goal:</b> Establish a mechanism to identify all HBsAg-positive pregnant women. (IPOM 5.1)                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |
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| <b>Objectives</b>                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Activities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Date Due By</b> | <b>Documentation</b>                   |
| (0501)<br>(IPOM 5.1a)<br>By 12/31/2012, maintain a protocol for perinatal hepatitis B prevention based on the recommendations in the 2005 Advisory Committee on Immunization Practices (ACIP) hepatitis B statement. Disseminate the protocol to local health departments, prenatal care, obstetrical care, neonatal care, pediatric care providers, family practitioners, delivery hospitals, and laboratories annually. | 1) By end of February 2012, state and county Perinatal Hepatitis B Coordinators will review and update the statewide protocols with any edits and/or changes from ACIP.                                                                                                                                                                                                                                                                                                                                                                                        | 2/29/2012          | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 2) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will disseminate state protocols when necessary such as during site visits or education events.                                                                                                                                                                                                                                                                                                                                                                                        | 12/31/2012         | Mid-Year & End-of-Year Progress Report |
| (0502)<br>(IPOM 5.1b)<br>By 12/31/2012, educate prenatal care providers to routinely screen pregnant women for HBsAg status during each pregnancy, implement procedures for documenting HBsAg screening results in prenatal care records, and forward                                                                                                                                                                     | 1) By end of May 2012, state and county Perinatal Hepatitis B Coordinators will work together to develop an informational packet that will be distributed to delivery hospitals, prenatal care providers, neonatal providers, pediatricians, and laboratories. Informational packet will contain information current ACIP recommendations specific to organization function. State coordinator will then distribute this informational packet. County coordinators are responsible for providing state coordinator with contact information such as addresses. | 5/31/2012          | Mid-Year & End-of-Year Progress Report |

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| original laboratory results to the delivery hospital. Educate delivery hospitals to verify prenatal HBsAg test results of pregnant women on admission for delivery, and test women with unknown HBsAg status and those with high risk behaviors. | 2) Throughout 2012, delivery hospitals without perinatal hepatitis B prevention protocols in place will receive educational training sessions by state or county coordinator responsible for the jurisdiction.          | 12/31/2012 | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                                                                                  | 3) Throughout 2012, site visit education will be provided to delivery hospitals, prenatal care providers, neonatal providers, pediatricians, and laboratories as needed by the responsible state or county coordinator. | 12/31/2012 | Mid-Year & End-of-Year Progress Report |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                        |
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| <b>Goal:</b> Conduct case management of all identified infants born to HBsAg-positive women and case manage all household and sexual contacts of HBsAg-positive pregnant women. (IPOM 5.2)                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                        |
| <b>Objectives</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Activities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Date Due By</b> | <b>Documentation</b>                   |
| (0503)<br>(IPOM 5.2a)<br>By 12/31/2012, through case management, assure that infants born to HBsAg-positive mothers receive hepatitis B vaccine and HBIG within 12 hours of birth; complete their hepatitis B vaccine series by 6-8 months (if single antigen of Pediarix vaccine given) or 15 months of age (if Comvax vaccine series given); and receive post-vaccination serologic testing by 9-15 months (if single antigen of Pediarix vaccine given) or 18 months of age (if Comvax vaccine series given). | 1) By February 2012, county Perinatal Hepatitis B Coordinators will begin populating and using the Perinatal Hepatitis B Module in Nevada WebIZ. Work with state coordinator to enter historical records and/or other needed information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2/1/2012           | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will ensure that all hepatitis B & HBIG doses administered are being recorded into the Nevada WebIZ by the providers that administered the vaccination. Any providers that are not recording into the Nevada WebIZ will be trained by Nevada WebIZ trainers.                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12/31/2012         | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3) Throughout 2012, county and state Perinatal Hepatitis B Coordinators will provide case management for infants at high risk for perinatally acquired hepatitis B infection by:<br>a) Ensuring HBIG and the birth dose of hepatitis B vaccine are administered to infants born to HBsAg-positive women within 12 hours of birth (collaborate with delivery hospitals),<br>b) Ensuring the full hepatitis B series of vaccination is complete by 6-8 months of age if using single antigen, by 15 months of age if using Comvax (collaborate with pediatric providers),<br>c) Ensuring that post vaccination serologic testing is conducted by 9-15 months of age if using single antigen vaccine, by 18 months if using Comvax (collaborate with pediatric providers & parents/guardians). | 12/31/2012         | Mid-Year & End-of-Year Progress Report |

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|                                                                                                                                                                                                                             | 4) By end of February 2012, county Perinatal Hepatitis B Coordinators will report 2010 case data to the state coordinator on a form provided by the state. This data is for the CDC PAPA report                                                                                                                                                                                                                                           | 2/29/2012  | Mid-Year & End-of-Year Progress Report<br><br>Data for PAPA report |
| (0504)<br>(IPOM 5.2b)<br>By 12/31/2012, work with state surveillance staff to ensure complete perinatal case reporting (when infants test HBsAg-positive) to CDC via NNDSS.                                                 | 1) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will work with state and county epidemiology staff to ensure all positive perinatal HBsAg cases are reported to CDC via NNDSS. Further education efforts will be made as needed.                                                                                                                                                                                  | 12/31/2012 | Mid-Year & End-of-Year Progress Report                             |
|                                                                                                                                                                                                                             | 2) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will work with prenatal care providers, delivery hospitals, and laboratories to ensure timely laboratory reporting of HBsAg-positive test results in pregnant women. State coordinator will determine what information is needed from counties for NNDSS.                                                                                                         | 12/31/2012 | Mid-Year & End-of-Year Progress Report                             |
| (0505)<br>(IPOM 5.2c)<br>By 12/31/2012, identify household contacts and sexual partners of HBsAg-positive pregnant women, determine susceptibility, and ensure they receive the hepatitis B vaccine series, if susceptible. | 1) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will identify household contacts and sexual partners of HBsAg-positive pregnant women. These contacts will be tested to identify whether they are hepatitis B positive or not. Immunization status will also be taken into consideration. (Goal = 100% susceptibility status determined)                                                                          | 12/31/2012 | Mid-Year & End-of-Year Progress Report                             |
|                                                                                                                                                                                                                             | 2) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will educate household and sexual contacts about Hepatitis B and encouraged to receive the hepatitis B vaccine series. Case management of these contacts will be conducted through the Perinatal Hepatitis B Module in the Nevada WebIZ with the goal of all contacts needing to be vaccinated to complete the three dose series. (Goal = 100% series completion) | 12/31/2012 | Mid-Year & End-of-Year Progress Report                             |
|                                                                                                                                                                                                                             | 3) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will use methods such as reminder/recall, letters, phone calls will be used to encourage household and sexual contacts to complete the three dose series.                                                                                                                                                                                                         | 12/31/2012 | Mid-Year & End-of-Year Progress Report                             |
| (0510)<br>(IPOM 5.2d)<br>By 12/31/2012, develop and maintain a database for tracking perinatal hepatitis B cases.                                                                                                           | 1) Throughout 2012, county Perinatal Hepatitis B Coordinators will collaborate with state coordinator if enhancements to the database are needed.                                                                                                                                                                                                                                                                                         | 12/31/2012 | Mid-Year & End-of-Year Progress Report                             |

| <b>Goal:</b> Evaluate completeness of identification of HBsAg-positive pregnant women, birth dose administration, hospital policies, and appropriate care of infants born to HBsAg-positive and unknown status mothers. (IPOM 5.3)                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                          |
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| <b>Objectives</b>                                                                                                                                                                                                                                                                                                                  | <b>Activities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Date Due By</b> | <b>Documentation</b>                                                     |
| (0506)<br>(IPOM 5.3a)<br>By 7/31/2012, conduct medical record reviews at hospitals that deliver at least 90% of the jurisdiction's birth cohort during the current 5 year grant cycle. Hospitals that have delivered infants of HBsAg-positive women or hospitals in areas with high HBsAg prevalence rates should be prioritized. | 1) By end of July 2012, state and county Perinatal Hepatitis B Coordinators will educate delivery hospitals that have low hepatitis B vaccination rates according to medical record review. Education will be completed via mailings of state protocol and/or meetings and include reference to Nevada state laws.                                                                                                                                   | 7/31/2012          | Mid-Year & End-of-Year Progress Report                                   |
| (0508)<br>(IPOM 5.3c)<br>By 12/31/2012, increase completeness of reporting of HBsAg-positive pregnant women to the health department by prenatal providers, delivery hospitals, and laboratories (refer to the Guide to Life).                                                                                                     | 1) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will focus education efforts on labs, prenatal care providers, and birthing hospitals. This will help ensure all identified HBsAg-positive pregnant women are referred to their respective local health authorities for initiation of case management. The education can comprise of the informational packet, phone calls, site visits, or other methods of best practices. | 12/31/2012         | Mid-Year & End-of-Year Progress Report<br><br>Copy of educational packet |
|                                                                                                                                                                                                                                                                                                                                    | 2) Throughout 2012, state and county Perinatal Hepatitis B Coordinators will provide education toward birthing hospitals to ensure all women with unknown HBsAg status are tested upon admittance or before hospital discharge.                                                                                                                                                                                                                      | 12/31/2012         | Mid-Year & End-of-Year Progress Report                                   |

## CHAPTER 6 – ADOLESCENT IMMUNIZATION (VFC OPS AND/OR VFC/AFIX FUNDS)

| Goal: Work with partners to support the establishment of the adolescent platform for adolescent immunizations. (IPOM 6.1)                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                        |
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| Objectives                                                                                                                                                                                                                                                                   | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date Due By | Documentation                          |
| (0601)<br>(IPOM 6.1a)<br>By 12/31/2012, increase grantee-specific vaccination coverage estimates for each of the three non-annual vaccines recommended for adolescents (>1 dose Tdap vaccine, >1 dose meningococcal vaccine, >1 dose HPV vaccine, and >3 doses HPV vaccine). | <ol style="list-style-type: none"> <li>1) Throughout 2012, Washoe County Health District will increase vaccination coverage estimates by 15% for each of the three non-annual vaccines recommended for adolescents (1 dose of Tdap, 1 dose of MCV4, 1 dose of HPV, 3 doses of HPV. This includes the following activities:               <ol style="list-style-type: none"> <li>a) Identify four schools in Washoe County.</li> <li>b) Implement "Vaccinate Before You Graduate" immunization program by working with Washoe County School District and Northern Nevada Immunization Coalition in selected schools based on 2011 assessment data. This program will notify senior high school students of the importance and need to receive meningococcal vaccination. Health care providers will be encouraged to use this opportunity to provide other adolescent immunizations that patients may have missed such as Tdap, Varicella, HPV, or MMR. WCHD will work with the Nevada State Immunization Program to obtain VFC/317 funded meningococcal vaccine to eliminate the barrier of inability to pay.</li> <li>c) Work with Washoe County School District (WCSD) student health services to promote recommended adolescent immunizations in order to increase compliance with national and state immunization requirements.</li> </ol> </li> <li>2) Work with WCSD to obtain immunization rate in selected schools to identify under-immunized students by geographic location. Conduct baseline immunization rate.</li> <li>3) Notify parents of under-immunized children via WCSD reminder/recall/exclusion letters and through ConnectEd phone reminders for required immunizations. Two attempts per child will be made.</li> <li>4) Identified under-immunized children will be referred to their health care provider, local clinics, or WCHD for required immunizations, encouraging recommended immunizations as well.               <ol style="list-style-type: none"> <li>a) If funding and staffing allows, conduct strike teams at area schools with VFC/317 vaccinations to increase student compliance.</li> </ol> </li> </ol> | 12/31/2012  | Mid-Year & End-of-Year Progress Report |



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|                                                                                                                                                                                   | <p>2) Throughout 2012, Washoe County Health District will promote the vaccination program in provider settings, to provide education on: vaccine inventory control, procedures for ordering adequate supplies, vaccine storage &amp; handling, administration techniques, documentation, Nevada WebIZ, and other related issues.</p> <p>a) Provide education to health care providers that receive urgent care client referrals for immunizations to ensure appropriate immunizations for adolescent clients.</p> <p>b) Work with the Nevada State Immunization Program to obtain VFC/317 vaccinations to eliminate the inability to pay.</p> <p>c) Post immunization clinic schedules on the Northern Nevada Immunization Coalition (NNIC) website; post links to other clinics on the WCHD website.</p> | 12/31/2012 | Mid-Year & End-of-Year Progress Report |
| <p>(0602)<br/>(IPOM 6.1b)<br/>By 12/31/2012, promote public awareness of the recommended vaccines for adolescents and the importance of annual adolescent health care visits.</p> | <p>1) Throughout 2012, Washoe County Health District will educate parents and adolescents about vaccines, including HPV, at various venues frequented by parents and adolescents such as PTA's, adolescent community-based organizations, parenting classes, etc. From schools identified in IPOM 6.1a (0601), promote adolescent immunizations (Tdap, MCV4, HPV, Varicella). This will occur at a minimum of four times.</p>                                                                                                                                                                                                                                                                                                                                                                             | 12/31/2012 | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                   | <p>2) Throughout 2012, during VFC/AFIX assessments and other health care provider interaction, Washoe County Health District will invite adolescent health care professionals to monthly coalition meetings.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/2012 | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                   | <p>3) Throughout 2012, Washoe County Health District will encourage vaccine pharmaceutical representatives to visit adolescent health care professionals to provide them with educational materials for parents of adolescents that promote recommended adolescent immunizations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12/31/2012 | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                   | <p>4) Throughout 2012, Washoe County Health District will collaborate with Northern Nevada Immunization Coalition to identify providers who have increased their adolescent immunization rates.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12/31/2012 | Mid-Year & End-of-Year Progress Report |
|                                                                                                                                                                                   | <p>5) Throughout 2012, Washoe County Health District, as part of Northern Nevada Immunization Coalition (NNIC) annual member survey, will seek info from providers regarding NNIC membership and if it has impacted the number of adolescent health visits. If so, obtain qualitative data as to what was helpful so that this may be replicated in other offices.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12/31/2012 | Mid-Year & End-of-Year Progress Report |

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| (0606)<br>(IPOM 6.1f)<br>By 12/31/2012, update jurisdiction/state public health websites to include information about recommendations for immunization of adolescents. | 1) By end of June 2012, all three health district, coalitions, and Nevada State Immunization Program will update websites to include information about recommended and school required vaccinations for adolescents. | 6/30/2012 | Mid-Year & End-of-Year Progress Report |
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| <b>Goal:</b> Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents. (IPOM 6.2)                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                                  |
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| Objectives                                                                                                                                                                                                                                                     | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date Due By | Documentation                                                                                                                                    |
| (0604)<br>(IPOM 6.2c)<br>By 12/31/2012, collaborate with professional organizations to promote adolescent vaccination in the primary care setting and identify providers who are not currently participating in the VFC Program but who may now be interested. | 1) Throughout 2012, Washoe County Health District will recruit five new VFC providers. This will be accomplished via the following activities: <ol style="list-style-type: none"> <li>a) Conduct office visits to former state VFC/317 health care providers to encourage re-enrollment into the state vaccine program.</li> <li>b) Conduct office site visits on health care professionals with no prior history of enrollment as identified by WCHD or Nevada State Immunization Program (NSIP).</li> <li>c) Consult with the Washoe County Medical Society to identify pediatricians and family practice providers who may be interested in the state vaccine program. Consult with vaccine manufactures as to new health care providers in Washoe County.</li> <li>d) Explore funding opportunities with the Northern Nevada Immunization Coalition or NSIP regarding refrigeration needs for health care providers.</li> <li>e) If funding is available, offer incentives to offices such as the CDC Pink Book, thermometers, as encouragement to enroll in the state vaccine program.</li> </ol> | 12/31/2012  | Mid-Year & End-of-Year Progress Report (to include): <ul style="list-style-type: none"> <li>• # of adolescent VFC providers recruited</li> </ul> |

| Goal: Identify juvenile correctional facilities serving adolescent populations and foster partnerships to promote increased coverage for recommended vaccines. (IPOM 6.3) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                                                    |
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| Objectives                                                                                                                                                                | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date Due By | Documentation                                                                                                                      |
| (0605)<br>(IPOM 6.3d)<br>By 12/31/2012, promote knowledge and awareness among administrative officials and health care providers regarding...                             | 1) Throughout 2012, Washoe County Health District will promote adolescent immunizations (Tdap, MCV4, HPV, and Varicella) to schools identified in IPOM 6.1a (0601). WCHD will work with community-based organizations that engage adolescents to promote adolescent immunizations. WCHD will: <ol style="list-style-type: none"> <li>a) Identify potential partners such as active school PTA/PFA organizations, and community programs (Girl Scouts, Big Brothers Big Sisters, 4H, Junior Achievement, etc)</li> <li>b) Schedule educational sessions regarding the importance and benefit of adolescent immunizations with those from above interested in adolescent immunization information.</li> <li>c) Conduct educational sessions to at least three identified community-based organizations regarding Tdap, MCV4, HPV, and Varicella, along with the associated diseases that they vaccines prevent. Provide educational handouts from the CDC, Immunization Action Coalition, and vaccine manufacturers.</li> <li>d) Have participants complete knowledge pre/post-test's. Use data to help improve trainings.</li> <li>e) Offer immunization resource lists to participants.</li> <li>f) If funding is available, conduct immunization strike team clinics offering VFC/317 vaccinations at area schools.</li> </ol> | 12/31/2012  | Mid-Year & End-of-Year Progress Report (to include): <ul style="list-style-type: none"> <li>• # of educational sessions</li> </ul> |

**CHAPTER 7 – ADULT IMMUNIZATION (317 FUNDS)**

| <b>Goal: Increase access to vaccines for high risk adults. (IPOM 7.3)</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Objectives</b>                                                                                                                                                                                                                                                                                                  | <b>Activities</b>                                                                                                                                                                                                                                                                                                                                                  | <b>Date Due By</b> | <b>Documentation</b>                                                                                                                                                   |
| (0703)<br>(IPOM 7.3d)<br>By 12/31/2012, collaborate with public clinics and treatment centers, including HIV counseling centers, intravenous drug use clinics, STD clinics, and correctional centers to provide hepatitis B vaccine to adults at high risk for hepatitis B and other vaccine preventable diseases. | 1) Throughout 2012, Washoe County Health District will encourage drug treatment centers to become 317 Twinrix vaccine providers so that they may offer immunizations to their high-risk hepatitis B clients. Provide ongoing technical assistance and support to these providers as needed in order for them to be successful with the provision of immunizations. | 12/31/2012         | Mid-Year & End-of-Year Progress Report (to include): <ul style="list-style-type: none"> <li># of drug treatment facilities newly enrolled into 317 Program.</li> </ul> |
|                                                                                                                                                                                                                                                                                                                    | 2) Throughout 2012, Washoe County Health Department will utilize adult immunization educational materials provided by the CDC, Immunization Action Coalition, and vaccine manufacturers to promote and educate adults regarding the importance of hepatitis B immunizations.                                                                                       | 12/31/2012         | Mid Year & End-of-Year Progress Report                                                                                                                                 |

| <b>Goal: Increase knowledge and awareness of immunizations in colleges, universities and providers. (IPOM 7.4)</b>                                                                                     |                                                                                                                                                                                                                                 |                    |                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Objectives</b>                                                                                                                                                                                      | <b>Activities</b>                                                                                                                                                                                                               | <b>Date Due By</b> | <b>Documentation</b>                                                                                                                         |
| (0706)<br>(IPOM 7.4b)<br>By 12/31/2012, work to ensure college/university health care clinic personnel and students are knowledgeable about vaccine recommendations and opportunities for vaccination. | 1) Throughout 2012, Washoe County Health District will provide educational presentations to college and university health sciences students, two - four times per year. Conduct pre/post-test assessments at each presentation. | 12/31/2012         | Mid-Year & End-of-Year Progress Report (to include): <ul style="list-style-type: none"> <li># of educational sessions to students</li> </ul> |

**CHAPTER 8 – EDUCATION, INFO, TRAINING & PARTNERSHIPS**

**(VFC OPS FUNDS)**

**Goal:** Distribute VISs. (IPOM 8.2)

| Objectives                                                                                                                                                                                                       | Activities                                                                                                                                                                                                                                                                                         | Date Due By | Documentation                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|
| (0803)<br>(IPOM 8.2a)<br>By 12/31/2012, distribute Vaccine Information Statements (VIS) and CDC's online instructions for their proper use in accordance with the NCVIS to immunization providers to each visit. | 1) Throughout 2012, state and county VFC/AFIX Coordinators will distribute Vaccine Information Statements and CDC's online instructions for their proper use in accordance with the NCVIA to providers at each VFC/AFIX site visit when necessary. (Goal = 75% of providers using VIS's correctly) | 12/31/2012  | Mid-Year & End-of-Year Progress Report |

**(317 FUNDS)**

**Goal:** Provide immunization stakeholders (including health care providers, immunization program staff, and consumers) appropriate and timely evidence-based education, training and communication on immunization-related issues. (IPOM 8.3)

| Objectives                                                                                                                                                                                                                                                                                                                                                                                       | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Due By | Documentation                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------|
| (0805)<br>(IPOM 8.3a)<br>By 12/31/2012, utilize the Guide to Community Preventive Services as a primary resource for evidence-based recommendations and findings about strategies that work to improve public health. Incorporate findings into all education, training and community programs reaching health care providers, immunization program staff, consumers and the community at large. | 1) Throughout 2012, Washoe County Health District will utilize the Guide to Community Prevention Services and work to increase community demand for immunizations by providing immunization and vaccine preventable disease information and educational materials to licensed child care providers through community education sessions, held two to four times per year. Collaborate with the Northern Nevada Immunization Coalition on educational materials and training sessions.<br>a) Provide a training packet that includes tools to assess immunization status of children in child care that include a reminder system for children.<br>b) Provide educational materials on immunizations and vaccine preventable diseases for child care providers to be better educated. Child care providers will then be able to share important resources and materials with parents, including immunization requirements per state law.<br>c) Conduct knowledge pre/post-test assessments on child care providers as part of the session. | 12/31/2012  | Mid-Year & End-of-Year Progress Report<br><br>Copy of training packet<br><br>Copy of educational materials |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                                                                                                                            |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>2) Throughout 2012, Washoe County Health District will utilize the Guide to Community Preventive Services and focus on this objective within Washoe County and their clients. By utilizing immunization compliance data for 19-35 month old children in the Nevada IIS, WCHD will conduct the following activities:</p> <ul style="list-style-type: none"> <li>a) Routinely utilize "return data for next immunization" on Nevada IIS immunization record.</li> <li>b) Mail reminder/recall (r/r) notices to parents or guardians of 19-35 month old children. R/R notices mailed at 15, 19, and 23 months to promote and encourage immunizations before children's second birthday, through either WCHD or the health care provider of their choice.</li> <li>c) Conduct follow-up phone calls to those who do not receive immunizations within three months of r/r mailings to improve immunization rates of the two year old population.</li> </ul>                                                                    | 12/31/2012 | <p>Mid-Year &amp; End-of-Year Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• # of children who were brought up-to-date via WCHD child care center assessments and reminder/recalls.</li> </ul> |
|  | <p>3) By end of March 2012, Washoe County Health District will utilize the Guide to Community Preventive Services to identify potential partners for promotion of immunizations to the preschool aged population who are not in licensed child care, such as WIC, MOPS (mothers of preschoolers), faith-based groups, etc. The following activities will pursue:</p> <ul style="list-style-type: none"> <li>a) By end of June 2012, schedule educational sessions to staff and/or parents in these groups, providing factual, accurate immunization information, regarding the importance and benefit of childhood immunizations.</li> <li>b) Conduct educational sessions to two - five groups from activity a) listed above regarding childhood immunizations, along with the associated diseases.</li> <li>c) Offer immunization resource lists to participants - private health care provider, local clinics, or health district clinics for those without a medical home or access to immunization services.</li> </ul> | 3/31/2012  | <p>Mid-Year &amp; End-of-Year Progress Report</p>                                                                                                                                                                          |

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(0806)<br/>(IPOM 8.3b)<br/>By 12/31/2012, assess provider education needs and identify potential resources to meet those needs. Observation of practice, discussion, surveys, and other methods such as pre- and post-tests may be used. Based on assessments...</p> | <p>1) Throughout 2012, during VFC/AFIX assessment visits, Washoe County Health District will provide feedback regarding observed immunization practices, encouraging health care provider staff to offer all required and recommended immunizations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>12/31/2012</p> | <p>Mid-Year &amp; End-of-Year Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• % of VFC providers assessed</li> </ul> |
| <p>(0808)<br/>(IPOM 8.3e)<br/>By 12/31/2012, provide policy makers, consumers, and the general public timely education on immunization-related information and changes by:...</p>                                                                                       | <p>1) Throughout 2012, Washoe County Health District will provide immunization and vaccine preventable disease information and education to persons who contact WCHD staff either in person, phone, email, mail, through WCHD website or any community presentation, with questions or concerns regarding immunizations. Educational materials from the CDC, Immunization Action Coalition, and vaccine manufacturers will be offered to individuals to help answer common questions or concerns. WCHD will monitor trends with individuals seeking information to ensure that identified issues are addressed through either the media or other communication methods (EpiNews, websites, etc.).</p> | <p>12/31/2012</p> | <p>Mid-Year &amp; End-of-Year Progress Report</p>                                                                                               |

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5H23IP922549-10 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP922549-10 from the Centers for Disease Control and Prevention.
- When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

**The following individuals agree to this Scope of Work:**

\_\_\_\_\_  
 Erin Seward, MPH  
 Nevada Immunization Program Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Steve Kutz, RN, MPH  
 Public Health Nurse Supervisor, WCHD

\_\_\_\_\_  
 Date



Subgrantee agrees to adhere to the following budget:

|                             |    |        |                                                                                                                     |
|-----------------------------|----|--------|---------------------------------------------------------------------------------------------------------------------|
| 1. Personnel                | \$ | 92,214 | Staff salary and benefit cost                                                                                       |
| 2. Travel                   | \$ | 440    | Mileage                                                                                                             |
| 3. Operating                | \$ | 4,865  | Supplies, printing, postage, phones, MD consultant, copy machine, repair and maintenance, books/subscriptions, misc |
| 4. Equipment                | \$ |        |                                                                                                                     |
| 5. Contractual / Consultant | \$ |        |                                                                                                                     |
| 6. Training                 | \$ |        |                                                                                                                     |
| 7. Other                    | \$ |        |                                                                                                                     |
| Total Cost                  | \$ | 97,519 |                                                                                                                     |

- Any categorical adjustments must be approved through the State Immunization Program Manager. Written permission must be obtained and can be done via email.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Food or meals cannot be claimed within 50 miles of the official workstation.

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the thirtieth (30<sup>th</sup>) day of each month for the prior month's actual expenses.
- The maximum available through this subgrant is \$97,519.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Reimbursements will not be processed without all **mandatory reporting documents** such as:
  - a. Request for Reimbursement Form
  - b. Reimbursement Worksheet
  - c. Receipts (or detailed transaction list) for supplies, travel, equipment, and other items purchased. *Only allowable purchases per the 2008-2012 Immunization Program Operations Manual (IPOM) will be accepted for reimbursement. Any unallowable items purchased will not be reimbursed. IPOM can be found at [www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm](http://www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm).*

- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below.
- Submit one hard copy via postal mail of your original, signed Request for Reimbursement, Reimbursement Worksheet and copies of receipts.
- Mid-Year and End-of-Year Progress Reports are required and must be submitted to state Immunization Program Manager via email. Any additional items that are required for documentation (flyers, reports, etc.) may be submitted via email or postal mail. Mid-Year Progress Report is due no later than 7/13/2012. End-of-Year Progress Report is due no later than 2/15/2013. This does not need to be a large narrative. Please see attached template.
- Monthly submission of CoCASA data is due the fifteenth (15<sup>th</sup>) day of each month for the prior month. In addition, Areas of Noncompliance paperwork should be submitted within 30 days of the VFC site visit. Please submit the originals to the state Provider Quality Assurance Manager via postal mail.
- Reimbursement will not be processed without all reporting being current.
- Reimbursement will only be claimed for expenditures approved within the Notice of Subgrant Award.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- To provide technical assistance to subgrantee, upon request.
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee.
- Submit reimbursement request to Nevada State Health Division's Fiscal Services within five business days but only upon receipt of all mandatory reporting documents.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ❖ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 30<sup>th</sup> of the month.
- ❖ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ❖ Payment will not be processed without all reporting being current.
- ❖ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

- A. Approved Budget:** List the approved budget amounts in this column by category.
- B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.
- C. Current Request:** List the **current** expenditures requested at this time for reimbursement in the column, for each category.
- D. Year to Date Total:** Add Column B and Column C for each category.
- E. Budget Balance:** Subtract Column D for Column A for each category.
- F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days prior to the end of the subgrant period.

\*An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION D**

NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES xx NO
3. When does your fiscal year end? June 30th
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/8/11
6. What time period did it cover? 7/1/10 through 6/30/11
7. Which accounting firm conducted the audit? Kafoury & Armstrong

Administrative Health Services Officer

|           |       |      |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

## STAFF REPORT BOARD MEETING DATE: 3/22/12

**DATE:** March 12, 2012

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Stickney, Administrative Health Services Officer, Washoe County *ES*  
Health District, 775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us)

**SUBJECT:** Approval of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$474,811 (with \$47,481 or 10% match) for the period January 23, 2012 to June 30, 2012 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; Approval of amendments totaling an increase of \$70,767 in both revenue and expense to the FY 12 ASPR Hospital Preparedness Federal Grant Program, IO 10708; and if approved authorize the Chairman to execute.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Subgrant Amendment from the Nevada State Health Division for the period January 23, 2012 through June 30, 2012 in the total amount of \$474,811 in support of the Public Health Preparedness ASPR Grant Program. A copy of the Subgrant Amendment #1 is attached.

**District Board of Health strategic priority:** Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.  
BCC Strategic Outcome supported by this item: Healthy communities.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

AGENDA ITEM # 7.C.5.

**PREVIOUS ACTION**

The District Board of Health approved the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$404,044 for the period July 1, 2011 to June 30, 2012 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program at their August 25, 2011 meeting.

**BACKGROUND**

The Nevada State Health Division has awarded the Public Health Preparedness Program carry-over funding in the amount of \$70,767 for the period January 23, 2012 through June 30, 2012. Funds will be used to implement and track a media campaign raising awareness for the “at-risk” community to be prepared for a potential incident. The Washoe County Health District conducted a survey in FY11 to determine how best to reach this target audience and will be using this data to reach this segment of the community. Funds will also be utilized to conduct a full-scale community Family Assistance Center exercise. This exercise will test the Unified Victim Information System (UVIS), Call Center, Hospital Coordination and Volunteer Management. In addition, the Washoe County Health District will purchase 3 800 MHz radios for Washoe County Skilled Nursing Facilities to use (through a Memorandum of Understanding). It was determined that these facilities do not have existing redundant communication systems.

This budget amendment will also require Board of County Commissioners approval.

**FISCAL IMPACT**

Should the Board approve these budget amendments, the adopted FY 12 budget will be **increased by \$70,767** in the following accounts:

| <u>Account Number</u>       | <u>Description</u>        | <u>Amount of Increase/(Decrease)</u> |
|-----------------------------|---------------------------|--------------------------------------|
| <b>2002-IO-10708-431100</b> | <b>Federal Revenue</b>    | <b>\$70,767</b>                      |
|                             | <b>Total Revenue</b>      | <b>\$70,767</b>                      |
| 2002-IO-10708-710100        | Professional Services     | 51,405                               |
| -710300                     | Operating Supplies        | 4,048                                |
| -710509                     | Seminars & Meetings       | 600                                  |
| -711210                     | Travel                    | 2,214                                |
| -711504                     | Equipment-NonCapital      | 12,500                               |
|                             | <b>Total Expenditures</b> | <b>\$70,767</b>                      |

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$474,811 (with \$47,481 or 10% match) for the period January 23, 2012 to June 30, 2012 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; Approval of amendments totaling an increase of \$70,767 in both revenue and expense to the FY 12 ASPR Hospital Preparedness Federal Grant Program, IO 10708; and if approved authorize the Chairman to execute.

District Board of Health meeting of March 22, 2012

Page 3

**POSSIBLE MOTION**

Move to approve Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$474,811 (with \$47,481 or 10% match) for the period January 23, 2012 to June 30, 2012 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; Approval of amendments totaling an increase of \$70,767 in both revenue and expense to the FY 12 ASPR Hospital Preparedness Federal Grant Program, IO 10708; and if approved authorize the Chairman to execute.

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 12049-1  
 ASPR07-  
 Program #: 11  
 Budget Account #: 3218  
 Category #: 23  
 GL #: 8516

**SUBGRANT AMENDMENT #1**

|                                                                                                       |                    |                                                                 |                         |
|-------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|-------------------------|
| <b>Program Name:</b><br>Public Health Preparedness<br>Bureau of HSPER<br>Nevada State Health Division |                    | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD) |                         |
| <b>Address:</b><br>4150 Technology Way, Suite 200<br>Carson City, NV 89706-2009                       |                    | <b>Address:</b><br>1001 East Ninth Street<br>Reno, Nevada 89520 |                         |
| <b>Original Subgrant Period:</b><br>July 1, 2011 through June 30, 2012                                |                    | <b>Subgrantee EIN#:</b><br>88-6000138                           |                         |
| <b>Amended Subgrant Period:</b><br>Jan 23, 2012 through June 30, 2012                                 |                    | <b>Subgrantee Vendor#:</b><br>T40283400Q                        |                         |
| <b>Source of Funds:</b>                                                                               | <b>% of Funds:</b> | <b>CFDA#:</b>                                                   | <b>Federal Grant #:</b> |
| 1. ASPR Hospital Preparedness Program                                                                 | 100%               | 93.889                                                          | 6 U3REP090220-03-01     |

**Amendment #1:**

The reason for this amendment is to increase funds available to the subgrantee from the carry-over amended Notice of Award. This amendment will increase the funds available to WCHD from \$404,044 to \$474,811.

**Change from:**

**Approved Budget Categories:**

|                           | <b>Original Award</b> | <b>Carry-Over</b> | <b>New Award</b>  |
|---------------------------|-----------------------|-------------------|-------------------|
| 1. Personnel              | \$ 272,442            | \$ 0              | \$ 272,442        |
| 2. Contractual/Consultant | \$ 63,433             | \$ 51,905         | \$ 115,338        |
| 3. Travel                 | \$ 17,550             | \$ 2,214          | \$ 19,764         |
| 4. Supplies               | \$ 5,227              | \$ 2,008          | \$ 7,235          |
| 5. Equipment              | \$ 12,000             | \$ 14,040         | \$ 26,040         |
| 6. Other                  | \$ 6,420              | \$ 600            | \$ 7,020          |
| 7. Indirect               | \$ 26,972             | \$ 0              | \$ 26,972         |
| <b>Total Cost</b>         | <b>\$ 404,044</b>     | <b>\$ 70,767</b>  | <b>\$ 474,811</b> |

**Change to:**

It is the intention of WCHD to utilize to implement and track a media campaign raising awareness for the "at-risk" community to be prepared for a potential incident. WCHD conducted a survey in FY 2010-2011 to determine how best to reach this target audience and they will be using this data to reach this segment of the community. Washoe County also intends to conduct a full-scale community Family Assistance Center exercise. This exercise will test UVIS, Call Center, Hospital Coordination, and Volunteer Management.



By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

| Authorized Sub-grantee Official Title                 | Signature                | Date           |
|-------------------------------------------------------|--------------------------|----------------|
| Type Manager's name here<br>Program Manager           | <i>James O. Chastain</i> | <i>2/28/12</i> |
| Type BC's name here<br>Bureau Chief                   | <i>Richard Whitley</i>   | <i>3/1/12</i>  |
| Richard Whitley, MS<br>Administrator, Health Division | <i>Richard Whitley</i>   |                |

*OW*

**Subgrantee agrees to adhere to the following budget:**

|                           |                   |           |                                                                                                                                             |                                                                                            |
|---------------------------|-------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. Personnel              |                   |           |                                                                                                                                             |                                                                                            |
|                           |                   | \$ 69,253 | Public Health Emergency Response                                                                                                            | 100%                                                                                       |
|                           |                   | \$ 65,175 | Coordinator                                                                                                                                 | 100%                                                                                       |
|                           | \$ 272,442        | \$ 31,127 | MRC Coordinator                                                                                                                             | 100%                                                                                       |
|                           |                   | \$ 7,612  | Health Educator II                                                                                                                          | 100%                                                                                       |
|                           |                   | \$ 13,730 | Director, Epi & PHP                                                                                                                         | 100%                                                                                       |
|                           |                   | \$ 9,229  | PHP Manager                                                                                                                                 | 100%                                                                                       |
|                           |                   | \$ 76,316 | Administrative Secretary<br>Fringe                                                                                                          |                                                                                            |
| 2. Contractual/Consultant | \$ 115,338        |           |                                                                                                                                             |                                                                                            |
|                           |                   | \$ 51,905 | Carry-Over FY10                                                                                                                             |                                                                                            |
|                           |                   | \$ 4,585  | Part-time temporary clerical assistant                                                                                                      |                                                                                            |
|                           |                   | \$ 4,348  | Training consulting/contract services                                                                                                       |                                                                                            |
|                           |                   | \$ 25,000 | Alternate Care Site Consultant                                                                                                              |                                                                                            |
|                           |                   | \$ 5,000  | MRC media buy                                                                                                                               |                                                                                            |
|                           |                   | \$ 3,000  | MRC Volunteer Training                                                                                                                      |                                                                                            |
|                           |                   | \$ 9,500  | Unified Victim Information System (UVIS)                                                                                                    |                                                                                            |
|                           |                   | \$ 12,000 | Contractor to exercise the UVIS program                                                                                                     |                                                                                            |
| 3. Travel                 | \$ 19,764         |           |                                                                                                                                             |                                                                                            |
|                           |                   | \$ 2,214  | Carry-Over FY10                                                                                                                             |                                                                                            |
|                           |                   | \$ 17,550 | In-State and Out-of-State Travel: In compliance with Federal GSA rates.                                                                     |                                                                                            |
| 4. Supplies               | \$ 7,235          |           |                                                                                                                                             |                                                                                            |
|                           |                   | \$ 2,008  | Carry-Over FY10<br>Office / General Supplies, MRC program supplies, Books & subscriptions, Operating supplies for MRC program               |                                                                                            |
|                           |                   | \$ 5,227  | training and events, MRC Volunteer recruitment, identification and deployment supplies                                                      |                                                                                            |
| 5. Equipment              | \$ 26,040         |           |                                                                                                                                             |                                                                                            |
|                           |                   | \$ 14,040 | Carry-Over FY10                                                                                                                             |                                                                                            |
|                           |                   | \$ 9,000  | WebEOC annual maintenance fee for WCHD instance                                                                                             |                                                                                            |
|                           |                   | \$ 3,000  | WebEOC annual maintenance fee for WCHD Resource Manager                                                                                     |                                                                                            |
| 6. Other                  | \$ 7,020          |           |                                                                                                                                             |                                                                                            |
|                           |                   | \$ 600    | Carry-Over FY10                                                                                                                             |                                                                                            |
|                           |                   | \$ 1,300  | Printing of fliers, handouts & other training materials for NIMS/HICS and HSEEP trainings                                                   |                                                                                            |
|                           |                   | \$ 1,300  | Room rental and training supplies, such as signage, binders, nutrition and hydration, will be used to conduct NIMS/HICS and HSEEP trainings |                                                                                            |
|                           |                   | \$ 240    | Land line telephone service                                                                                                                 |                                                                                            |
|                           |                   | \$ 780    | Smart phone cell service                                                                                                                    |                                                                                            |
|                           |                   | \$ 780    | Long distance and conference call charges                                                                                                   |                                                                                            |
|                           |                   | \$ 120    | Copy machine costs                                                                                                                          |                                                                                            |
|                           |                   | \$ 550    | Printing/reproduction costs                                                                                                                 |                                                                                            |
|                           |                   | \$ 270    | Postage                                                                                                                                     |                                                                                            |
|                           |                   | \$ 420    | Promotional materials to aid MRC volunteers                                                                                                 |                                                                                            |
|                           |                   | \$ 360    | Website hosting for Washoe MRC                                                                                                              |                                                                                            |
|                           |                   | \$ 300    | Cell Phone Service for MRC Program                                                                                                          |                                                                                            |
| 7. Indirect               | \$ 26,972         |           |                                                                                                                                             |                                                                                            |
|                           |                   |           |                                                                                                                                             | 9.9% Total direct costs excluding capital expenditure, sub-awards, and flow-through funds. |
| Total Cost                | <u>\$ 474,811</u> |           |                                                                                                                                             |                                                                                            |

Nevada Department of Health and Human Services

Health  
 Division # 12049-1  
 ASPR07  
 Bureau Program # -11  
 GL # 8516  
 Draw #: \_\_\_\_\_

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

|                                                                                            |                                                                                                                           |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Program Name:</b><br>Public Health Preparedness<br>Health Planning & Emergency Response | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD)<br>-                                                      |
| <b>Address:</b><br>4150 Technology Way, Suite 200<br>Carson City, NV 89706                 | <b>Address:</b><br>1001 East Ninth Street<br>Reno, NV 89520                                                               |
| <b>Subgrant Period:</b><br>July 1, 2011 through June 30, 2012                              | <b>Subgrantee EIN #:</b> 88-6000138<br><b>Subgrantee Vendor #:</b> T40283400Q<br><b>Dun &amp; Bradstreet #:</b> 073786998 |

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_

Calendar  
 Year: \_\_\_\_\_

| Approved Budget Category |                     | A               | B                    | C               | D                  | E              | F                |
|--------------------------|---------------------|-----------------|----------------------|-----------------|--------------------|----------------|------------------|
|                          |                     | Approved Budget | Total Prior Requests | Current Request | Year To Date Total | Budget Balance | Percent Expended |
| 1                        | Personnel           | \$ 272,442.00   | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 272,442.00  | 0%               |
| 5                        | Contract/Consultant | \$ 115,338.00   | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 115,338.00  | 0%               |
| 2                        | Travel              | \$ 19,764.00    | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 19,764.00   | 0%               |
| 3                        | Supplies            | \$ 7,235.00     | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 7,235.00    | 0%               |
| 4                        | Equipment           | \$ 26,040.00    | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 26,040.00   | 0%               |
| 6                        | Other               | \$ 7,020.00     | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 7,020.00    | 0%               |
| 7                        | Indirect            | \$ 26,972.00    | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 26,972.00   | 0%               |
| 8                        | <b>Total</b>        | \$ 474,811.00   | \$ 0.00              | \$ 0.00         | \$ 0.00            | \$ 474,811.00  | 0%               |

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up.  
 Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

Nevada State Health Division: Public Health Preparedness  
Assistant Secretary for Preparedness and Response: Hospital Preparedness Program  
Proposed Budget Request and Justification Form  
July 1, 2011 through June 30, 2012

HD #11031

Contact Name: Jeff Whitesides  
Phone Number: (775) 328-6130  
E-Mail Address: jwhitesides@washoecounty.us

*WCHD*

Applicant/Agency Name:

Washoe County Health District

Total Agency Request:

\$ 70,767

**Budget Request Summary**

|                                     | Funds Requested  | % of overall Budget for<br>each Goal & Objective |
|-------------------------------------|------------------|--------------------------------------------------|
| <b>Over-Archiving Requirements:</b> |                  |                                                  |
| NIMS                                | \$ -             | 0%                                               |
| At-Risk Populations                 | \$ 12,805        | 18%                                              |
| Education/Training                  | \$ -             | 0%                                               |
| Exercise/Evaluation/Correction      | \$ 38,700        | 55%                                              |
| <b>Level One Capabilities:</b>      |                  |                                                  |
| Interoperable Communications        | \$ 12,500        | 18%                                              |
| Bed Tracking                        |                  | 0%                                               |
| ESAR-VHP                            |                  | 0%                                               |
| Fatality Management                 | \$ 2,814         | 4%                                               |
| Medical Evacuation/Shelter-In-Place |                  | 0%                                               |
| Partnerships                        |                  | 0%                                               |
| <b>Level Two Capabilities:</b>      |                  |                                                  |
| Alternate Care Sites                |                  | 0%                                               |
| Mobile Medical                      | \$ 2,340         | 3%                                               |
| Pandemic Influenza                  | \$ -             | 0%                                               |
| <b>Addition Considerations:</b>     |                  |                                                  |
| Critical Infrastructure             | \$ -             | 0%                                               |
| Medical Reserve Corps               | \$ 1,608         | 2%                                               |
| EMS                                 | \$ -             | 0%                                               |
| Community Health Centers            | \$ -             | 0%                                               |
| Long-term Care                      | \$ -             | 0%                                               |
| <b>Total Budget Request</b>         | <b>\$ 70,767</b> | <b>100%</b>                                      |



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

DATE: March 22, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Paul Pries/Bicentennial Apartments – Case No. 1069  
Appealed Citation No. 4986  
Agenda Item: 8

### Recommendation

The Air Pollution Control Hearing Board recommends that Citation No. 4986 be upheld and a fine of \$5,000 be levied against Paul Pries, owner and manager of Bicentennial Apartments for the improper removal of asbestos containing transite siding without proper sampling and notifications. The Citation was issued for a violation of Section 030.107 A & B of the District Board of Health Regulations Governing Air Quality.

### Background

On November 2, 2012, Washoe County Health District, Air Quality Management Division received a complaint of possible improper removal of transite siding at Bicentennial Apartments located at 1370 Evelyn Way, in Reno. Air Quality Specialist II, Suzanne Dugger was immediately dispatched to the site. When she arrived at the Bicentennial Apartments, AQ Specialist Dugger observed the removal of transite siding from occupied apartment buildings in progress. AQ Specialist Dugger also noted that at the time of the removal there were numerous young children playing in and around the area where the transite siding was being removed from the apartment buildings and asbestos containing material was falling on the ground. AQ Specialist Dugger met with Mr. Paul Pries, owner and manager of the Bicentennial Apartments, to ask him if he had obtained the proper surveys and filed the proper notifications before proceeding with the renovation. Mr. Pries stated that he had not obtained any permits of any kind. AQ Specialist Dugger informed Mr. Pries that because the buildings were considered commercial there were specific surveys and notifications required before any renovations could take place. It was ascertained by AQ Specialist Dugger, that the removal was being done by unlicensed, uncertified persons that Mr. Pries had just hired from off the street. (During the investigation it was revealed that Mr. Pries had already been informed by AQMD of Asbestos abatement requirements, and by the City of Reno of licensed contractor requirements.)

Based upon her on-site observations and the information obtained from Mr. Pries, AQ Specialist Dugger told Mr. Pries to stop all removal of the transite siding immediately. Mr. Pries was directed to hire a licensed consultant to take proper samples as well as a licensed abatement contractor to come in and clean up the debris already on the ground and finish the transite siding removal.

DBOH AGENDA ITEM NO. 8

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

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Mr. Pries hired Mr. Larry Thir as his consultant and Mr. Corey Bustrum as the licensed abatement contractor. Mr. Thir immediately took samples of the transite siding that was being removed and lab results showed the samples were 20-30% positive for Chrysotile Asbestos. Mr. Bustrum immediately isolated the affected area which contained the exterior of three 4-plexes, apartments 22 through 33. Mr. Bustrum also called for a second dumpster so that the asbestos containing materials, which were mixed in with other debris in the first dumpster, could be removed and properly disposed of. (Friable asbestos material and presumed asbestos containing material must be wetted and wrapped in thick plastic sheeting (burrito wrapped) and disposed of in an approved landfill.)

It was further noted by AQ Specialist Dugger that on October 19, 2011, Mr. Pries was advised by Kenya Palacios a City of Reno Code Enforcement Officer, that any renovations must be done by a licensed contractor. It was also noted that on the same day Mr. Pries was advised by AQ Engineer, Charlene Albee, of the proper procedures for asbestos abatement on a commercial building. In consideration of all the facts that AQ Specialist Dugger confirmed, a citation #4986 was issued to Mr. Pries for Major Violation of 030.107 A & B of the District Board of Health Regulations Governing Air Quality.

On November 8, 2011, Air Quality Supervisor Noel Bonderson, Specialist II Suzanne Dugger and Engineer II Charlene Albee met with Mr. Pries for a negotiated settlement meeting. After consideration of all the facts of this case, Mr. Bonderson offered to settle this matter for a maximum fine of \$5,000. Mr. Pries immediately told Mr. Bonderson that he would like to appeal the case to the Air Pollution Control Hearing Board.

### Alternatives

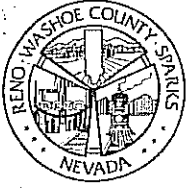
1. The District Board of Health may determine that no violation of the regulations has taken place and dismiss Citation No. 4986.
2. The Board may determine to uphold Citation No.4986 but levy any fine in the range of zero to \$10,000.

In the event the Board determines to change the proposed penalty, the matter should be continued so First Centennial Title Company may be properly noticed.



---

Kevin Dick  
Director Air Quality Management



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

CASE NO. 1069 – AS REVIEWED BEFORE THE AIR POLLUTION CONTROL HEARING BOARD

In Re: Appeal of PAUL PRIES/ )  
BICENTENNIAL APARTMENTS )  
for violation of Section 030.107 )  
(Hazardous Air Pollutants), )  
Subsection A and B of the Washoe )  
County District Board of Health )  
Regulations Governing Air )  
Quality Management. )

CASE NO. 1069  
PAUL PRIES/BICENTENNIAL APARTMENTS

At a hearing of the Air Pollution Control Hearing  
Board at Wells Avenue at Ninth Street,  
Reno, Nevada  
February 21, 2012

PRESENT: Acting Chairman Jon Greene  
Member Cathleen Fitzgerald, DEnv, PE  
Member Richard Harris, Esquire  
Member Andrew Sato  
Kevin Dick, Director, Air Quality Management  
Dan Inouye, Air Quality Supervisor  
Charlene Albee, Environmental Engineer  
Dennis Cerfoglio, Acting Air Quality Supervisor  
Suzanne Dugger, Air Quality Specialist II  
Michael Osborn, Air Quality Specialist II  
Janet Smith, Recording Secretary

ABSENT: Chairman David Rinaldi  
Member Joe Serpa  
Member Michael Ford

STATEMENT OF THE FACTUAL QUESTION

**SECTION 030.105 – NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR  
POLLUTANTS – NESHAP (as referenced in Section 030.107)**

**SECTION 030.107 – HAZARDOUS AIR POLLUTANTS**

A. Asbestos Sampling and Notification

No permit for the demolition or for the renovation of any NESHAP regulated facility may be used by any public agency within the Health District until such time as an asbestos survey, conducted by a person qualified to make such a survey, is made on the premises. No potential asbestos-containing materials may be disturbed until such a survey is performed. The person performing the survey must possess US EPA AHERA certification. The survey must be completed to the satisfaction of the Control Officer or additional samples may be required. A complete, signed copy of an asbestos survey report must be filed at the Washoe County District Health Department and an "Asbestos Assessment Acknowledgement Form" obtained before any permit for demolition or renovation, as noted above, is issued. Failure to conduct an asbestos survey, or obtain a completed "Asbestos Assessment Acknowledgement Form" may result in a citation or other enforcement action, including the issuance of a stop work order if a reasonable possibility for the release of asbestos fibers exists. If the survey indicates the presence of asbestos, the permit applicant must adhere to the requirements of Sections 030.105 and this section prior to and during the removal of any asbestos. The owner, operator or his representative shall submit to the Control Officer notice of intent in compliance with 40 CFR 61.145. Such notice shall be required for the following operations:

1. All renovations disturbing regulated asbestos containing materials (RACM) which exceed, in aggregate, more than 160 feet square, 260 lineal feet or 35 cubic feet whichever is most restrictive.
2. Notice shall be required for any building demolition, including single residential dwellings.

This notification shall contain all information as requested by the Control Officer, including a plan of action as to the methods and techniques to be



used for removal. Standard fees as set by the Board of Health must be submitted with all such notifications before they can be considered valid.

#### B. Asbestos Control Work Practice

For the purpose of this regulation, in addition to the requirements of the NESHAP, acceptable work practices for RACM, removal shall include, but are not limited to, adequate wetting, containment of materials in glove bags or containment areas, negative air systems, decontamination areas, double bag disposal or other methods as required by the Control Officer. Acceptable work practices for commercial ACM roofing removal shall include adequate wetting of the material and removal in covered chutes. As an alternative, ACM roofing materials may be removed by bagging or careful wrapping and lowering. The Control Officer may require separate removal of friable roofing materials prior to demolition. All asbestos removal work which is done with barriers isolating the work area shall include transparent ports which allow observation of stripping and removal of ACM from outside the barrier. Sufficient view ports shall be installed to make at least 90 percent of the work area visible from outside the barrier, except in unusual situations as approved by the Control Officer. Air clearance testing after removal work is complete may be required by the Control Officer for the protection of public health.

#### C. Asbestos Contamination and Abatement

Under no condition may any person store, remove, transport or destroy any asbestos-containing materials in a manner which is likely to release asbestos fibers into the atmosphere. Safe asbestos removal work practices, sufficient to prevent a danger to public health as defined below, shall be required for any remodeling to demolition of NESHAP regulated facilities which disturbs any quantity of RACM. The Control Officer may require cleanup or abatement of damaged or degraded asbestos-containing materials where their storage, handling or continued presence represents a danger to public health. Unsafe work practices or danger to public health as noted above shall be concluded only when testing results demonstrate asbestos levels exceeding one of the following limits: 1) 0.01 asbestos fibers per cubic centimeter as determined by any method of air sampling as specified by the Control Officer; or 2) greater than one percent asbestos as determined by

vacuum, bulk or wipe sampling of surfaces. The Control Officer may require such sampling to be performed at the owner's expense by a qualified person when unsafe work practices or a danger to public health are suspected. The Control Officer shall approve procedures for sample collection, including the type of sampling as listed above, sample duration and volume, or analytical methods, such as the use of TEM or PCM depending on the type of suspected contamination and building materials present. Failure to use acceptable work practices during RACM removal or disturbance may result in the issuance of a stop work order, a citation, or both.

#### GENERAL COMMENTS

On February 21, 2012, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning the **appeal of MR. PAUL PRIES/BICENTENNIAL APARTMENTS, Citation No. 4986, Case No. 1069**, for violation of Section 030.107 (Hazardous Air Pollutants), Subsections A and B of the Washoe County District Board of Health Regulations Governing Air Quality Management.

Mr. Dennis Cerfoglio, Acting Air Quality Supervisor, being duly sworn, advised Staff recommends the Board **uphold** Citation No. 4986, Case No. 1069 issued to Mr. Paul Pries/Bicentennial Apartments on November 2, 2011, for the improper removal of asbestos-containing materials, specifically the improper removal of transite siding from the Bicentennial Apartments located at 1370 Evelyn Way, Reno without having had an asbestos survey performed; and for failing to properly notify or obtain the proper authorizations from the Air Quality Management District. Mr. Cerfoglio stated Staff recommends the **appeal** of Mr. Paul Pries, Bicentennial Apartments be **denied** and a fine in the amount of **\$5,000** be levied against Mr. Pries for a **major violation**.

Mr. Cerfoglio advised the apartments involved in the violation were three (3) fourplexes; that NESHAP (National Emission Standards for Hazardous Air Pollutants) requirements stipulate "four (4) or more units are classified as commercial and; therefore, must adhere to the requirements of NESHAP."

Mr. Cerfoglio advised on November 2, 2011, Staff received a complaint regarding the removal of transite siding from three (3) apartment units located at 1370 Evelyn Way; that Ms. Suzanne Dugger, Air Quality Specialist II was dispatched to the site. Stated, upon arrival Ms. Dugger encountered Mr. Michael Osborn, Air Quality Specialist II, who had also responded to the complaint; that immediately prior to Ms. Dugger's arrival, Mr. Osborn had "shut the job down" due to three (3) of the four (4) units having had transite siding removed from occupied buildings. Advised, Mr. Osborn had prevented Waste Management from removing a large dumpster

containing broken pieces of transite siding mixed with garbage refuse; that the transite siding was loose inside the dumpster; and had not been properly wrapped. Advised, disposed transite siding or other asbestos-containing materials must be placed "in 40 ml double-wrapped plastic to be accepted for proper burial at the landfill." Advised, Mr. Osborn noted children playing in and around the area where the siding was being removed.

Stated, when Ms. Dugger arrived on-scene, he directed Mr. Osborn to proceed to Mr. Osborn's next call; and Ms. Dugger assumed control of the scene. Advised Ms. Dugger met with Mr. Paul Pries, owner and manager of the Bicentennial Apartments, and asked if he had obtained the proper surveys and filed the proper notifications before proceeding with the renovation. Stated, Mr. Pries advised Ms. Dugger he had not had any surveys performed; nor had he done the proper notifications to AQM; and he had not obtained any of the required permits. Stated, Ms. Dugger advised Mr. Pries it would be necessary to contract with a licensed consultant to conduct the proper sampling; and a licensed abatement contractor to clean-up the debris on the ground and complete the proper removal of the transite siding.

Mr. Cerfoglio advised, Mr. Pries immediately contacted Mr. Larry Thir, Eics (Environmental Inspection & Control Services, LLC), who arrived on-site within fifteen (15) minutes and obtained a sample of the transite siding for testing; that the testing results indicated the transite siding contained 20-30% Chrysotile asbestos-containing materials (ACM); that 20-30% is very "hot for asbestos."

Stated, upon obtaining the results of the survey, Mr. Pries was advised it would be necessary to obtain a second dumpster; have it properly lined; and to transfer all of the materials from the first dumpster, which Mr. Osborn had prevented from leaving the site, to the properly lined dumpster ensuring all the materials were properly disposed of at the landfill.

Stated, after receiving the notification of the materials being positive for asbestos, Staff advised Mr. Pries it would be necessary to hire a licensed asbestos-abatement contractor; that Mr. Pries contracted with Diversified Demolition Company; that Diversified cordoned the area off, cleaned up the asbestos-containing materials/debris on the ground and completed the proper removal of the remaining transite siding.

Stated, during the investigation Ms. Dugger learned the City of Reno had advised Mr. Pries "two (2) days prior to Mr. Pries hiring a day laborer 'off-the-street', that there were certain specifications and regulations which he would have to follow", including the requirement of "hiring a licensed abatement contractor to remove" the siding. Stated, as indicated, Mr. Pries "did not do" as he was instructed; that further, Mr. Pries had contacted Ms. Charlene Albee, Air Quality Engineer, Air Quality Management, who advised Mr. Pries of the necessary notifications required by the Air

Quality Management Division to comply with NESHAP; that Mr. Pries also neglected to comply with those requirements.

Mr. Cerfoglio advised, based on the results of the investigation, including Mr. Pries' failure to adhere to the requirements of which he had been advised by both the City of Reno and Air Quality Management; the broken pieces of transite siding scattered on the ground where children were playing; and the improper disposal of the asbestos-containing materials into the dumpster, Staff issued Notice of Violation No. 4986.

Mr. Cerfoglio advised Staff recommends the **appeal** of Mr. Paul Pries, manager/owner of Bicentennial Apartments be **denied**; and that Citation No. 4986, Case No. 1069 be **upheld** and a fine in the amount of **\$5,000** be levied for a **major violation**. Advised Mr. Osborn and Ms. Dugger are present should the Hearing Board have any questions.

In response to Dr. Fitzgerald regarding a previous OSHA (Occupational Safety and Health Administration) asbestos violation in 2005, Mr. Cerfoglio advised there was a previous asbestos-related citation issued to Mr. Pries in 2005; that OSHA became involved due to "a protective equipment violation" for employees of Mr. Pries.

No one was present on behalf of the appellant.

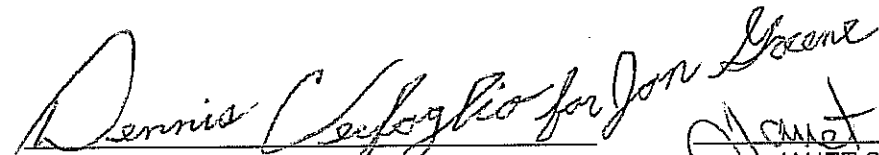
Mr. Kevin Dick, Director, Air Quality Manager, advised the appellant had been properly notified of the date and time of this appeal hearing.


#### MOTION

Mr. Harris moved that based upon the testimony and evidence presented, a violation of Section 030.107 (Hazardous Air Pollutants), Subsection A and B of the Washoe County District Board of Health Regulations Governing Air Quality Management did occur and that it be recommended to the District Board of Health that the **appeal** of **MR. PAUL PRIES/BICENTENNIAL APARTMENTS**, be **denied** and **Citation No. 4986, Case No. 1069** be **upheld** and a **\$5000** fine be levied against Mr. Pries for a **major violation**.

The motion was seconded by Dr. Fitzgerald and carried unanimously for **approval**.

Mrs. Janet Smith, CPS/CAP, Recording Secretary, stated Mr. Pries will be contacted by Staff and advised of his further right to appeal the Hearing Board's recommendation to the District Board of Health, in writing, within five (5) days of today's hearing.

  
\_\_\_\_\_  
JON GREENE, ACTING CHAIRMAN  
AIR POLLUTION CONTROL HEARING BOARD

  
\_\_\_\_\_  
JANET SMITH, CPS/CAP  
RECORDER



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

The Air Pollution Control Hearing Board has been established pursuant to Section 020.025 of the Washoe County District Board of Health Regulations Governing Air Quality Management, and Section 020.0251 authorizes its jurisdiction in hearing appeals from any aggrieved person. This Board is comprised of volunteers appointed by the District Board of Health, who meet the qualifications required in Section 020.025.

Appeals heard today, February 21, 2012, will be forwarded to the District Board of Health with a recommendation, as set forth in Section 020.0251 (D), and will be reviewed at their next regularly scheduled meeting, Thursday, March 22, 2012, at 1:00 p.m. At the discretion of the District Board of Health, all appellants may provide further testimony regarding their case at that time. Appellants must indicate in writing, in a letter addressed to the District Health Officer, within five (5) days of today's hearing, that they wish to be heard at the District Board of Health meeting.

Paul Pries/Bicentennial  
Apartments  
Case No. 1089  
NOV No. 4982

No One Present  
Appellant's Signature

2/21/12  
Date

APPELLANT NOTIFICATION  
OF THE DBOH MEETING, MARCH 22, 2012  
AND  
VERIFICATION OF FAX SENT MARCH 12, 2012



# WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

March 13, 2012

Paul Pries  
Bicentennial Apartments  
PO Box 5211  
San Jose CA 95150

RE: Case 1069, NOV Citation 4986

I hereby acknowledge receiving a packet of the information to be presented to the Washoe County District Board of Health regarding Case No. 1069, at its meeting to be held on Thursday, March 22, 2012 at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. I understand that at this meeting the District Board of Health will take the appropriate administrative action against Case.

\_\_\_\_\_  
Appellant or Representative

\_\_\_\_\_  
Date

Delivered by:

3/12/2012 FAXED PACKET TO 408-559-6907

Washoe County Health District  
Air Quality Management Division Staff

AND

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| Restricted Delivery Fee (Endorsement Required) |    |               |
| Total Postage & Fees                           | \$ |               |

Sent To  
**PAUL PRIES / BICENTENNIAL APTS**  
 Street, Apt. No., or PO Box No. **PO BOX 5211**  
 City, State, ZIP+4 **SAN JOSE CA 95150**

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input type="checkbox"/> Agent<br/> <b>X</b> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p>                                              |
| <p>1. Article Addressed to:</p> <p><b>PAUL PRIES<br/>         BICENTENNIAL APTS<br/>         PO BOX 5211<br/>         SAN JOSE CA 95150</b></p>                                                                                                                                                                            | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> <p><b>7008 0150 0003 7313 0538</b></p>                                                                                                                                                                                                                              | <p><b>MA</b></p>                                                                                                                                                                                                                                                                                                                                                           |



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

March 13, 2012

Paul Pries  
Bicentennial Apartments  
PO Box 5211  
San Jose CA 95150

RE: Case 1069, NOV Citation 4986

To Whom It May Concern:

Enclosed please find a copy of the packet of information regarding Case No. 1069, Notice of Violation (NOV) No. 4986. The case will be presented to the Washoe County District Board of Health on **Thursday, March 22, 2012**, at 1:00 p.m. in the south auditorium of the District Health Department located at 1001 East 9th Street, Reno, Nevada, Building B, Auditorium B.

Please sign the attached acknowledgement letter as soon as possible and return it to:

**Air Quality Management Division  
Washoe County Health District  
Attention: Kevin Dick  
1001 East Ninth Street, Bldg A, Suite 115  
Reno NV 89512**

You may also FAX the signed document to (775) 784-7225. If you have any questions or comments, please contact Dennis Cerfoglio, Air Quality Management Division, at (775) 784-7232 or (775) 772-7806.

Sincerely,

*Mary Ames for Dennis Cerfoglio*

Dennis Cerfoglio  
Senior Air Quality Specialist  
Washoe County Health District

Enclosure

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)

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\* \* \* Communication Result Report ( Mar. 12. 2012 2:56PM ) \* \* \*

2}

Date/Time: Mar. 12. 2012 2:48PM

| File No. Mode  | Destination  | Pg(s) | Result | Page Not Sent |
|----------------|--------------|-------|--------|---------------|
| 5721 Memory TX | 914085596907 | P. 31 | OK     |               |

Reason for error

|                                 |                               |
|---------------------------------|-------------------------------|
| M. 1) Hang up or line fail      | E. 2) Busy                    |
| M. 2) No answer                 | E. 3) No facsimile connection |
| M. 3) Exceeded max. E-mail size |                               |



WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION



\* FAX ROUTING COVER PAGE \*

FROM: Mary Ames

DATE: 3/12/12 TIME: \_\_\_\_\_

NUMBER OF PAGES FAXED (INCLUDING THIS COVER PAGE): 31  
(If you do not receive all pages of this transmission please call 784-7200)

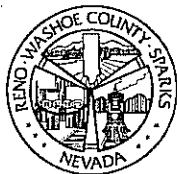
PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: PAUL PRIES

COMPANY: Bicentennial Apts

FAX #: 408-559-6907

NOTES: CASE PACKET FOR DBOH



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

DATE: February 21, 2012

TO: Air Pollution Control Hearing Board

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Paul Pries/Bicentennial Apartments – Case No. 1069  
Appealed Citation No. 4986  
Agenda Item: 5.a.

### Recommendation

Air Quality Management Division Staff recommends that Citation No. 4986 be upheld and a fine of \$5,000 be levied against Paul Pries, owner and manager of Bicentennial Apartments for the improper removal of asbestos containing transite siding without proper sampling and notifications. The Citation was issued for a violation of Section 030.107 A & B of the District Board of Health Regulations Governing Air Quality.

### Background

On November 2, 2012, Washoe County Health District, Air Quality Management Division received a complaint of possible improper removal of transite siding at Bicentennial Apartments located at 1370 Evelyn Way, in Reno. Air Quality Specialist II, Suzanne Dugger was immediately dispatched to the site. When she arrived at the Bicentennial Apartments, AQ Specialist Dugger observed the removal of transite siding from occupied apartment buildings in progress. AQ Specialist Dugger also noted that at the time of the removal there were numerous young children playing in and around the area where the transite siding was being removed from the apartment buildings and asbestos containing material was falling on the ground. AQ Specialist Dugger met with Mr. Paul Pries, owner and manager of the Bicentennial Apartments, to ask him if he had obtained the proper surveys and filed the proper notifications before proceeding with the renovation. Mr. Pries stated that he had not obtained any permits of any kind. AQ Specialist Dugger informed Mr. Pries that because the buildings were considered commercial there were specific surveys and notifications required before any renovations could take place. It was ascertained by AQ Specialist Dugger, that the removal was being done by unlicensed, uncertified persons that Mr. Pries had just hired from off the street. (During the investigation it was revealed that Mr. Pries had already been informed by AQMD of Asbestos abatement requirements, and by the City of Reno of licensed contractor requirements.)

Based upon her on-site observations and the information obtained from Mr. Pries, AQ Specialist Dugger told Mr. Pries to stop all removal of the transite siding immediately. Mr. Pries was directed to hire a licensed consultant to take proper samples as well as a licensed abatement contractor to come in and clean up the debris already on the ground and finish the transite siding removal.

APCHB AGENDA ITEM NO. 5.a.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)

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February 21, 2012

APCHB/Paul Pries-Bicentennial Apts/Case 1069

Page 2

Mr. Pries hired Mr. Larry Thir as his consultant and Mr. Corey Bustrum as the licensed abatement contractor. Mr. Thir immediately took samples of the transite siding that was being removed and lab results showed the samples were 20-30% positive for Chrysotile Asbestos. Mr. Bustrum immediately isolated the affected area which contained the exterior of three 4-plexes, apartments 22 through 33. Mr. Bustrum also called for a second dumpster so that the asbestos containing materials, which were mixed in with other debris in the first dumpster, could be removed and properly disposed of. (Friable asbestos material and presumed asbestos containing material must be wetted and wrapped in thick plastic sheeting (burrito wrapped) and disposed of in an approved landfill.)

It was further noted by AQ Specialist Dugger that on October 19, 2011, Mr. Pries was advised by Kenya Palacios a City of Reno Code Enforcement Officer, that any renovations must be done by a licensed contractor. It was also noted that on the same day Mr. Pries was advised by AQ Engineer, Charlene Albee, of the proper procedures for asbestos abatement on a commercial building. In consideration of all the facts that AQ Specialist Dugger confirmed, a citation #4986 was issued to Mr. Pries for Major Violation of 030.107 A & B of the District Board of Health Regulations Governing Air Quality.

On November 8, 2011, Air Quality Supervisor Noel Bonderson, Specialist II Suzanne Dugger and Engineer II Charlene Albee met with Mr. Pries for a negotiated settlement meeting. After consideration of all the facts of this case, Mr. Bonderson offered to settle this matter for a maximum fine of \$5,000. Mr. Pries immediately told Mr. Bonderson that he would like to appeal the case to the Air Pollution Control Hearing Board.

### Alternatives

1. The Air Pollution Control Hearing Board may determine that no violation of the regulations has taken place and dismiss Citation No. 4986.
2. The Board may determine to uphold Citation No.4986 but levy any fine in the range of zero to \$10,000.



Kevin Dick  
Director Air Quality Management

KD/DC: ma



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
 AIR QUALITY MANAGEMENT DIVISION  
 401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520  
 (775) 784-7200



NOTICE OF VIOLATION

CMP11-0175

NOV 4986

DATE ISSUED: 11-2-2011

ISSUED TO: PAUL PRIES PHONE #: 775-826-5123

MAILING ADDRESS: P.O. Box 5211 CITY/ST: SAN JOSE CA ZIP: 95158

NAME/OPERATOR: PAUL PRIES PHONE #: \_\_\_\_\_

DRIVER LICENSE #/SSN \_\_\_\_\_

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11-2-2011 (DATE) AT 3:30 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |                                                      |                                                                 |
|------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input type="checkbox"/> 040.030 DUST CONTROL        | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE       | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING       | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP                |
| <input type="checkbox"/> OTHER _____                 | <input checked="" type="checkbox"/> OTHER 030.107               |

VIOLATION DESCRIPTION: 030.107 (A) ASBESTOS SAMPLING AND NOTIFICATION (B) ASBESTOS CONTROL WORK PRACTICE

LOCATION OF VIOLATION: 1370 EVELYN WY RENO NV (BICENTENNIAL

POINT OF OBSERVATION: BLD. APTS. # 22-33 (3 4 PLEXES) APTS.)

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: NONE  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ (date) you are hereby ordered to abate the above violation within \_\_\_\_\_ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature \_\_\_\_\_

CITATION: You are hereby notified that effective on 11-2-2011 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATE hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: *Syanne Duffer* Date: \_\_\_\_\_

Issued by: *Syanne Duffer* Title: AQS II

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

COMPLAINT INVESTIGATION REPORT  
Washoe County Air Quality Management Division

Complaint Number: **CMP11-0175**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: ASBESTOS

Date Received: 11/08/2011

Time: 12:00:00 AM

Inspector: SDUGGER

Inspector Area: 5

Complaint Description: NOV CITATION 4986, CASE 1069 - VIOLATION OF 030.107, ASBESTOS SAMPLING & NOTIFICATION (B) ASBESTOS CONTROL WORK PRACTICE

Address: 1370 EVELYN WAY RENO

Location:

Parcel Number: 02029127

Related Permit Number:

Complainant:

AQMD STAFF  
SUZANNE DUGGER  
1001 E 9TH ST STE A115  
RENO, NV 89512  
775-784-7217

Responsible Party:

BICENTENNIAL APARTMENTS  
PAUL PRIES  
PO BOX 5211  
SAN JOSE, CA 95150  
775-826-5123

Investigation:

11-2-2011 Issued NOV Citation 4986 for 030.107 (A) asbestos sampling and notification and for 030.107 (B) asbestos control work practice.

Nov. 2, 2011 AQS Dugger observed that no NESHAP notification for the Bicentennial Apartments had been issued. Furthermore AQS Dugger observed and documented improper removal and disposal of transite tiles at the Bicentennial Apartments.

After issuing a verbal Stop Work Order to Mr. Paul Pries, the owner of the Bicentennial Apartments, Diversified Demolition, asbestos abatement contractors and Larry Thir, asbestos contractor were hired by Mr. Pries to assess the site and to perform complete clean up of the transite siding that had been removed improperly according to washoe county regulation 030.107 (B).

This case will be heard by the APCHB on February 21, 2012 at 6pm.

Enforcement Activities

Warning Citation..:

Citation Number: 0

NOV.....: 11/02/2011

NOV Number....: 4986

Case Number....: 1069

Settlement.....:

Amount.....: \$0.00

Appealed.....:

Upheld.....:

Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON

Completed Date...:

Date Assigned.....: 11/08/2011

Completed By.....:



VIOLATION: Major Violation of Section 030.107 Sections (A)(B) Notice of Violation # 4986

ISSUED TO: Paul Pries/Bicentennial  
P.O. Box 5211  
San Jose, Ca. 95150

On November 2, 2011, Air Quality Specialist Osborn of the Washoe County Health District received a call from Cory Bustrom of Diversified Concrete reference a rip and tear of transite siding occurring at 1370 Evelyn in Reno, Nevada. Specialist Osborn arrived at approximately 1:30 p.m. and observed a man removing transite siding from the side of a multi-family residence. The transite was then thrown on the ground/sidewalk around the residence. Some of the transite was broken and it was further observed that the man removing the transite siding was not using respiratory protection, not properly misting with water while removing the siding, nor was there 6-ply polyethylene plastic on the ground around the areas of removal to stop ground contamination.

Specialist Osborn then made contact with the individual removing the transite from the building. He stated that he did not speak English. It was established that he was from Guadalajara and his name was Vicente Aguilar. His name was verbally given and not established with identification. I asked Mr. Aguilar to accompany me to the manager's office to figure out why the transite was being removed illegally. As we walked towards the office several people were observed out and around the possibly contaminated area. On arrival at the manager's office I immediately identified myself to Mr. Pries who stated he was the manager of the complex. I asked him to accompany me back to the area and as I stepped out of the office the gentleman name Vicente Aguilar was gone. I then heard a garbage hook placing a thirty foot dumpster on his truck to be hauled away. Due to what may be an illegal removal it was my belief that the dumpster may have transite inside of it. So as to not contaminate the landfill and for future proper disposal of transite siding I asked the driver to put the container back on the ground. At this point the driver stated he would not and I explained to him that it may contain asbestos and I need to look inside of it. He then made a call to his supervisor and I then spoke to his supervisor on the phone explaining the situation. The dumpster was then put back on the ground and this specialist opened the container observing broken transite siding pieces mixed with garbage refuse in the container. At one point Mr. Pries and myself was standing by the building with the most recent removal. I observed

a small child walking a small dog in the area of the broken up transite. I asked Mr. Pries if he knew the child and to have him leave the area. It was at this time that Suzanne Dugger arrived on scene and continued with the investigation.

Michael Osborn  
Air Quality Specialist II  
Air Quality Management Division  
Washoe County Health District

Air Quality Specialist II, (AQS) Suzanne Dugger was also dispatched to the site on November 2, 2011 in response to a call from Corey Bustrum which was made to Senior Air Quality Specialist Cerfoglio that a potential improper transite siding removal at the Bicentennial Apartments, located at 1370 Evelyn Way, Reno, Nv. was occurring. Upon arrival at the Bicentennial Apartments AQS Dugger observed transite siding removal in progress from occupied apartment buildings. AQS Dugger also noted young kids were playing in the area of the transite removal. AQS Dugger met with Mr. Paul Pries, owner and manager for Bicentennial Apartments. AQS Dugger informed Mr. Pries of the complaint and requested if he had obtained the required EPA Notification of Demolition and Renovation (NESHAP) form prior to the removal of the transite siding and also inquired if the contractors removing the transite siding were asbestos certified abatement contractors. Mr. Pries stated that he had not obtained the NESHAP notification and did not hire certified abatement contractors. Based on this information and my observations I informed Mr. Pries that he needed to stop all transite removal activities and to get an asbestos abatement consultant and asbestos contractor on site as soon as possible. I gave Mr. Pries a list of asbestos consultants and contractors. Mr. Larry Thir of EICS was obtained for consulting and Mr. Corey Bustrum of Diversified Demolition Company was obtained for asbestos abatement.

Within 30 minutes of my arrival Mr. Thir was on site obtaining a sample of the transite siding to be analyzed for asbestos containing material (ACM). Results from the sample obtained indicated that the transite siding contained 20-30% Chrysotile, a known asbestos containing material (ACM). Based on this information Mr. Bustrum isolated the affected area (exterior of three fourplexes, apartments #22-33), dampened and covered the ACM debris on the ground, and posted the area with asbestos warning tape. Once these preliminary actions were completed, Diversified abatement workers began removal of the transite debris on the ground. Once the area surrounding the three fourplexes is clear of transite siding then the entire area will be vacuumed using a hepa vacuum. The dumpster that is currently

on site is completely full and contains both ACM and non ACM waste. The dumpster however was not lined properly according to NESHAP disposal requirements; therefore due to the mixing of ACM and other non ACM waste, all material waste in the dumpster will be treated as ACM and will be disposed of at the landfill accordingly. Mr. Bustrum requested that a second dumpster be dispatched to the site. This second dumpster will be lined with 6 ml polyvinyl and posted on the exterior with ACM labels according to NESHAP requirements. The remainder of the ACM debris will be placed in the lined dumpster and manifested for proper disposal at the landfill.

I informed Mr. Pries that due to non sampling and notification prior to the removal of the transite siding and for improper asbestos control work practices, both are violations of the Washoe County Asbestos Regulations 030.107 (A) asbestos sampling and (B) asbestos control work practice. Based on these violations AQS Dugger issued a Notice of Violation (NOV) #4986.

An appeal form was attached to NOV #4986.

Suzanne Dugger  
Air Quality Specialist II  
Air Quality Management Division  
Washoe County Health District

# RECOMMENDED FINE WORKSHEET

DATE: 11-4-2011 CASE NO.: 1069 NOV NO.: 4986

COMPANY NAME: Bicentennial Apartments

CONTACT NAME: Paul Pries, Owner and Manager

VIOLATION OF SECTION(S): 030.107 (A), (B) (MAJOR/ MINOR)

X 1<sup>ST</sup> VIOLATION      \_\_\_\_\_ 2<sup>ND</sup> VIOLATION      \_\_\_\_\_ 3<sup>RD</sup> VIOLATION

|                |                             |          |                 |                                                      |          |
|----------------|-----------------------------|----------|-----------------|------------------------------------------------------|----------|
| <u>YES</u>     | HAZARDOUS AIR POLLUTANT     | YES / NO | <u>Asbestos</u> | TYPE OF AIR CONTAMINANT<br>(CO, NOX, SOX, PM, VOC'S) |          |
| <u>NO</u>      | LEGALLY PERMITTED SOURCE    | YES / NO | <u>YES</u>      | PUBLIC HEALTH EXPOSURE                               | YES / NO |
| <u>1/2 Day</u> | NUMBER OF DAYS IN VIOLATION |          | <u>NO</u>       | PUBLIC COMPLAINTS                                    | YES / NO |

1. **DEGREE OF VIOLATION:** MINOR      MODERATE      MAJOR  
(The degree to which the person/company has deviated from the regulatory requirements)

030.107(A): Asbestos sampling and notification.  
030.107(B): Asbestos control work practices.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR      MODERATE      MAJOR

ESTIMATED COST \$ 5,600

(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

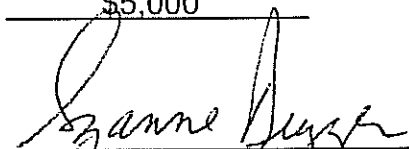
\$600 Consultant Fee  
\$5,000 Asbestos Abatement

3. **DEGREE OF COOPERATION:** MINOR      MODERATE      MAJOR  
(The person/company's efforts to immediately cease the violation and come into compliance)

Mr. Paul Pries was very cooperative in stopping activity and getting a consultant and abatement contractor on site.

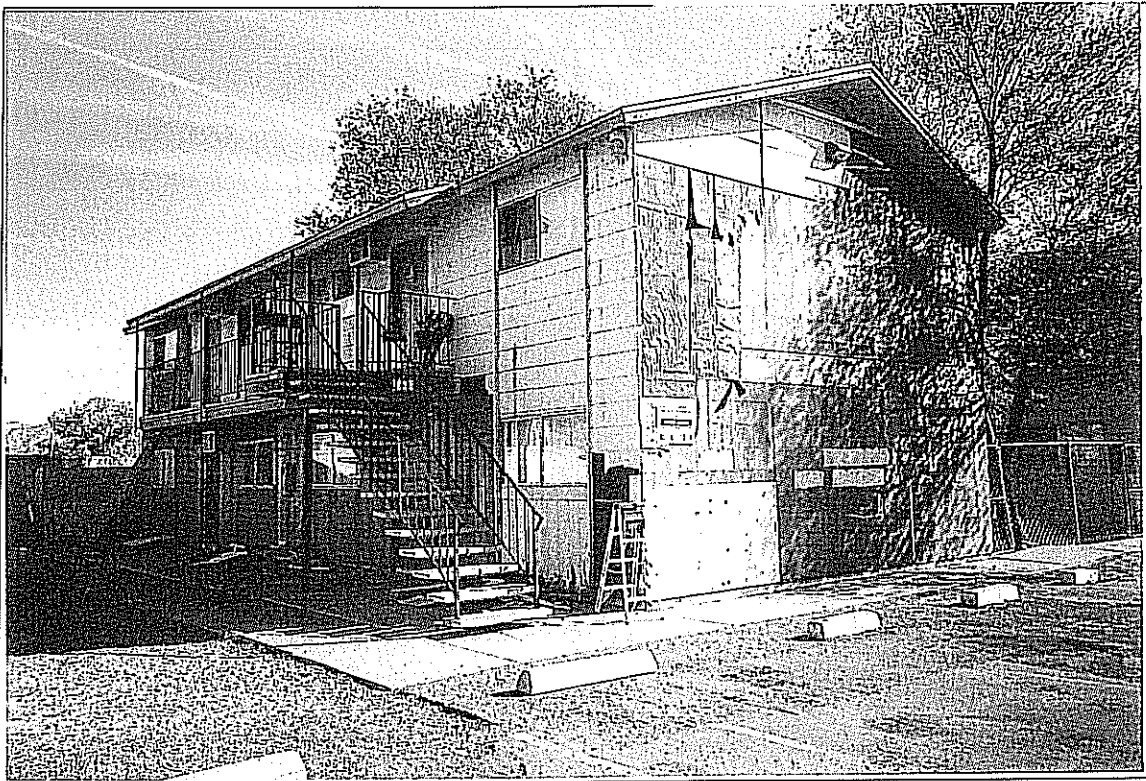
4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$5,000

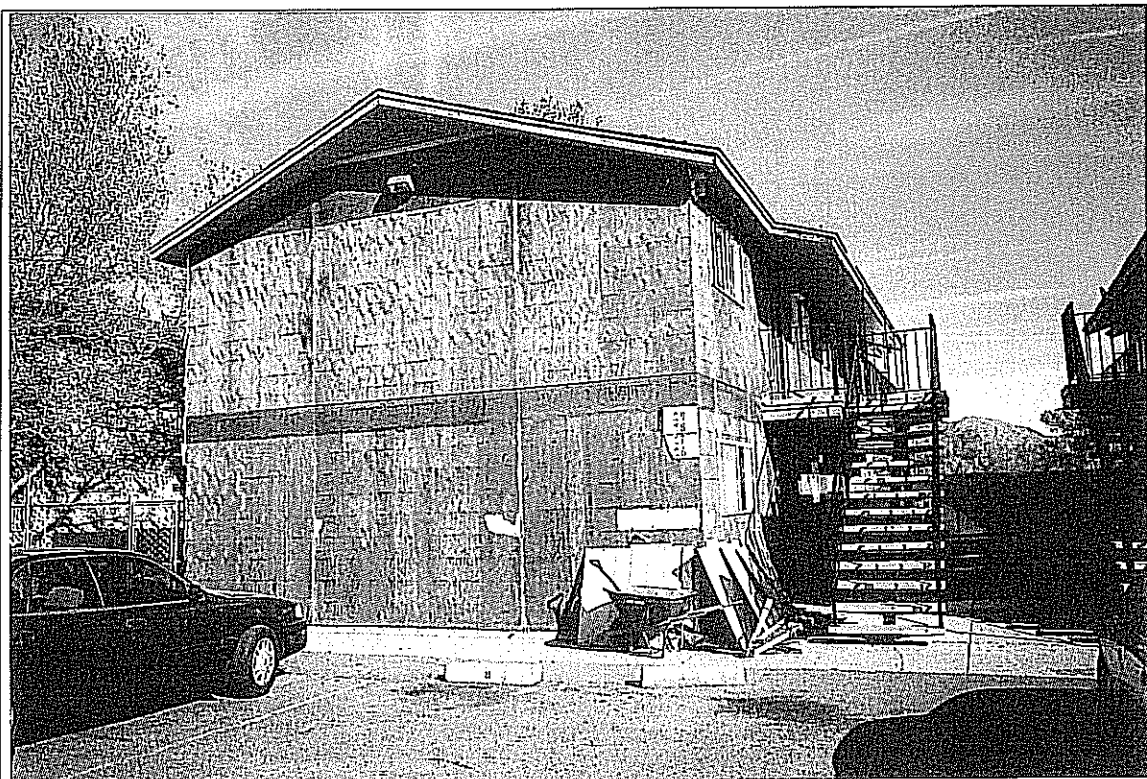
  
\_\_\_\_\_  
AQ SPECIALIST'S SIGNATURE

NOTE: "Minor Violations", per District Regulations, cannot exceed \$1000 for the first and second violations.  
Third minor violations, plus "major violations" cannot exceed \$10,000 per day.

## AQ Specialist Photos



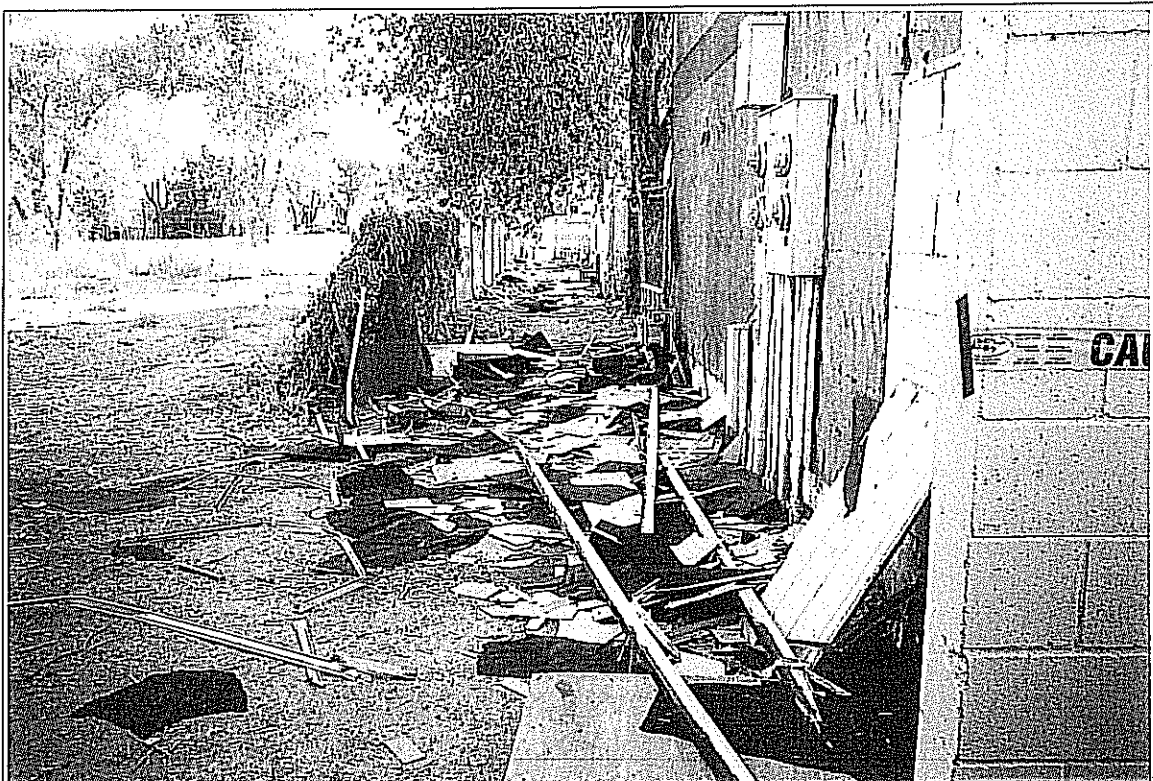
Photographs #1-#2 depict where asbestos-containing transite siding was improperly removed.



Photograph #2



Photographs #3-#4 depict improper work practices for handling asbestos-containing transite siding.



Photograph #4

ASBESTOS TESTING RESULTS  
FROM ASBESTOS TEM LABORATORIES INC





**ASBESTOS TEM LABORATORIES, INC.**

**EPA Method 600/R-93/116  
Polarized Light Microscopy  
Analytical Report**

**Report No. 117967**

1350 Freeport Blvd., Unit 104  
Sparks, NV 89431  
(775) 359-3377  
FAX (775) 359-2798

*With Main Office Located At:*  
630 Bancroft Way, Berkeley, CA 94710  
Ph. (510) 704-8930 Fax (510) 704-8929

---



ASBESTOS TEM LABORATORIES, INC

Accredited by  
U.S. Dept. of Commerce

NVLAP Lab Code 200104-0

Nov-02-11

Mr. Larry Thir  
E.J.C.S.  
2900 Vassar Street, #503  
Reno, NV 89502

RE: LABORATORY JOB # 875-###  
Polarized light microscopy analytical results for 1 bulk sample(s).  
Job Site: 1355 Nannette Circle  
Job No.:  
Report No.: 117967

Enclosed please find the bulk material analytical results for one or more samples submitted for asbestos analysis. The analyses were performed in accordance with EPA Method 600/R-93/116 or 600/M4-82-020 for the determination of asbestos in bulk building materials by polarized light microscopy (PLM). Please note that while PLM analysis is commonly performed on non-friable and fine grained materials such as floor tiles and dust, the EPA method recognizes that PLM is subject to limitations. In these situations, accurate results may only be obtainable through the use of more sophisticated and accurate techniques such as transmission electron microscopy (TEM) or X-ray diffraction (XRD).

Prior to analysis, samples are logged-in and all data pertinent to the sample recorded. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper analysis.

Each sample is opened in a class 100 HEPA negative air hood. A representative sampling of the material is selected and placed onto a glass microscope slide containing a drop of refractive index oil. The glass slide is placed under a polarizing light microscope where standard mineralogical techniques are used to analyze and quantify the various materials present, including asbestos. The data is then compiled into standard report format and subjected to a thorough quality assurance check before the information is released to the client.

For possible future reference, samples are normally kept on file for one year.

Sincerely Yours,

A handwritten signature in cursive script, appearing to read 'Dotter Gullett'.

Lab Manager  
ASBESTOS TEM LABORATORIES, INC.

--- These results relate only to the samples tested and must not be reproduced, except in full, with the approval of the laboratory. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. ---

Accredited by  
U.S. Dept. of Commerce  
**NVLAP**  
NVLAP Lab Code 200104-0

**POLARIZED LIGHT MICROSCOPY**  
**ANALYTICAL REPORT**

EPA Method 600/R-93/116 or 600/M4-82-020

|                          |                                     |                           |
|--------------------------|-------------------------------------|---------------------------|
| Contact: Mr. Larry Thir  | Samples Indicated: 1                | Report No. 117967         |
| Address: E.I.C.S.        | Reg. Samples Analyzed: 1            | Date Submitted: Nov-02-11 |
| 2900 Vassar Street, #503 | Split Layers Analyzed: 0            | Date Reported: Nov-02-11  |
| Reno, NV 89502           | Job Site / No. 1355 Nannette Circle |                           |

| SAMPLE ID              | % ASBESTOS TYPE   | OTHER DATA             |                                 | DESCRIPTION                               |
|------------------------|-------------------|------------------------|---------------------------------|-------------------------------------------|
|                        |                   | 1) Non-Asbestos Fibers | 2) Matrix Materials             | FIELD                                     |
|                        |                   | 3) Date/Time Collected | 4) Date Analyzed                | LAB                                       |
| 1.                     | 20-30% Chrysotile | 1) None Detected       | 2) 70-80% Calc, Qtz, Other m.p. | Cementitious Siding, North Side of Apt 22 |
| Lab ID # 075-01883-001 |                   | 3)                     | 4) Nov-02-11                    | Transite-Grey                             |
| Lab ID #               |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |
|                        |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |
|                        |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |
|                        |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |
|                        |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |
|                        |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |
|                        |                   | 1)                     |                                 |                                           |
|                        |                   | 2)                     |                                 |                                           |
| Lab ID #               |                   | 3)                     | 4)                              |                                           |

Detection Limit of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Lab Manager Dottie Guilbert  
Dottie Guilbert

Analyst Dottie Guilbert  
Dottie Guilbert

ASBESTOS TEM LABORATORIES, INC. 1350 Freeport Blvd., Unit 104, Sparks, NV 89431 (775) 359-3377  
With Main Office in Berkeley, CA (510) 704-8930

EMAIL TO PAUL PRIES  
FROM AQMD, CHARLENE ALBEE

## Albee, Charlene

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**From:** Albee, Charlene  
**Sent:** Tuesday, November 29, 2011 3:30 PM  
**To:** Dugger, Suzanne  
**Subject:** RE: Paul Pries Bicentennial apts

As a confirmation of discussions during the settlement meeting with Paul Pries on November 8<sup>th</sup>, Mr. Pries did acknowledge the conversation between Charlene Albee, Environmental Engineer, and himself. During a previous phone conversation Ms. Albee explained the proper work methods to remove exterior transite siding. The work practices included the placement of 6 mil poly sheeting at the base of the structure to capture any broken material, removing the siding with pry bars to lift the sections or pulling the nails to remove the sections, stacking the removed pieces of siding on the poly sheeting, and burrito wrapping the material for disposal. Mr. Pries was given directions to the Environmental Health Division office to obtain a waste release permit which would be required for disposal of the materials at the Lockwood Landfill.

*Charlene Albee*      *11/29/11*

---

Charlene Albee  
Environmental Engineer II  
Air Quality Management Division  
Washoe County Health District  
1001 E. 9th Street #115A  
Reno, NV 89512

775.784.7211 Phone  
775.784.7225 FAX

EMAIL AND PHOTOS  
STATE OF NEVADA OSHA

**Dugger, Suzanne**

**From:** Hartman, Crista - OSHA State (NV-SP) [Hartman.Crista@dol.gov]  
**Sent:** Tuesday, November 22, 2011 3:02 PM  
**To:** Dugger, Suzanne  
**Subject:** Bicentennial apartments  
**Attachments:** Bicenphoto2.doc; Bicenphoto.doc; DSCN0739.JPG; DSCN0737.JPG; DSCN0738.JPG

The attached photos were from the OSHA inspection conducted in June of 2005 at Bicentennial Apartments

The following OSHA citations were issued on 8/29/2005 to Bicentennial Apartments, 1355 Nanette Cir. Reno, NV (then and now owned by Paul Pries).  
And can be found at the following link:

<http://intranet.osha.gov/cgi-bin/est/est1xp?i=309156628>

*Initial Exposure Assessment.*

Each employer who has a workplace or work operation covered by this standard shall ensure that a "competent person" conducts an exposure assessment immediately before or at the initiation of the operation to ascertain expected exposures during that operation or workplace. The assessment must be completed in time to comply with requirements which are triggered by exposure data or the lack of a "negative exposure assessment," and to provide information necessary to assure that all control systems planned are appropriate for that operation and will work properly.

1926.1101(g)(3)(iii)

Dry sweeping, shoveling or other dry clean-up of dust and debris containing ACM and PACM.

1926.1101(g)(7)(i)

All Class II work shall be supervised by a competent person as defined in paragraph (b) of this section.

1926.1101(g)(8)(iii)(B)

Each panel or shingle shall be sprayed with amended water prior to removal.

1926.1101(k)(9)(ii)

Training shall be provided prior to or at the time of initial assignment and at least annually thereafter.

11/23/2011

1926.1101(l)(2)

*Waste disposal.* Asbestos waste, scrap, debris, bags, containers, equipment, and contaminated clothing consigned for disposal shall be collected and disposed of in sealed, labeled, impermeable bags or other closed, labeled, impermeable containers except in roofing operations where the procedures specified in paragraph (g)(8)(ii) of this section apply.

*Crista Hartman*

Compliance Safety and Health Officer  
State of Nevada  
Occupational Safety and Health Administration  
(775) 824-4610  
Fax (775) 688-1378

**NOTICE:**

This e-mail message and any attachments to it may contain confidential information. The information contained in this transmission is intended solely for the use of the individual(s) or entities to which the e-mail is addressed. If you are not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that you are prohibited from reviewing, retransmitting, converting to hard copy, copying, disseminating, or otherwise using in any manner this e-mail or any attachments to it. If you have received this message in error, please notify the sender by replying to this message and delete it from your computer.

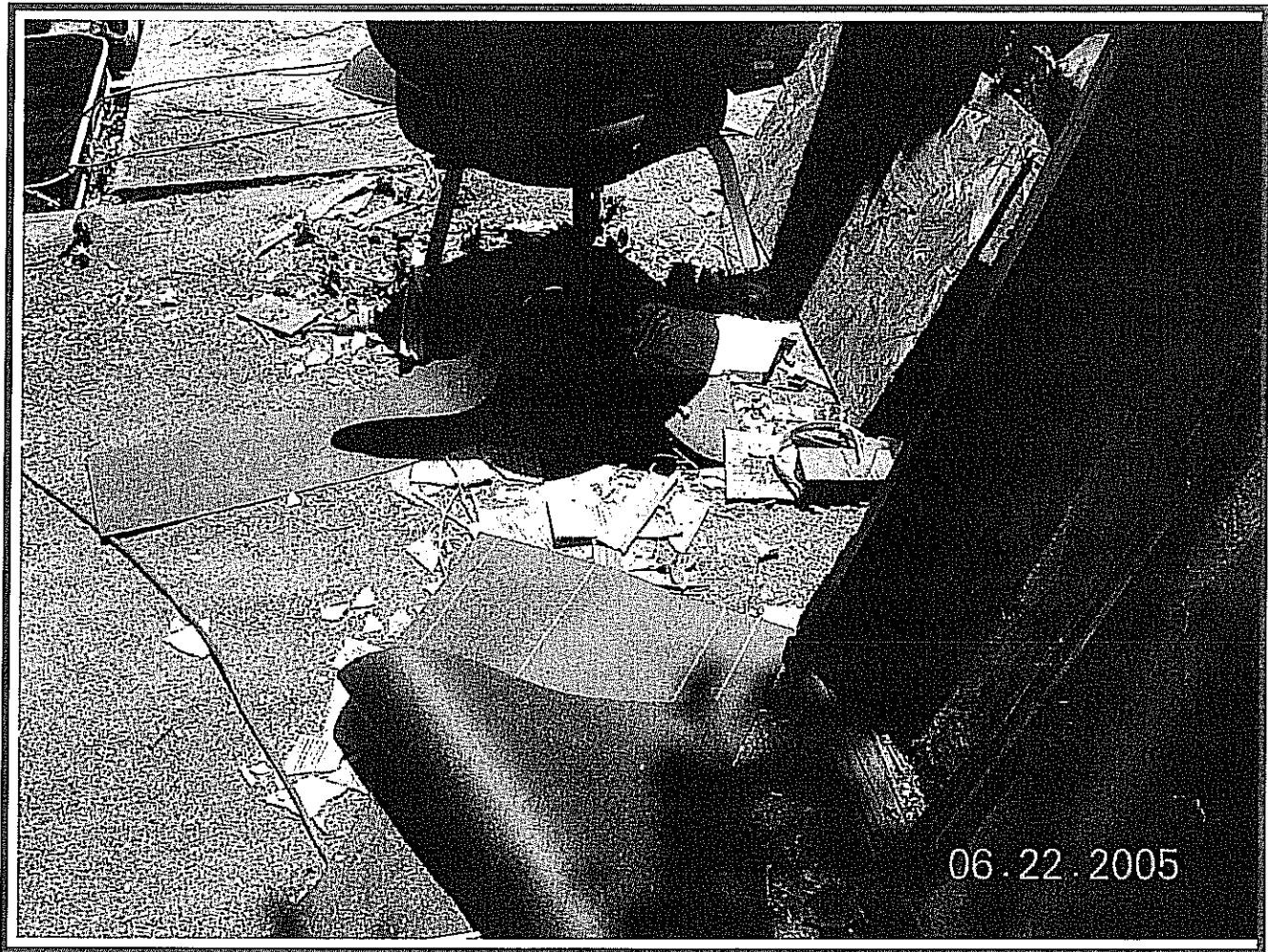


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**BICENTENIAL APARTMENTS**  
**Inspection No. 309156628 Opt. No. CH 006-05**

**Citation #01-001**  
**Reference: 29 CFR 1926.1101(g)(3)(iii)**

**Photo 2 of 2**



**Description: Photograph shows asbestos containing siding debris on ground near the removal activity.**

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**06/22/05**  
**Date Taken**

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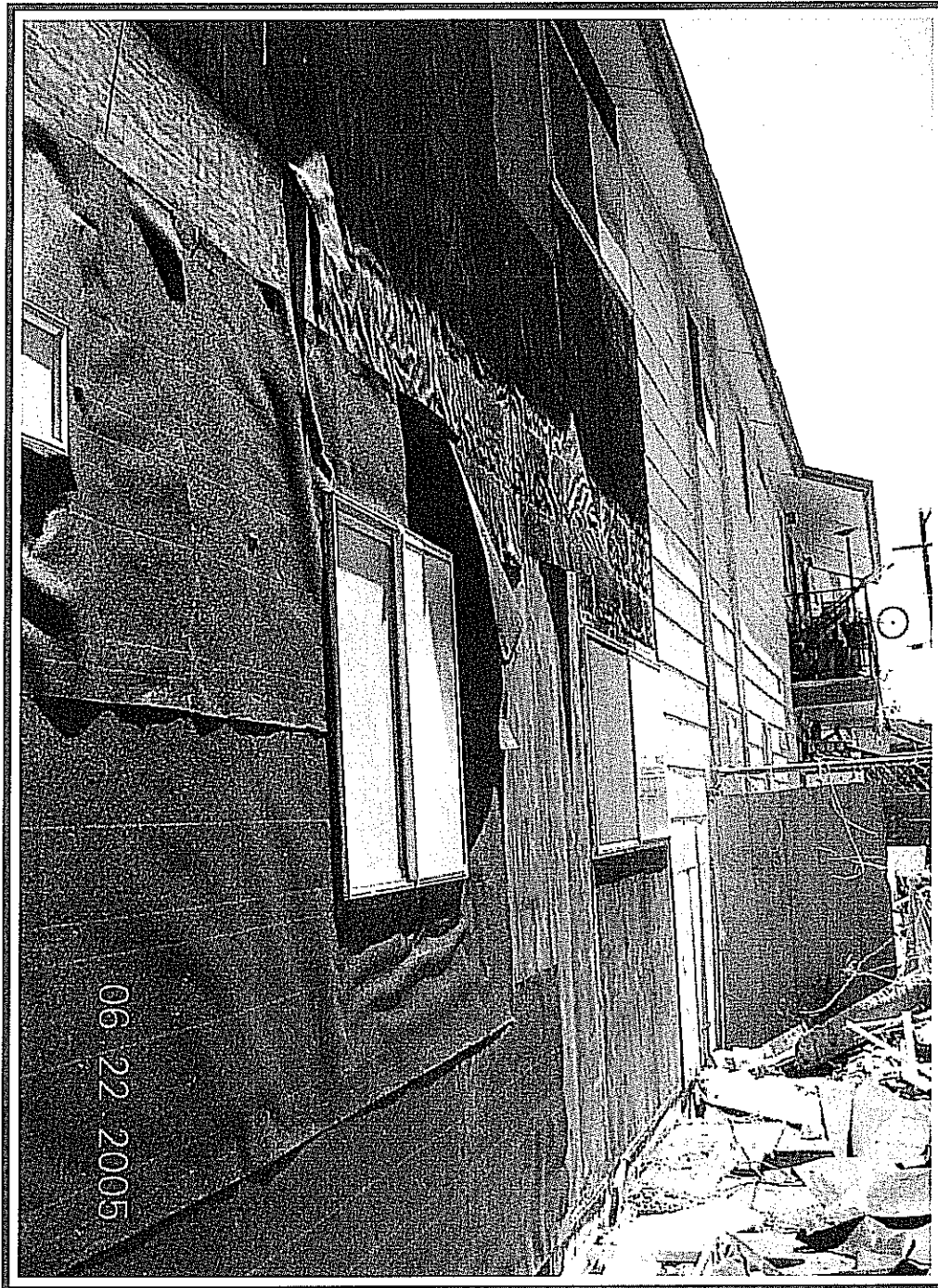
**Crista Hartman /**  
**SHR/IH Name & Signature**

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**BICENTENIAL APARTMENTS**  
Inspection No. 309156628 Opt. No. CH 066-05

Citation #01-001  
Reference: 29 CFR 1926.1101(f)(2)(i)  
Photo 1 of 2



**Description:** Apartment that had asbestos containing siding removed. Shows siding debris on ground.

06/22/05  
Date Taken

Crista Hartman /  
SHR/IH Name & Signature

---

EMAIL AND PHOTOS  
CITY OF RENO - CODE ENFORCEMENT

**Dugger, Suzanne**

**From:** Kenya Palacios [PalaciosK@reno.gov]  
**Sent:** Monday, November 21, 2011 11:55 AM  
**To:** Dugger, Suzanne  
**Subject:** 1370 Evelyn Way  
**Attachments:** PA190032 (Small).JPG

Hope this helps

On October 19, 2011 while driving by, Code Officer Palacios observed some of the siding @ 1370 Evelyn Way had been removed. Staff arrived on site @ 1022 spoke with Paul (owner) walked premises, owner stated they have been working on the project for the last 2 weeks; however, the male subject he hired hurt his back and has been unable to work. Staff asked him if he had a permit for such work he stated he did not, provided him with my business card advised him to contact the permit place as well as air quality siding may contain asbestos. In addition, Code Officer reminded him any renovations/new construction must be done by a licensed contractor.

Staff returned to the office and spoke with Patricia S. (permit tech) asked if a permit was required for such work, she replied "no" Advised staff call Charlene with air quality.

Spoke with Charlene, wanted to give her a heads up apt owner removing siding, provided address as well as owners phone number, stated she would contact him and send an inspector out.

Received call from Charlene made contact with Paul (owner) explained asbestos abatement.

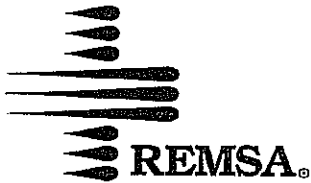
Attached are photos collected on October 19, 2011.

Respectfully Submitted,

Kenya Palacios  
Code Enforcement Officer  
City of Reno  
(775) 321-8306

11/21/2011





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*Regional Emergency Medical Services Authority*

**REMSA**

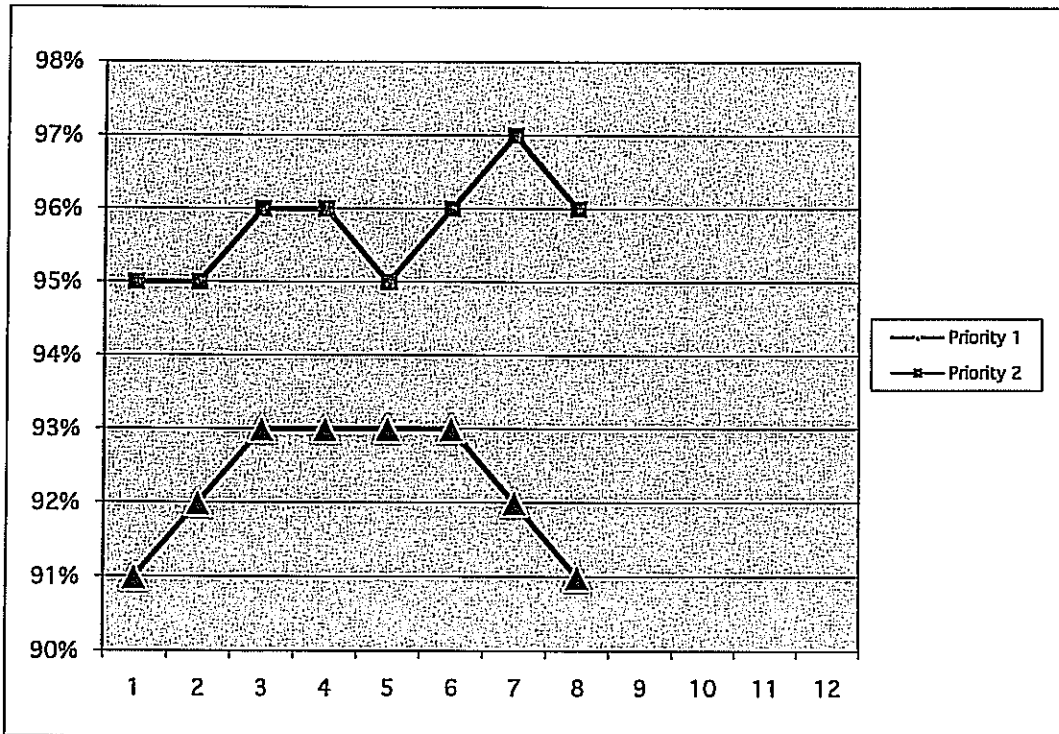
**OPERATIONS REPORTS**

**FOR**

**FEBRUARY 2012**

Fiscal 2012

| Month   | Avg. Response Time | Avg. Travel Time | Priority 1 | Priority 2 |
|---------|--------------------|------------------|------------|------------|
| Jul-11  | 6 mins. 14 secs.   | 4 mins. 58 secs. | 91%        | 95%        |
| Aug.    | 6 mins. 8 secs.    | 4 mins. 58 secs. | 92%        | 95%        |
| Sept.   | 6 mins. 0 secs.    | 4 mins. 51 secs. | 93%        | 96%        |
| Oct.    | 5 mins. 46 secs.   | 4 mins. 44 secs. | 93%        | 96%        |
| Nov.    | 5 mins. 44 secs.   | 4 mins. 41 secs. | 93%        | 95%        |
| Dec.    | 5 mins. 40 secs.   | 4 mins. 39 secs. | 93%        | 96%        |
| Jan. 12 | 5 mins. 49 secs.   | 4 mins. 51 secs. | 92%        | 97%        |
| Feb.    | 5 mins. 52 secs.   | 4 mins. 44 secs. | 91%        | 96%        |
| Mar.    |                    |                  |            |            |
| Apr.    |                    |                  |            |            |
| May     |                    |                  |            |            |
| Jun-12  |                    |                  |            |            |



Care Flight

| Month         | #Patients | Gross Sales      | Avg. Bill      | YTD Avg.       |
|---------------|-----------|------------------|----------------|----------------|
| Jul-11        | 14        | \$107,958        | \$7,711        | \$7,711        |
| Aug.          | 18        | \$124,011        | \$6,889        | \$7,249        |
| Sept.         | 11        | \$84,315         | \$7,665        | \$7,355        |
| Oct.          | 10        | \$78,523         | \$7,852        | \$7,449        |
| Nov.          | 8         | \$48,875         | \$6,109        | \$7,273        |
| Dec.          | 10        | \$68,529         | \$6,853        | \$7,214        |
| Jan. 2012     | 8         | \$50,377         | \$6,297        | \$7,121        |
| Feb.          | 11        | \$76,284         | \$6,935        | \$7,099        |
| Mar.          |           |                  | \$0            | \$7,099        |
| Apr.          |           |                  | \$0            | \$7,099        |
| May           |           |                  | \$0            | \$7,099        |
| June          |           |                  | \$0            | \$7,099        |
| <b>Totals</b> | <b>90</b> | <b>\$638,872</b> | <b>\$7,099</b> | <b>\$7,099</b> |

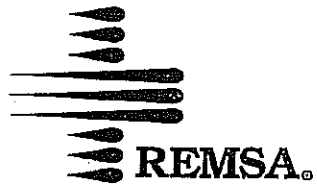
Adjusted Allowed Average Bill - \$7,098.00

REMSA Ground

| Month         | #Patients    | Gross Sales         | Avg. Bill      | YTD Avg.       |
|---------------|--------------|---------------------|----------------|----------------|
| Jul-11        | 3142         | \$3,105,565         | \$988          | \$988          |
| Aug.          | 3235         | \$3,191,785         | \$987          | \$988          |
| Sept.         | 3135         | \$3,171,136         | \$1,012        | \$995          |
| Oct.          | 3064         | \$3,079,888         | \$1,005        | \$998          |
| Nov.          | 2954         | \$2,965,724         | \$1,004        | \$999          |
| Dec.          | 3020         | \$3,061,272         | \$1,014        | \$1,001        |
| Jan. 2012     | 3085         | \$3,115,988         | \$1,010        | \$1,003        |
| Feb.          | 3008         | \$3,050,837         | \$1,014        | \$1,004        |
| Mar.          |              |                     | \$0            | \$1,004        |
| Apr.          |              |                     | \$0            | \$1,004        |
| May           |              |                     | \$0            | \$1,004        |
| June          |              |                     | \$0            | \$1,004        |
| <b>Totals</b> | <b>24643</b> | <b>\$24,742,195</b> | <b>\$1,004</b> | <b>\$1,004</b> |

Allowed ground avg bill - \$1,002.00





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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
OPERATIONS REPORT  
FOR  
FEBRUARY 2012**



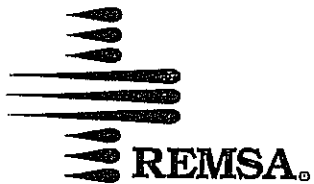
**CARE FLIGHT OPERATIONS REPORT  
FEBRUARY 2012  
WASHOE COUNTY**

- ❖ **In Town Transfer:**
  - 3 Ground ITTs were completed
- ❖ **Outreach, Education, & Marketing:**
  - 0 Community Education & Public Events

❖ **Statistics**

**Washoe County Flights**

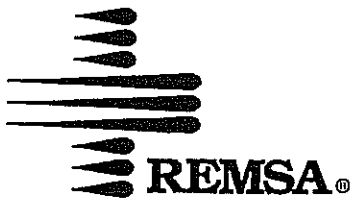
|                         | # patients |
|-------------------------|------------|
| Total Flights:          | 11         |
| Total Patients          | 11         |
| Expired on Scene        | 0          |
| Refused Transport (AMA) | 0          |
| Scene Flights           | 10         |
| Hospital Transports     | 1          |
| Trauma                  | 3          |
| Medical                 | 7          |
| High Risk OB            | 0          |
| Pediatrics              | 0          |
| Newborn                 | 0          |
| Full Arrest             | 1          |
| <b>Total</b>            | <b>11</b>  |



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*Regional Emergency Medical Services Authority*

**REMSA**  
**GROUND OPERATIONS REPORT**  
**FOR**  
**FEBRUARY 2012**



## GROUND AMBULANCE OPERATIONS REPORT

February 2011

### 1. OVERALL STATISTICS:

|                                                             |      |
|-------------------------------------------------------------|------|
| Total Number Of System Responses                            | 4925 |
| Total Number Of Responses In Which<br>No Transport Resulted | 1919 |
| Total Number Of System Transports                           | 3006 |

### 2. CALL CLASSIFICATION REPORT:

|                                  |                  |     |
|----------------------------------|------------------|-----|
| Cardiopulmonary Arrests          |                  | 2%  |
| Medical                          |                  | 47% |
| OB                               |                  | 1%  |
| Psychiatric/Behavioral           |                  | 4%  |
| Transfers                        |                  | 17% |
| Trauma                           |                  | 25% |
|                                  | Trauma – MVA     | 7%  |
|                                  | Trauma – Non MVA | 18% |
| Unknown/Other                    |                  | 4%  |
| Total Number of System Responses | 100%             |     |

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2447 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

|                                          |
|------------------------------------------|
| <b>4. EDUCATION AND TRAINING REPORT:</b> |
|------------------------------------------|

**A. Public Education**

**Advanced Cardiac Life Support**

| Date    | Course Location | Students |
|---------|-----------------|----------|
| 2/9/12  | REMSA           | 16       |
| 2/22/12 | REMSA           | 14       |

**Advanced Cardiac Life Support Recert**

| Date    | Course Location           | Students |
|---------|---------------------------|----------|
| 1/16/12 | EMS CES 911 Training      | 1        |
| 1/18/12 | Reno Endoscopy            | 4        |
| 1/18/12 | J Mohler                  | 4        |
| 1/28/12 | Reno Endoscopy            | 14       |
| 1/29/12 | EMS CES 911 Training      | 3        |
| 2/3/12  | EMS CES 911 Training      | 1        |
| 2/7/12  | EMS CES 911 Training      | 2        |
| 2/12/12 | Nevada Air National Guard | 3        |
| 2/17/12 | REMSA                     | 15       |
| 2/21/12 | REMSA                     | 2        |
| 2/25/12 | EMS CES 911 Training      | 2        |
| 2/25/12 | John Mohler and Co.       | 20       |
| 2/28/12 | EMS CES 911 Training      | 4        |
| 2/29/12 | REMSA                     | 11       |

**Advanced Cardiac Life Support Skills**

| Date    | Course Location | Students |
|---------|-----------------|----------|
| 2/28/12 | REMSA           | 1        |
| 2/29/12 | REMSA           | 1        |

**Bloodborne Pathogen**

| Date    | Course Location                   | Students |
|---------|-----------------------------------|----------|
| 2/17/12 | Career College of Northern Nevada | 5        |

**Bloodborne Pathogen Instructor Course**

| Date    | Course Location                | Students |
|---------|--------------------------------|----------|
| 1/23/12 | Southern Dental Indian Springs | 8        |
| 2/3/12  | REMSA                          | 8        |
| 2/4/12  | Nye County Sheriff's Office    | 5        |
| 2/27/12 | Reno Airport                   | 4        |

**Basic Life Support Instructor**

| Date    | Course Location             | Students |
|---------|-----------------------------|----------|
| 9/28/11 | NorCal EMS Ed               | 1        |
| 1/23/12 | REMSA                       | 8        |
| 2/4/12  | Nye County Sheriff's Office | 5        |
| 2/17/12 | Reno Airport Ed             | 4        |
| 2/18/12 | Riggs Ambulance             | 12       |
| 2/27/12 | REMSA                       | 8        |

**Health Care Provider**

| Date    | Course Location      | Students |
|---------|----------------------|----------|
| 1/8/12  | Silver Legacy        | 7        |
| 1/31/12 | EMS CES 911 Training | 1        |

|         |                                       |    |
|---------|---------------------------------------|----|
| 2/1/12  | REMSA                                 | 7  |
| 2/2/12  | REMSA                                 | 9  |
| 2/3/12  | Jennifer Kraushar                     | 5  |
| 2/4/12  | Riggs Ambulance                       | 14 |
| 2/4/12  | Great Basin College                   | 13 |
| 2/4/12  | EMS CES 911 Training                  | 2  |
| 2/6/12  | EMS CES 911 Training                  | 8  |
| 2/7/12  | Robert Stone                          | 4  |
| 2/7/12  | REMSA                                 | 10 |
| 2/8/12  | EMS CES 911 Training                  | 5  |
| 2/8/12  | Summit Medical Education and Training | 1  |
| 2/11/12 | REMSA                                 | 10 |
| 2/11/12 | Camp Stead Training Site              | 11 |
| 2/11/12 | EMS CES 911 Training                  | 2  |
| 2/12/12 | Camp Stead Training Site              | 2  |
| 2/12/12 | EMS CES 911 Training                  | 7  |
| 2/13/12 | Robert Stone                          | 6  |
| 2/15/12 | REMSA                                 | 9  |
| 2/15/12 | REMSA                                 | 4  |
| 2/15/12 | WW Fire Department.                   | 8  |
| 2/15/12 | West Hills                            | 1  |
| 2/15/12 | Barrick Cortez Gold Mines             | 5  |
| 2/16/12 | WW Fire Department.                   | 8  |
| 2/17/12 | NorCal EMS Ed                         | 4  |
| 2/17/12 | Career College of Northern Nevada     | 4  |
| 2/18/12 | Jennifer Kraushar                     | 2  |

|         |                               |    |
|---------|-------------------------------|----|
| 2/20/12 | EMS CES 911 Training          | 5  |
| 2/23/12 | REMSA                         | 8  |
| 2/24/12 | Colleen Salas-Duran           | 5  |
| 2/24/12 | Storey County Fire department | 1  |
| 2/25/12 | EMS CES 911 Training          | 10 |
| 2/27/12 | EMS CES 911 Training          | 1  |
| 2/27/12 | EMS CES 911 Training          | 1  |
| 2/29/12 | Colleen Salas-Duran           | 5  |
| 2/17/12 | Great Basin College           | 10 |

**Health Care Provider, Employee**

| Date    | Course Location | Students |
|---------|-----------------|----------|
| 2/15/12 | REMSA           | 1        |
| 2/21/12 | REMSA           | 1        |
| 2/29/12 | REMSA           | 1        |

**Health Care Provider Recert**

| Date     | Course Location               | Students |
|----------|-------------------------------|----------|
| 12/20/11 | REMSA                         | 1        |
| 1/21/12  | HGH- EMS                      | 7        |
| 2/1/12   | Lander County School District | 4        |
| 2/1/12   | Tahoe Forest Hospital         | 1        |
| 2/1/12   | REMSA                         | 1        |
| 2/2/12   | Tahoe Forest Hospital         | 1        |
| 2/3/12   | Tahoe Forest Hospital         | 2        |
| 2/4/12   | Riggs Ambulance               | 1        |
| 2/6/12   | Tahoe Forest Hospital         | 1        |



|         |                            |    |
|---------|----------------------------|----|
| 2/6/12  | REMSA                      | 10 |
| 2/7/12  | PVVFD Stadium              | 7  |
| 2/8/12  | Radiation Oncology Assoc.  | 7  |
| 2/9/12  | Eastern Plumas Health Care | 3  |
| 2/9/12  | REMSA                      | 9  |
| 2/9/12  | EMS CES 911 Training       | 1  |
| 2/10/12 | WCSD                       | 1  |
| 2/14/12 | REMSA                      | 1  |
| 2/15/12 | REMSA                      | 4  |
| 2/16/12 | REMSA                      | 9  |
| 2/16/12 | HGH- EMS                   | 6  |
| 2/16/12 | WCSD                       | 5  |
| 2/16/12 | HGH- EMS                   | 6  |
| 2/17/12 | REMSA                      | 1  |
| 2/17/12 | Rosewood Rehab Hospital    | 6  |
| 2/18/12 | REMSA                      | 11 |
| 2/21/12 | REMSA                      | 9  |
| 2/21/12 | Concentra Medical Center   | 1  |
| 2/21/12 | HGH- EMS                   | 2  |
| 2/21/12 | Tahoe Forest Hospital      | 10 |
| 2/21/12 | Tahoe Forest Hospital      | 10 |
| 2/21/12 | HGH- EMS                   | 2  |
| 2/26/12 | Bennett Medical Services   | 1  |
| 2/28/12 | REMSA                      | 1  |
| 2/28/12 | Tahoe Forest Hospital      | 2  |
| 2/29/12 | REMSA                      | 8  |

### Health Care Provider Skills

| Date    | Course Location               | Students |
|---------|-------------------------------|----------|
| 10/5/11 | Barrick Goldstrike Mines Inc. | 3        |
| 12/4/11 | Chuck Shuly                   | 1        |
| 1/25/12 | Tahoe Forest Hospital         | 2        |
| 1/27/12 | Tahoe Forest Hospital         | 1        |
| 1/30/12 | Tahoe Forest Hospital         | 2        |
| 2/1/12  | Riggs Ambulance               | 1        |
| 2/1/12  | UNR School of Nursing         | 1        |
| 2/1/12  | REMSA                         | 3        |
| 2/3/12  | REMSA                         | 1        |
| 2/6/12  | REMSA                         | 1        |
| 2/7/12  | REMSA                         | 1        |
| 2/7/12  | Lakes Crossing Center         | 1        |
| 2/13/12 | REMSA                         | 1        |
| 2/17/12 | John Mohler and Co.           | 2        |
| 2/21/12 | REMSA                         | 1        |
| 2/23/12 | REMSA                         | 1        |
| 2/24/12 | REMSA                         | 1        |
| 2/27/12 | REMSA                         | 1        |
| 2/28/12 | REMSA                         | 2        |
| 2/28/12 | Tahoe Pacific Hospital        | 5        |
| 2/29/12 | Riggs Ambulance               | 1        |

### Heart Saver AED

| Date    | Course Location       | Students |
|---------|-----------------------|----------|
| 12/1/11 | Nampa Fire Department | 12       |

|          |                          |    |
|----------|--------------------------|----|
| 12/17/11 | Sierra Nevada Job Corps. | 10 |
| 1/11/12  | WCSD                     | 6  |
| 1/12/12  | WCSD                     | 6  |
| 1/14/12  | Trinity Security         | 5  |
| 1/14/12  | Trinity Security         | 3  |
| 1/18/12  | WCSD                     | 4  |
| 1/18/12  | WCSD                     | 4  |
| 1/19/12  | WCSD                     | 4  |
| 1/21/12  | WCSD                     | 4  |
| 1/23/12  | WCSD                     | 2  |
| 1/25/12  | WCSD                     | 3  |
| 1/28/12  | WCSD                     | 5  |
| 1/28/12  | Nampa Fire Department    | 4  |
| 1/28/12  | Bobbie Shambo            | 8  |
| 1/30/12  | WCSD                     | 4  |
| 1/30/12  | Vincent Saladino         | 1  |
| 1/31/12  | WCSD                     | 2  |
| 1/31/12  | WCSD                     | 8  |
| 2/4/12   | Trinity Security         | 1  |
| 2/4/12   | WCSD                     | 6  |
| 2/6/12   | HGH- EMS                 | 15 |
| 2/8/12   | Kenna Metal              | 8  |
| 2/8/12   | WCSD                     | 5  |
| 2/8/12   | REMSA                    | 9  |
| 2/9/12   | WCSD                     | 2  |
| 2/9/12   | Sierra Nevada Job Corps. | 6  |
| 2/10/12  | Patagonia                | 7  |

|         |                                  |    |
|---------|----------------------------------|----|
| 2/11/12 | Kenneth Cohen                    | 6  |
| 2/11/12 | Trinity Security                 | 4  |
| 2/11/12 | Trinity Security                 | 4  |
| 2/11/12 | CPR First Aid Training Site      | 12 |
| 2/11/12 | WCSD                             | 5  |
| 2/12/12 | Kenneth Cohen                    | 6  |
| 2/12/12 | Camp Stead Training Site         | 3  |
| 2/13/12 | WCSD                             | 5  |
| 2/13/12 | Reno Tahoe International Airport | 3  |
| 2/15/12 | WCSD                             | 3  |
| 2/15/12 | WCSD                             | 3  |
| 2/15/12 | Elko BLM                         | 4  |
| 2/15/12 | Elko BLM                         | 6  |
| 2/16/12 | WCSD                             | 6  |
| 2/21/12 | WCSD                             | 4  |
| 2/22/12 | Reno Tahoe International Airport | 4  |
| 2/23/12 | WCSD                             | 6  |
| 2/23/12 | RTAA ARFF Facility               | 5  |
| 2/23/12 | WCSD                             | 7  |
| 2/24/12 | Jennifer Kraushar                | 4  |
| 2/25/12 | REMSA                            | 8  |
| 2/25/12 | WCSD                             | 6  |
| 2/26/12 | EMS CES 911 Training             | 5  |
| 2/27/12 | WCSD                             | 3  |
| 2/27/12 | NorCal EMS Ed                    | 9  |
| 2/27/12 | WCSD                             | 3  |
| 2/28/12 | WCSD                             | 2  |

|         |                   |   |
|---------|-------------------|---|
| 2/28/12 | Jennifer Kraushar | 6 |
| 2/29/12 | WCSD              | 3 |

**Heart Saver CPR/First Aid**

| Date    | Course Location                  | Students |
|---------|----------------------------------|----------|
| 1/30/12 | Sierra Nevada Job Corps.         | 5        |
| 1/31/12 | Sierra Nevada Job Corps.         | 9        |
| 2/2/12  | Reno Tahoe Airport Fire          | 3        |
| 2/3/12  | Riggs Ambulance                  | 7        |
| 2/4/12  | REMSA                            | 10       |
| 2/7/12  | Sierra Nevada Job Corps.         | 2        |
| 2/8/12  | Sierra Nevada Job Corps.         | 6        |
| 2/10/12 | NorCal EMS Ed                    | 10       |
| 2/10/12 | NorCal EMS Ed                    | 7        |
| 2/10/12 | Pizza Factory                    | 4        |
| 2/11/12 | Robert Stone                     | 4        |
| 2/11/12 | EMS CES 911 Training             | 1        |
| 2/14/12 | Nugget                           | 3        |
| 2/16/12 | Reno Tahoe International Airport | 1        |
| 2/16/12 | Lazy 5 Library                   | 4        |
| 2/17/12 | Paul Shapiro                     | 8        |
| 2/17/12 | REMSA                            | 9        |
| 2/18/12 | REMSA                            | 12       |
| 2/20/12 | N DOE                            | 19       |
| 2/21/12 | Join Inc.                        | 4        |
| 2/22/12 | Reno Tahoe International Airport | 2        |
| 2/23/12 | Nugget                           | 3        |

|         |                    |    |
|---------|--------------------|----|
| 2/23/12 | RTAA ARFF Facility | 1  |
| 2/24/12 | NorCal EMS Ed      | 15 |
| 2/28/12 | REMSA              | 3  |

**Heart Saver First Aid**

| Date    | Course Location                   | Students |
|---------|-----------------------------------|----------|
| 1/18/12 | Silver Legacy                     | 7        |
| 1/19/12 | WCSD                              | 2        |
| 2/7/12  | EMS CES 911 Training              | 1        |
| 2/9/12  | REMSA                             | 5        |
| 2/11/12 | EMS CES 911 Training              | 1        |
| 2/15/12 | Elko BLM                          | 2        |
| 2/16/12 | Lazy 5 Library                    | 5        |
| 2/16/12 | Reno Tahoe International Airport  | 5        |
| 2/17/12 | Career College of Northern Nevada | 6        |
| 2/21/12 | Reno Tahoe International Airport  | 5        |
| 2/22/12 | WCSD                              | 6        |

**Heart Saver Pediatric CPR/First Aid**

| Date    | Course Location       | Students |
|---------|-----------------------|----------|
| 1/28/12 | Tahoe Forest Hospital | 7        |
| 2/16/12 | Kevin Hoff            | 4        |
| 2/26/12 | EMS CES 911 Training  | 5        |

**International Trauma Life Support**

| Date    | Course Location | Students |
|---------|-----------------|----------|
| 2/14/12 | REMSA           | 6        |

**Pediatric Advanced Life Support Recert**

| Date    | Course Location                       | Students |
|---------|---------------------------------------|----------|
| 2/8/12  | Eastern Plumas Health Care            | 3        |
| 2/8/12  | EMS CES 911 Training                  | 1        |
| 2/8/12  | Summit Medical Education and Training | 4        |
| 2/9/12  | Tahoe Douglas Fire                    | 10       |
| 2/13/12 | Tahoe Douglas Fire                    | 12       |
| 2/13/12 | EMS CES 911 Training                  | 2        |
| 2/17/12 | John Mohler and Co.                   | 17       |
| 2/21/12 | Trent Waechter                        | 6        |
| 2/26/12 | EMS CES 911 Training                  | 4        |
| 2/27/12 | REMSA                                 | 22       |

**Ongoing Courses**

| Date   | Course Description / Location | Students |
|--------|-------------------------------|----------|
| 1/4/11 | Paramedic Program             | 9        |
| 7/5/11 | Paramedic Program             | 9        |
| 1/2/12 | EMT Basic                     | 24       |
| 1/3/12 | EMT Basic Online              | 6        |
| 1/3/12 | EMT/Paramedic                 | 15       |

|                            |      |
|----------------------------|------|
| Total Students This Report | 1242 |
|----------------------------|------|

|                                |
|--------------------------------|
| <b>5. COMMUNITY RELATIONS:</b> |
|--------------------------------|

## Community Outreach:

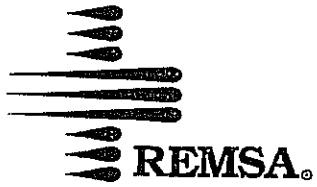
### Point of Impact

| Date       | Description                                                                                          | Attending              |
|------------|------------------------------------------------------------------------------------------------------|------------------------|
| 2/6-2/9/12 | Nationally Certified Child Passenger Safety Technician Course; 10 students passed.                   | 10 students            |
| 2/11/12    | Child Safety Seat Checkpoint, Scheels Save a Heart CPR Fair, Sparks, 38 cars and 45 seats inspected. | 3 staff, 24 volunteers |

### Safe Kids Washoe County

| Date    | Description                                                                                                                                           | Attending                          |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 2/1/12  | Safe Kids USA Advisory Council teleconference.                                                                                                        | 1 staff                            |
| 2/1/12  | Miguel Sepulveda Safety Committee monthly meeting, Sun Valley.                                                                                        | 3 volunteers, 1 staff              |
| 2/3/12  | Nevada State Maternal Child Health Coalition statewide meeting, Las Vegas.                                                                            | 1 staff                            |
| 2/3/12  | Esther Bennett Photojournalism Project, pedestrian safety lesson, Sun Valley.                                                                         | 1 volunteer, 1 staff, 20 students  |
| 2/8/12  | Northern Nevada Immunization Coalition monthly meeting, Reno.                                                                                         | 1 staff                            |
| 2/9/12  | Sun Valley General Improvement District regular meeting, Sun Valley. Requesting permission to use the park facilities for the Give Kids A Boost Fair. | 1 staff                            |
| 2/10/12 | Esther Bennett Photojournalism Project, field trip to UNR.                                                                                            | 4 volunteers, 20 students          |
| 2/11/12 | Scheels Save a Heart CPR Fair, Sparks. Safe Kids information table.                                                                                   | 2 volunteers                       |
| 2/14/12 | Safe Kids monthly Coalition meeting, Sparks.                                                                                                          | 15 volunteers                      |
| 2/16/12 | Maternal Child Health Coalition of Northern Nevada                                                                                                    | 1 staff                            |
| 2/21/12 | Safe Kids Washoe County Board of Directors bi-monthly meeting, REMSA.                                                                                 | 5 volunteers, 1 staff              |
| 2/22/12 | Give Kids a Boost committee meeting, Sun Valley.                                                                                                      | 10 volunteers                      |
| 2/24/12 | Esther Bennett Photojournalism Project, Field trip to downtown Sparks and downtown Reno.                                                              | 4 volunteers, 1 staff, 19 students |
| 2/27/12 | Washoe County Safe Sleep Baby committee meeting.                                                                                                      | 2 staff, 1 intern                  |





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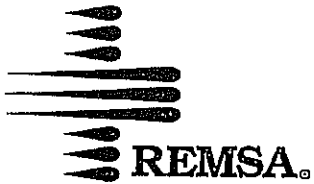
*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE AND CARE FLIGHT  
INQUIRIES  
FOR  
FEBRUARY 2012**

**INQUIRIES**

**February 2011**

There were no inquiries in the month of February.



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
FEBRUARY 2012**

## GROUND AMBULANCE CUSTOMER COMMENTS FEBRUARY 2012

|    | What Did We Do Well?                                                                                                                                                                       | What Can We Do To Serve You Better                                                   | Description / Comments                                                              |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1  | Made me feel comfortable.                                                                                                                                                                  |                                                                                      |                                                                                     |
| 2  | Assisted                                                                                                                                                                                   |                                                                                      |                                                                                     |
| 3  | The girls that transported our daughter were very pleasant and treated our daughter with respect.                                                                                          |                                                                                      |                                                                                     |
| 4  | you were very helpful by being patient and caring.                                                                                                                                         |                                                                                      |                                                                                     |
| 5  | All                                                                                                                                                                                        |                                                                                      |                                                                                     |
| 6  | Arrived quickly and made me feel safe and secure.                                                                                                                                          | Everything was perfect.                                                              | Excellent service.                                                                  |
| 7  | All were very professional, courteous, and helpful                                                                                                                                         |                                                                                      |                                                                                     |
| 8  | Saved my life                                                                                                                                                                              | Keep up the good work.                                                               | you guys rock!                                                                      |
| 9  | paramedics were extremely helpful and knowledgeable. Made me feel safe.                                                                                                                    |                                                                                      | Glad to know we have a full service trauma unit to service washoe county.           |
| 10 |                                                                                                                                                                                            |                                                                                      | Very good.                                                                          |
| 11 | Arriving in less than 5 minutes. Caring and informative on all procedures.                                                                                                                 | You are doing a wonderful job. Just keep up helping the help please.                 | Excellent.                                                                          |
| 12 | My husband called REMSA and we no sooner informed our loved one that they were on the way and the doorbell rang and they were here-wonderful service.                                      | Nothing I can think of at this time.                                                 | Excellent response and care given to our Aunt Lucy. Thank you so very much.         |
| 13 | Received personnel help as I couldn't walk.                                                                                                                                                | Satisfied with needed help                                                           |                                                                                     |
| 14 | Your staff kept me calm enough and saved my life. Thank you SO much!                                                                                                                       | Keep up the good work. They were great!                                              | FANTASTIC!                                                                          |
| 15 |                                                                                                                                                                                            | Very good service, nothing more is needed.                                           |                                                                                     |
| 16 | Everything                                                                                                                                                                                 |                                                                                      | If it is perfect dont fuss with it                                                  |
| 17 | Your two medics were very helpful. I was scared but they immediately put me at ease with their kindness and professionalism. Please thank them again for me for their outstanding service. |                                                                                      |                                                                                     |
| 18 | Everything                                                                                                                                                                                 |                                                                                      | You always respond quickly and do everything needed.                                |
| 19 | You did everything well.                                                                                                                                                                   | Everything was done for me.                                                          | I felt very confident that I was being well taken care of on my transfer to Renown. |
| 20 | Everything                                                                                                                                                                                 | When you're in pain it's hard to concentrate on their questions. Relieve pain FIRST! |                                                                                     |
| 21 | Everyone was pleasant and professional.                                                                                                                                                    |                                                                                      |                                                                                     |
| 22 |                                                                                                                                                                                            | Love the people                                                                      | I like the pro advise.                                                              |
| 23 | Great crew, could not ask for better!                                                                                                                                                      | You can't top what you already have.                                                 | Very pleased.                                                                       |
| 24 | Quick, efficient, very professional.                                                                                                                                                       | Can't get any better.                                                                |                                                                                     |
| 25 | Quick response.                                                                                                                                                                            |                                                                                      |                                                                                     |
| 26 | Good care.                                                                                                                                                                                 |                                                                                      | Thanks to all their professional people, always do the best job.                    |
| 27 | Everything. Helped to save my life                                                                                                                                                         |                                                                                      |                                                                                     |
| 28 | Fast arrival, care and treatment were excellent. Thank you.                                                                                                                                |                                                                                      |                                                                                     |
| 29 | Everything                                                                                                                                                                                 | Nothing I can think of                                                               | Great service                                                                       |
| 30 | Everything                                                                                                                                                                                 | Nothing                                                                              |                                                                                     |
| 31 | Very smooth ride.                                                                                                                                                                          | Keep up the good work                                                                |                                                                                     |
| 32 | Arrived within minutes - informative - constant assistance                                                                                                                                 |                                                                                      |                                                                                     |
| 33 |                                                                                                                                                                                            |                                                                                      | Excellent                                                                           |
| 34 | The entire staff was caring.                                                                                                                                                               |                                                                                      |                                                                                     |
| 35 | Offered help.                                                                                                                                                                              |                                                                                      |                                                                                     |
| 36 | Everything                                                                                                                                                                                 | Everything was good                                                                  |                                                                                     |
| 37 | Everything                                                                                                                                                                                 |                                                                                      |                                                                                     |
| 38 | Transported me to Renown                                                                                                                                                                   | Continue to provide the same quality care.                                           |                                                                                     |

|    | What Did We Do Well?                                                                                                                                                                                                                                            | What Can We Do To Serve You Better                                 | Description / Comments                                                                                                                                                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 39 | Every thing very wel done.                                                                                                                                                                                                                                      | Don't change a thing.                                              | The care I recieved was very provisanal and careing                                                                                                                     |
| 40 | Very compassionate and knowledgeable.                                                                                                                                                                                                                           | Not a thing                                                        |                                                                                                                                                                         |
| 41 | good service                                                                                                                                                                                                                                                    | in AZ                                                              |                                                                                                                                                                         |
| 42 | All                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                                                         |
| 43 | Expedious arrival                                                                                                                                                                                                                                               |                                                                    | Thanks                                                                                                                                                                  |
| 44 | Performed well!                                                                                                                                                                                                                                                 | Everything was professional                                        | Have no discussed billing yet.                                                                                                                                          |
| 45 |                                                                                                                                                                                                                                                                 |                                                                    | I was not there when they took him to Regent Care, so I can not say anything about the service. Renown or Regent can express their comments, thank you.                 |
| 46 |                                                                                                                                                                                                                                                                 |                                                                    | I was not there. Renown made the call to send him to Regent Care Center.                                                                                                |
| 47 | Very helpful and polite.                                                                                                                                                                                                                                        |                                                                    |                                                                                                                                                                         |
| 48 | There was a guy that was there, he was really caring. He was a student I think.                                                                                                                                                                                 |                                                                    | The one guy. You need more people like him. He was great.                                                                                                               |
| 49 | Listened to the patient and made her feel very comfortable.                                                                                                                                                                                                     |                                                                    |                                                                                                                                                                         |
| 50 |                                                                                                                                                                                                                                                                 | Explained clearly                                                  | Good but would have liked to have family drive me to ER                                                                                                                 |
| 51 | They were polite and treated my husband with respect.                                                                                                                                                                                                           |                                                                    |                                                                                                                                                                         |
| 52 | Almost everything                                                                                                                                                                                                                                               |                                                                    |                                                                                                                                                                         |
| 53 | Yes very good evertyhing                                                                                                                                                                                                                                        | Cant think of anything                                             | Very pleased                                                                                                                                                            |
| 54 | Everything                                                                                                                                                                                                                                                      | Nothing                                                            |                                                                                                                                                                         |
| 55 |                                                                                                                                                                                                                                                                 |                                                                    | I had an ambulance ride from west hills hospital to st marys and another ambulance ride back to west hills hospital. That's two rides and I got three of theses papers? |
| 56 | Not only house, but was also transported from Renown to Renown south & excellent service.                                                                                                                                                                       | Nothing. Everyone was fine.                                        |                                                                                                                                                                         |
| 57 | Response time.                                                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                         |
| 58 | Very helpful and understanding. Tried very hard to please me. I'm extremely thankful.                                                                                                                                                                           |                                                                    |                                                                                                                                                                         |
| 59 | Everything was just fine.                                                                                                                                                                                                                                       | I hope you don't get cut by our government.                        |                                                                                                                                                                         |
| 60 | To keep me warm all the way to the hospital.                                                                                                                                                                                                                    |                                                                    |                                                                                                                                                                         |
| 61 | Put together team to lift me off the shower floor. Put me and stretcher and transported to hospital.                                                                                                                                                            | Great job.                                                         |                                                                                                                                                                         |
| 62 | The emergency care was very helpful. I would not have been very well without them. They stopped the pain.                                                                                                                                                       | In my case they took the pain away and took care of me personally. | I appreciate all they did. The staff was very friendly and did what was needed to get me out of pain and to the hospital.                                               |
| 63 | All of the above                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                         |
| 64 | Transported my son-kept him stable and brought him to Renown alive-forever we will be gratefull With a broken jaw, neck, bleeding on his brain, and fluid in his pelvis-collapsed lung-he is recovering beautifully with no side effects! God bless all of you! |                                                                    |                                                                                                                                                                         |
| 65 | The whole thing                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                                                                         |
| 66 | Good service                                                                                                                                                                                                                                                    |                                                                    | Always reassuring and good. Thank you.                                                                                                                                  |
| 67 | Assured me everything was fine.                                                                                                                                                                                                                                 |                                                                    |                                                                                                                                                                         |
| 68 | Yes                                                                                                                                                                                                                                                             |                                                                    | Excellent.                                                                                                                                                              |
| 69 | Everything.                                                                                                                                                                                                                                                     | Not much.                                                          | Things were fine, thanks.                                                                                                                                               |
| 70 | Crew was exceptional!                                                                                                                                                                                                                                           |                                                                    |                                                                                                                                                                         |
| 71 | Keeping me calm.                                                                                                                                                                                                                                                | Everything was done well for me                                    | none                                                                                                                                                                    |
| 72 | Everything from making my wife comfortable before, during, and after the transport to the hospital.                                                                                                                                                             |                                                                    | You did very well, thank you.                                                                                                                                           |
| 73 | Great Service                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                                                                         |
| 74 | They done everything well                                                                                                                                                                                                                                       | They already do everything great.                                  | They were all wonderful.                                                                                                                                                |
| 75 | Trip from Renown to Life Care Center of Reno                                                                                                                                                                                                                    |                                                                    |                                                                                                                                                                         |

|     | What Did We Do Well?                                                                                                                                                                | What Can We Do To Serve You Better                                                                                                                                                                               | Description / Comments                                                                                                                                                                                                                                                                                |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 76  | Everything-thank you                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 77  | Everything was perfect                                                                                                                                                              | Nothing                                                                                                                                                                                                          | Your men were exelent in taking care of me                                                                                                                                                                                                                                                            |
| 78  | Timely and speedy exit the apartment and on the hospital                                                                                                                            | Don't know!                                                                                                                                                                                                      | Great service                                                                                                                                                                                                                                                                                         |
| 79  | Everything – THANK YOU!!!                                                                                                                                                           |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 80  | Everything. Medics wer professional and caring.                                                                                                                                     | Don't change.                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                       |
| 81  | Very patient and took the time to explain everything                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 82  | Responded fast-took proper care of me                                                                                                                                               |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 83  | Everything                                                                                                                                                                          |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 84  | They were very helpful and professional and very calm.                                                                                                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 85  | Very sympathetic, kind, informative                                                                                                                                                 |                                                                                                                                                                                                                  | Our mom passed away 1/11/12. We were very pleased with your staff. Thank you.                                                                                                                                                                                                                         |
| 86  | Everything was good.                                                                                                                                                                | Continue the way it is.                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |
| 87  | Came promptly & delivered her to Renown safely.                                                                                                                                     | Hire me or since I am moms caretaker and CPR cert & first aid is expired offer me a free class as I am unemployed as I take care of her & am a colunteer at Hands of Hope and help whoever I can whenever I can. |                                                                                                                                                                                                                                                                                                       |
| 88  | Your help was great to me. Got me to the hospital fast.                                                                                                                             |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 89  | Shows great caring.                                                                                                                                                                 | Keep it up.                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                       |
| 90  | Thank you for everyone's quick response during this time.                                                                                                                           |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 91  | Arrived on scene quickly. Personnel were professional and respectful.                                                                                                               | The best was done.                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                       |
| 92  | Everything. The techs were great. Very professional.                                                                                                                                |                                                                                                                                                                                                                  | As I mentioned above, the guys were great. Both were equally good at what they do. Thanks again!                                                                                                                                                                                                      |
| 93  | Yes                                                                                                                                                                                 | Nothing                                                                                                                                                                                                          | Think estimated bill might have been nice                                                                                                                                                                                                                                                             |
| 94  | Arrived on the scene quickly. Personnel were professional and respectful.                                                                                                           | The best was done.                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                       |
| 95  | Get me from Cold Springs to the VA hospital                                                                                                                                         |                                                                                                                                                                                                                  | Excellent                                                                                                                                                                                                                                                                                             |
| 96  | Everything                                                                                                                                                                          | Nothing                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |
| 97  | first time with you I have to say overall good.I                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 98  | Protected my privacy in room from other staff.                                                                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 99  |                                                                                                                                                                                     |                                                                                                                                                                                                                  | Thanks for the help!                                                                                                                                                                                                                                                                                  |
| 100 | Prompt arrival adn assessment. Appropriate handling of elderly woman in pain.                                                                                                       | Warm up the metal. I was never anxious about my handling.                                                                                                                                                        | EMT aware of spouse's dementia and gave him simple cues.                                                                                                                                                                                                                                              |
| 101 | Excellent                                                                                                                                                                           |                                                                                                                                                                                                                  | I get better concern and care from your EMTs than at the ER                                                                                                                                                                                                                                           |
| 102 | The ambulance arrived within minutes of the 911 call.                                                                                                                               | Can't think of anything.                                                                                                                                                                                         | I don't know about billing for this service. Maybe a brochure could be left to explain how that will happen.                                                                                                                                                                                          |
| 103 | Took good care of me. Let my wife know I arrived safely.                                                                                                                            |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 104 | Crew was very patient and helped me to stay calm!                                                                                                                                   | The service is already excellent                                                                                                                                                                                 | I was very frightened and they were very considerate and nice                                                                                                                                                                                                                                         |
| 105 | Everything. Dispatcher and paramedics were very helpful and professional.                                                                                                           |                                                                                                                                                                                                                  | Two medics were very compassionate, informing, and professional. We were very impressed with their sensitivity and the way they kept us informed even at the hospital. In the end my sister did pass away but Remsa was wonderful, which is more than I can say about Renown. Thanks for all you did! |
| 106 | My husband said your crew was the most helpful and respectful to him.                                                                                                               | You were amazing.                                                                                                                                                                                                | Amazing is all I can! Thank you for your care in my time of need.                                                                                                                                                                                                                                     |
| 107 | Everything                                                                                                                                                                          | Stay the same                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                       |
| 108 | Transported and cared for pt in a caring, efficient, and timely manner. Billing dept. has been excellent in working with us while we apply for county assistance via Washoe County. |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |
| 109 | Everything                                                                                                                                                                          | Nothing                                                                                                                                                                                                          | I deeply admire the medics who tended to me!                                                                                                                                                                                                                                                          |
| 110 | Everything                                                                                                                                                                          |                                                                                                                                                                                                                  | Great job!                                                                                                                                                                                                                                                                                            |

|     | What Did We Do Well?                                                                                                                                                                                                                                         | What Can We Do To Serve You Better                                                                         | Description / Comments                                                                                                      |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 111 | The EMT's were very compassionate and helpful. We have a 9 year old daughter and she was scared for her father. She was given permission to ride with her dad and me in the ambulance. I can't tell you how relieved she was and she wasn't scared any more. | Nothing.                                                                                                   | I really did appreciate that the EMT took good care of my husband; but also, considered the family's feelings. THANK YOU!!! |
| 112 | The Remsa crew were very professional and caring. They took very good care of me.                                                                                                                                                                            |                                                                                                            |                                                                                                                             |
| 113 | You do everything to make me comfortable.                                                                                                                                                                                                                    |                                                                                                            |                                                                                                                             |
| 114 |                                                                                                                                                                                                                                                              |                                                                                                            | Very happy with the service and response.                                                                                   |
| 115 | Treated really well by your staff in our time of need.                                                                                                                                                                                                       |                                                                                                            |                                                                                                                             |
| 116 | Came quickly, took charge of the situation. Treated us with respect and kindness.                                                                                                                                                                            | Everything was great.                                                                                      |                                                                                                                             |
| 117 | I appreciated the service. There was no service like it.                                                                                                                                                                                                     | No problems.                                                                                               |                                                                                                                             |
| 118 | You arrived quickly and provided immediate care under expertise and kindness.                                                                                                                                                                                | Thank you all.                                                                                             | You saved my husband's life. He was at ER when his heart stopped. he is fine now with a pacemaker.                          |
| 119 | help                                                                                                                                                                                                                                                         | 0                                                                                                          |                                                                                                                             |
| 120 | Everything                                                                                                                                                                                                                                                   | Nothing                                                                                                    |                                                                                                                             |
| 121 | All was well (thank you).                                                                                                                                                                                                                                    | All is well                                                                                                | Well done                                                                                                                   |
| 122 | Extremely well                                                                                                                                                                                                                                               | Any knowledge regarding flight limited I am unable to answer this question                                 | Your personnel was extremely professional in both care and service                                                          |
| 123 | Transporting me to St. Mary's ER.                                                                                                                                                                                                                            | They did great, there's nothing I can think of.                                                            | The care was wonderful, couldn't be better. St. Mary's ER could take lessons from you.                                      |
| 124 | You were caring and polite and tried to make me feel as comfortable as possible because I was in severe pain.                                                                                                                                                | Nothing, you were perfect. Thank you.                                                                      | Everything was perfect on care, you were so caring.                                                                         |
| 125 | Got to the calstar plane safely.                                                                                                                                                                                                                             |                                                                                                            |                                                                                                                             |
| 126 | Everything, made me feel comfortable                                                                                                                                                                                                                         |                                                                                                            | I have NO complaint - VERY pleasant.                                                                                        |
| 127 | Everything.                                                                                                                                                                                                                                                  | Nothing.                                                                                                   | Excellent                                                                                                                   |
| 128 |                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                             |
| 129 | Crew immediately diffused a very tense situation and did an outstanding job!                                                                                                                                                                                 | Communicate to RFD that they need respond to a situation like ours-they didn't help but made things worse. |                                                                                                                             |
| 130 | Everything was a blessing because I could not move. The pain was so bad they handled it well.                                                                                                                                                                | Nothing.                                                                                                   | Your care was outstanding and a blessing to me. They are very wonderful people. I thank God for them!                       |
| 131 | Crew was very professional and seemed to truly care                                                                                                                                                                                                          |                                                                                                            |                                                                                                                             |
| 132 | Ambulance arrived in minutes, very quietly at night. They went about their business and left with patient and Mrs. very soon, quietly and discreetly.                                                                                                        |                                                                                                            | Very good.                                                                                                                  |
| 133 | Nice people.                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                             |
| 134 | Nice people                                                                                                                                                                                                                                                  |                                                                                                            |                                                                                                                             |
| 135 | Came within 15 minutes.                                                                                                                                                                                                                                      | Keep doing a great job                                                                                     | All the service has always been excellent.                                                                                  |
| 136 | Your personnel do everything well, from making me feel that I'm in good hands to the confident way they go about their job.                                                                                                                                  |                                                                                                            | Several times in the past few months, I've had to use Remsa and each time they were great. Thank you for being there.       |
| 137 | All                                                                                                                                                                                                                                                          |                                                                                                            | Yes OK                                                                                                                      |
| 138 | All on everything                                                                                                                                                                                                                                            | Continue to employ caring personnel                                                                        | No need to comment on anything further. Thank you.                                                                          |
| 139 | I was impressed with your response time. It seems like it was no longer than 10 minutes.                                                                                                                                                                     |                                                                                                            | The crew was very compassionate and were very calming.                                                                      |
| 140 | Provided care while enroute.                                                                                                                                                                                                                                 | The pts medicare card, insurance card, and list of medications were not returned.                          | Please return the above mentioned items.                                                                                    |
| 141 | Just being kind and caring for my mom.                                                                                                                                                                                                                       |                                                                                                            |                                                                                                                             |
| 142 | Everything                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                             |
| 143 | Everything                                                                                                                                                                                                                                                   | Provide a window envelope (#10?)                                                                           | Your service was outstanding and very responsive                                                                            |
| 144 | Everything is okay.                                                                                                                                                                                                                                          | Nothing.                                                                                                   | Good                                                                                                                        |
| 145 | Everything, most courteous, humor to ease my nervousness.                                                                                                                                                                                                    |                                                                                                            |                                                                                                                             |
| 146 | Very kind.                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                             |

|     | What Did We Do Well?                                                                                                                     | What Can We Do To Serve You Better                                          | Description / Comments                                                                                                                                                                                                                             |
|-----|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 147 | Got me to Reno and the hospital fast and safely.                                                                                         |                                                                             |                                                                                                                                                                                                                                                    |
| 148 | The crew was very good, talked to me, arrived shortly after I called                                                                     |                                                                             |                                                                                                                                                                                                                                                    |
| 149 | Everything - I was so very well taken care of. I was so happy to seem them, and they were also very kind to me. Also very knowledgeable. | Thank you for the opportunity to tell you how I feel about your paramedics. |                                                                                                                                                                                                                                                    |
| 150 | Your people are wonderful, helpful, and kind. They are very professional and knowing what needs to be done.                              |                                                                             |                                                                                                                                                                                                                                                    |
| 151 | You were polite.                                                                                                                         | Nothing.                                                                    | Everything was just fine.                                                                                                                                                                                                                          |
| 152 | Very professional, showed care and concern.                                                                                              |                                                                             | Staff checked back hours later after bringing in a new patient to see how I was doing.                                                                                                                                                             |
| 153 | Response time was quick                                                                                                                  |                                                                             | It was all very good.                                                                                                                                                                                                                              |
| 154 | Everything.                                                                                                                              |                                                                             |                                                                                                                                                                                                                                                    |
| 155 | Everything.                                                                                                                              | Nothing.                                                                    | Just did a great job.                                                                                                                                                                                                                              |
| 156 | All was good                                                                                                                             |                                                                             | Service was great!                                                                                                                                                                                                                                 |
| 157 | crew very mannerly and polite                                                                                                            | Nothing-you do all I can think of and very helpful                          |                                                                                                                                                                                                                                                    |
| 158 | Female EMT was very professional and informative. Please thank her for me!                                                               |                                                                             |                                                                                                                                                                                                                                                    |
| 159 | I have no complaints.                                                                                                                    |                                                                             |                                                                                                                                                                                                                                                    |
| 160 | The care in getting me in and to the hospital.                                                                                           |                                                                             | Showed me real compassion for me and my age.                                                                                                                                                                                                       |
| 161 | Everything! They helped my husband up and dressed him. They were so kind to my husband.                                                  | I don't know how you could be better.                                       |                                                                                                                                                                                                                                                    |
| 162 | Everything was good.                                                                                                                     | Hopefully I won't have to use your services again for some time.            | This was work related.                                                                                                                                                                                                                             |
| 163 | Tried to stop the bleeding and got me to the emergency fast for stitching me up                                                          | You're the best                                                             |                                                                                                                                                                                                                                                    |
| 164 | The flight crew was very thoughtful, it's nice to see humanity in the worst situation. They CARE!                                        |                                                                             | Just pass on my thanks to the flight crew!                                                                                                                                                                                                         |
| 165 | Fast service                                                                                                                             |                                                                             | Personnel was exceptional!                                                                                                                                                                                                                         |
| 166 | Everything was excellent. The two men was so nice and helpful.                                                                           |                                                                             | Your service was excellent.                                                                                                                                                                                                                        |
| 167 | Arrived quickly                                                                                                                          | Nothing                                                                     | First class                                                                                                                                                                                                                                        |
| 168 | Everything was excellent                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                    |
| 169 | Everything                                                                                                                               | Nothing                                                                     | Very good                                                                                                                                                                                                                                          |
| 170 | From the time I called 911 till the ambulance came and I arrived at the hospital, I could not ask for better care from everyone.         | I don't think you could as far as I'm concerned.                            | Everyone was great and made me feel so comfortable and at ease and I thank them so much as this was my first time calling 911.                                                                                                                     |
| 171 | Very kind, humorous. Your people helped my feel comfortable.                                                                             |                                                                             |                                                                                                                                                                                                                                                    |
| 172 | Everything                                                                                                                               |                                                                             | Was very pleased with the service                                                                                                                                                                                                                  |
| 173 | Thank you. You were very helpful, they always treat me very well.                                                                        | Keep up the good work.                                                      |                                                                                                                                                                                                                                                    |
| 174 | Very responsive. Kind and professional to very grumpy patient (85 years old)                                                             |                                                                             |                                                                                                                                                                                                                                                    |
| 175 | Very efficient, and made me feel relaxed                                                                                                 |                                                                             |                                                                                                                                                                                                                                                    |
| 176 |                                                                                                                                          |                                                                             | The whole crew was very nice and helpful.                                                                                                                                                                                                          |
| 177 | Everything was done courteously and professionally, from the time we left my house until we arrived at the hospital.                     | No suggestions.                                                             | On a scale of 1-10, REMSA was a 10!                                                                                                                                                                                                                |
| 178 | Everything was great and the staff was very professional.                                                                                | Nothing.                                                                    | If possible I would like for you to contact both who helped me and let them know I am very thankful for all the help they provided and they could have not done a better job than the services they provided. Thank you again. I am most grateful! |
| 179 | Very caring                                                                                                                              | nothing                                                                     | I have no income. The county pays my clinic and hospital appts.                                                                                                                                                                                    |
| 180 | Everything.                                                                                                                              |                                                                             |                                                                                                                                                                                                                                                    |
| 181 | Prompt arrival, good care of me.                                                                                                         |                                                                             |                                                                                                                                                                                                                                                    |
| 182 | Very polite, quick to access me, calm                                                                                                    |                                                                             |                                                                                                                                                                                                                                                    |



|     | What Did We Do Well?                                                                                                                                                                                                                                                                                                                                                                       | What Can We Do To Serve You Better                      | Description / Comments                                                                   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------|
| 183 | Everything                                                                                                                                                                                                                                                                                                                                                                                 |                                                         | Could not be better                                                                      |
| 184 | You probably saved my life, but I don't remember any of it. I'm so sorry. THANK YOU!                                                                                                                                                                                                                                                                                                       |                                                         |                                                                                          |
| 185 | So calming                                                                                                                                                                                                                                                                                                                                                                                 | Nothing, you are great!                                 |                                                                                          |
| 186 | Doing what I needed.                                                                                                                                                                                                                                                                                                                                                                       | nothing.                                                |                                                                                          |
| 187 | My first ambulance ride! It felt totally at ease and had complete confidence in the crew                                                                                                                                                                                                                                                                                                   | Just keep doing what you're doing.                      |                                                                                          |
| 188 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | I don't know why they put me in ambulance, they can't call a taxi? is not life treating. |
| 189 | Very carefully used a backboard to move me without increasing my pain.                                                                                                                                                                                                                                                                                                                     |                                                         |                                                                                          |
| 190 | Everything! Entire crew was prompt, very courteous, and caring.                                                                                                                                                                                                                                                                                                                            | Training is obviously very good. Keep it up! Well done! |                                                                                          |
| 191 | Everything.                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                          |
| 192 | Came to help me, took me to the hospital                                                                                                                                                                                                                                                                                                                                                   | nothing                                                 |                                                                                          |
| 193 | REMSA ambulance personnel kept me advised. Helped me by given me constant updated my situation. Kept my spirits up.                                                                                                                                                                                                                                                                        |                                                         | profeshanol                                                                              |
| 194 | So helpful and very clean on everything. THANKS!                                                                                                                                                                                                                                                                                                                                           |                                                         |                                                                                          |
| 195 | Friendlyness, helpful, communicated to me very well, kindness                                                                                                                                                                                                                                                                                                                              | You did wonderful!                                      |                                                                                          |
| 196 | Made sure that I got the service that I needed.                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                                          |
| 197 | Very professional, calming in a stressful situation.                                                                                                                                                                                                                                                                                                                                       |                                                         | Thank you!                                                                               |
| 198 | Here within a few minutes                                                                                                                                                                                                                                                                                                                                                                  |                                                         | Thanks for all the help.                                                                 |
| 199 | Very quick.                                                                                                                                                                                                                                                                                                                                                                                | Don't send two ambulances out.                          |                                                                                          |
| 200 | Your staff was polite. They listened to the patient and the family that was there.                                                                                                                                                                                                                                                                                                         | They were not insistent.                                |                                                                                          |
| 201 | All very pleased with you guys. Thank you!                                                                                                                                                                                                                                                                                                                                                 | Nothing! You are all a great service to our community.  |                                                                                          |
| 202 | Observed condition and take immediate action to prepare me for transport.                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                                          |
| 203 | Very courteous, thoughtful, patient, caring, and extremely good looking (which is ALWAYS a plus!)                                                                                                                                                                                                                                                                                          |                                                         | There was nothing about these guys that I thought needed ANY improvement.                |
| 204 | Medics on shift were GREAT!!!                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                                          |
| 205 | When called you arrived in a timely manner. Your paramedics were kind and patient with my mother who had fallen and suffers from dementia. They were very professional and also kind and patient with me as they told me what they were going to do to help my mother. Overall your paramedics dis an excellent job and I thank you for helping my mother and I thank you for being there. |                                                         |                                                                                          |
| 206 | Very well.                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                          |
| 207 | On time and knowledgeable                                                                                                                                                                                                                                                                                                                                                                  | nothing, service was great.                             |                                                                                          |
| 208 | The entire process was very well done.                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                                                          |
| 209 | Everything                                                                                                                                                                                                                                                                                                                                                                                 | Nothing                                                 |                                                                                          |
| 210 | Very informative. Helped a great deal.                                                                                                                                                                                                                                                                                                                                                     | Not sure.                                               |                                                                                          |
| 211 | great emt's                                                                                                                                                                                                                                                                                                                                                                                | needed mega mover                                       | everything fine                                                                          |
| 212 | You were fast in responding and helpful when you arrived.                                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                                          |
| 213 | Care of the patient was excellent                                                                                                                                                                                                                                                                                                                                                          | Hopefully won't need you again                          | Sympathy, professionalism, and careful concern was shown.                                |
| 214 | communicated                                                                                                                                                                                                                                                                                                                                                                               | Make the ride less bumpy.                               |                                                                                          |
| 215 | Asked a lot of questions about my pain and where it hurts and my medications.                                                                                                                                                                                                                                                                                                              | Keep up the good work in saving peoples lives           | I have no special comments except the good job the staff do.                             |
| 216 | Very well, everything! Professional, efficient, fast, reassuring, treated me with dignity and kindness.                                                                                                                                                                                                                                                                                    |                                                         |                                                                                          |
| 217 | timely response - professional attitude.                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                                                                          |
| 218 | Fast response to emergency call. Kindness from all involved.                                                                                                                                                                                                                                                                                                                               | Nothing, I hope I will never need the service again.    | What would we do without you? I am very thankful to know you are there for me!           |

|     | What Did We Do Well?                                                                                         | What Can We Do To Serve You Better                                                       | Description / Comments                                                                                                                                                                                            |
|-----|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 219 | My need and caring personell                                                                                 | Nothing. They were terrific with a difficult person who is usually very polite and nice. |                                                                                                                                                                                                                   |
| 220 | Very kind and patient                                                                                        | nothing                                                                                  | :)                                                                                                                                                                                                                |
| 221 | The gentlemen who transported me were very professional, compassionate, kind, and caring.                    |                                                                                          |                                                                                                                                                                                                                   |
| 222 | Quick to respond. Very knowledgable nice (good looking)                                                      |                                                                                          | Care and service was great!                                                                                                                                                                                       |
| 223 | Everything.                                                                                                  | Nothing.                                                                                 | It was the day of Reno's last wildfire. They did good under so much pressure.                                                                                                                                     |
| 224 | Everything but the lady blew her vein.                                                                       | The lady did not listen to me about her blood veins and blew it. Please call me.         |                                                                                                                                                                                                                   |
| 225 | Service extremely well executed. Crew was efficient, thoughtful, kind and through - totally professional     | Can't think of a thing.                                                                  |                                                                                                                                                                                                                   |
| 226 | Very good with the patient. Very helpful                                                                     | nothing                                                                                  |                                                                                                                                                                                                                   |
| 227 | Everything                                                                                                   | Nothing                                                                                  | Everything was excellent.                                                                                                                                                                                         |
| 228 | Showed you cared!                                                                                            |                                                                                          | The team was very kind and efficient.                                                                                                                                                                             |
| 229 | Delivered my husband to the VA because he was vomiting.                                                      |                                                                                          | The VA nurse had instructed me to bring him by ambulance if his sugar was under 100, so I did, but now we are told the ambulance was not authorized. We are trying to settle with VA Travel but get no response?? |
| 230 | Everything went smoothly.                                                                                    |                                                                                          |                                                                                                                                                                                                                   |
| 231 |                                                                                                              |                                                                                          | I don't remember much.                                                                                                                                                                                            |
| 232 | The two Remsa gentlemen were great. Very nice, very thoughtful and made sure I was comfortable.              |                                                                                          |                                                                                                                                                                                                                   |
| 233 | Gentle with a very old lady. Everyone was extremely nice.                                                    |                                                                                          |                                                                                                                                                                                                                   |
| 234 | Crew were great. Couldn't ask for better                                                                     |                                                                                          |                                                                                                                                                                                                                   |
| 235 | Everything                                                                                                   | I don't know.                                                                            |                                                                                                                                                                                                                   |
| 236 | Everything                                                                                                   |                                                                                          |                                                                                                                                                                                                                   |
| 237 | The REMSA ambulance staff arrived fast and handled patient in a professional manner.                         |                                                                                          |                                                                                                                                                                                                                   |
| 238 | Responded in good time.                                                                                      | Nothing, your staff was great.                                                           |                                                                                                                                                                                                                   |
| 239 | Communicated                                                                                                 | Nothing the team was awesome                                                             | Thank you so very much!                                                                                                                                                                                           |
| 240 | Everything                                                                                                   |                                                                                          |                                                                                                                                                                                                                   |
| 241 | Everything, they are all fantastic                                                                           |                                                                                          |                                                                                                                                                                                                                   |
| 242 | Everything                                                                                                   |                                                                                          |                                                                                                                                                                                                                   |
| 243 | Everything was as good as could be expected. Helped with pain, and comfort and treated my family and me well | Great job! Thank you!                                                                    | Thank you again!                                                                                                                                                                                                  |
| 244 | Made sure I was as comfortable as possible                                                                   |                                                                                          | There were no problems and they were professional and helpful and made me feel secure.                                                                                                                            |
| 245 | Fast, courteous                                                                                              |                                                                                          |                                                                                                                                                                                                                   |
| 246 | Compassionate, professional service                                                                          |                                                                                          |                                                                                                                                                                                                                   |
| 247 | everything, thank you all.                                                                                   |                                                                                          |                                                                                                                                                                                                                   |
| 248 | Everything!                                                                                                  |                                                                                          | The VA Hospital is NOT 8 miles from our home which is what we were billed for.                                                                                                                                    |
| 249 | Everything! Professional, caring, knowledgeable employees that ROCK! fast, GREAT, funny                      | It would be hard to top, after all, you've saved my life more than once.                 | You all deserve a big raise and a long paid vacation to the place of your dreams! THANK YOU ALL!                                                                                                                  |
| 250 | Prompt arrival and in taking care of patient.                                                                | n/a                                                                                      | excellent                                                                                                                                                                                                         |
| 251 | Professionalism and concern were just great!                                                                 |                                                                                          | Staff very caring and compassionate to her care.                                                                                                                                                                  |
| 252 | Excellent.                                                                                                   |                                                                                          | Also, response time also outstanding.                                                                                                                                                                             |
| 253 | all needed services                                                                                          |                                                                                          |                                                                                                                                                                                                                   |
| 254 | Showed concern, cared                                                                                        | Nothing                                                                                  | Very nice and friendly guys, thank you                                                                                                                                                                            |
| 255 | Everything                                                                                                   | Hope you never need to do so!                                                            | Thank you all!                                                                                                                                                                                                    |
| 256 | Very professional and helpful                                                                                |                                                                                          | The care was excellent.                                                                                                                                                                                           |

|     | What Did We Do Well?                                                                                                                                                       | What Can We Do To Serve You Better                             | Description / Comments                                                                                                                                                      |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 257 | Caring and follow up concern                                                                                                                                               | Nothing at all, warmer blankets maybe?                         | Excellent, competent caring                                                                                                                                                 |
| 258 | being polite and understanding. Also the call I received from your office checking on me.                                                                                  |                                                                | I thought the service was very good.                                                                                                                                        |
| 259 | everything                                                                                                                                                                 | nothing, you saved me just fine.                               |                                                                                                                                                                             |
| 260 | Was very respectful to my husband and myself. Very professional.                                                                                                           | Nothing- you have gone beyond the call of duty. Very nice men. | Regent Care called Remsa. Have not spoken to billing.                                                                                                                       |
| 261 | I was very sick and they were very helpful                                                                                                                                 |                                                                |                                                                                                                                                                             |
| 262 | was very quick in response, and answered any questions.                                                                                                                    |                                                                |                                                                                                                                                                             |
| 263 | I don't remember much but the REMSA staff was helpful.                                                                                                                     |                                                                |                                                                                                                                                                             |
| 264 | Everything quick and efficient, explained every move they made. Helped me to stay calm.                                                                                    |                                                                | Great team!                                                                                                                                                                 |
| 265 | Everything                                                                                                                                                                 |                                                                |                                                                                                                                                                             |
| 266 | Everything from the time I was first seen to the hospital. Very helpful with my needs.                                                                                     | Seems to me you're doing just fine.                            | Care was excellent, all the services were also excellent-very professional everything was done in a manner of suspect and care. Please thank the crew they were just great. |
| 267 | Everything                                                                                                                                                                 |                                                                | Great team, thanks again                                                                                                                                                    |
| 268 | The entire team was reassuring and patient                                                                                                                                 |                                                                | We appreciate the entire staff                                                                                                                                              |
| 269 | Your staff was very compassionate, listened to my mother, handled me well                                                                                                  |                                                                | Your staff is all commendable.                                                                                                                                              |
| 270 | Everything                                                                                                                                                                 |                                                                |                                                                                                                                                                             |
| 271 | Had someone on phone before arrival. Calm nature of those who came, came within minutes.                                                                                   |                                                                |                                                                                                                                                                             |
| 272 | Very patient                                                                                                                                                               | I don't know                                                   |                                                                                                                                                                             |
| 273 | Your service was as fine as always.                                                                                                                                        |                                                                |                                                                                                                                                                             |
| 274 | Your crew was very effecient and kind.                                                                                                                                     |                                                                |                                                                                                                                                                             |
| 275 | Observed my request to not use siren.                                                                                                                                      |                                                                |                                                                                                                                                                             |
| 276 | Good job, handled me safely.                                                                                                                                               |                                                                |                                                                                                                                                                             |
| 277 | Very friendly and made me feel very comfortable.                                                                                                                           |                                                                |                                                                                                                                                                             |
| 278 | I was on time for my appointment.                                                                                                                                          |                                                                |                                                                                                                                                                             |
| 279 | Very helpful & comforting                                                                                                                                                  | From 1 to 10 your @ 9.75                                       |                                                                                                                                                                             |
| 280 | Care service was well good and helpful to my wife                                                                                                                          | No better very good                                            | Good thank you                                                                                                                                                              |
| 281 | Showed concern for situation                                                                                                                                               | Keep up the good work                                          |                                                                                                                                                                             |
| 282 | Your crew was very comforting and reassuring. And the only ones able to get an IV in me!                                                                                   |                                                                |                                                                                                                                                                             |
| 283 | Everything                                                                                                                                                                 | Nothing                                                        |                                                                                                                                                                             |
| 284 | I was unconclous                                                                                                                                                           |                                                                | I wish I could remember, I was knocked unconclous from the incident.                                                                                                        |
| 285 | Responded in a timely maner. Professionalism was appreciated.                                                                                                              |                                                                |                                                                                                                                                                             |
| 286 | You saved my life                                                                                                                                                          |                                                                |                                                                                                                                                                             |
| 287 | Very careful handling of Billie and very courteous.                                                                                                                        | Nothing I can think of.                                        | Excellent care, "Note" Billie passed away 1/28/12                                                                                                                           |
| 288 | Ambulance staff was excellent                                                                                                                                              | N/A                                                            |                                                                                                                                                                             |
| 289 | Don't know-not there-transported from skilled nursing facility.                                                                                                            | Don't know.                                                    | Could not comment on service, since I was not there when he was transported.                                                                                                |
| 290 |                                                                                                                                                                            | I don't imagine what could have been better.                   | Outstanding. I don't think I'd be alive without your help.                                                                                                                  |
| 291 | Your communication to my personal feelings at time so helpful and rewarding.                                                                                               | You couldn't serve any better.                                 | In your line of work It's commedable how you handle so many pressure activities.                                                                                            |
| 292 | Well.                                                                                                                                                                      |                                                                |                                                                                                                                                                             |
| 293 | Your staff, from the 911 operator to the ambulance man who told me what was happening and where he was taking me, couldn't have been more caring, helpful, and supportive. |                                                                | Your staff SAVED MY LIFE... THANK YOU!!!                                                                                                                                    |
| 294 | Everything                                                                                                                                                                 | Keep up the good work.                                         |                                                                                                                                                                             |
| 295 | Helped to keep my mother comfortable and calm!                                                                                                                             |                                                                |                                                                                                                                                                             |

|     | What Did We Do Well?                                                                                                                                                                                                                                                                                                         | What Can We Do To Serve You Better                                                                                                                                                                                                                                                                                                                                   | Description / Comments                                                                         |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 296 | I cannot think of anything they done wrong!                                                                                                                                                                                                                                                                                  | I can't think of anything right now.                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| 297 | Your crew was very professional.                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 298 |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      | We thank you all for always being here when we have serious health concerns!                   |
| 299 | The two women attended was very effeient and comforting.                                                                                                                                                                                                                                                                     | Be there.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |
| 300 | They had patients, and were very compassionage & professional, thoughtful                                                                                                                                                                                                                                                    | nothing                                                                                                                                                                                                                                                                                                                                                              | They would be the 1st to call in case of 911                                                   |
| 301 | Everything-trip very comfortable                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 302 | Everyone was as nice as they could be. The dispatcher was Informative and polite. The teamk was very caring for my mom and very reassuring to the the family members. Please thank them all for us. We really, really appreciate them all! You should be very proud to have them as your team members. Great job! Thank you! |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 303 | Everyone was helpful                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 304 | Gave me comfort                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 305 | Everything                                                                                                                                                                                                                                                                                                                   | Do good work                                                                                                                                                                                                                                                                                                                                                         | You are very good worker                                                                       |
| 306 | Everything                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      | You did very well                                                                              |
| 307 | Everything                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      | Your guys were terrific                                                                        |
| 308 | Got here in a timely manner.                                                                                                                                                                                                                                                                                                 | The crew did not tell my husband they would be parking me in the waiting room of the ER. They left me in a wheelchair by myself in the waiting room of the ER. They could have taken the curve on Halley's (Street) a little slower so I wouldn't get slammed around and made more nauseus. It wasn't life or death and I was already in a lot of pain and nauseous. | Is this normal practice??? (leaving pt in ER)                                                  |
| 309 | Handling                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      | Very good                                                                                      |
| 310 | You all were professional and did your job well.                                                                                                                                                                                                                                                                             | Be better drivers. Slight accident, no one hurt. Need more training.                                                                                                                                                                                                                                                                                                 |                                                                                                |
| 311 | Above and beyond the expected; outstanding, caring, personable professionals. One of the male staff returned to ER to check on me.                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      | I have been an RN for 43 years-I am very proud that they are a part of the medical profession. |
| 312 | Very nice, professional, very informative.                                                                                                                                                                                                                                                                                   | Shoe up sooner, seemed like I waited a long time.                                                                                                                                                                                                                                                                                                                    |                                                                                                |
| 313 | Everything-very professional                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 314 | Everything                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 315 | Crew performed job very professionally.                                                                                                                                                                                                                                                                                      | Everything is fine.                                                                                                                                                                                                                                                                                                                                                  | Very satisfied                                                                                 |
| 316 | Got me where I needed to be in fast time                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      | My first time in an ambulance so I cannot compare it to anything else.                         |
| 317 | Transfer crew was polite & helpful                                                                                                                                                                                                                                                                                           | Hospital appeared overly concerned with finances.                                                                                                                                                                                                                                                                                                                    |                                                                                                |
| 318 | Everything                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      | Very professional                                                                              |
| 319 | Got me to the hospital in a hurry. Thanks a lot. I was at my Dr. office.                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 320 | Extremely nice, caring EMT's                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 321 |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      | Renown had called for transfer back to Regent Care Ctr.                                        |
| 322 | You cared!                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      | Keep up the kindness!                                                                          |
| 323 | Every thing                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 324 | Bandage my skinned elbow & prep my arm for medical IV                                                                                                                                                                                                                                                                        | Nothing I know                                                                                                                                                                                                                                                                                                                                                       | Excellent                                                                                      |
| 325 |                                                                                                                                                                                                                                                                                                                              | Nothing very professional                                                                                                                                                                                                                                                                                                                                            | Excellent                                                                                      |
| 326 | Gave me the meds & a shot that was needed for my pain                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 327 | I have heard nothing re billing for have Medicare & GEHA                                                                                                                                                                                                                                                                     | The whole process was done politely, efficiently & completely satisfactory                                                                                                                                                                                                                                                                                           | The fire department (who arrived first) were also very efficient, capable & caring.            |
| 328 | Very professional staff, made me feel better.                                                                                                                                                                                                                                                                                | Explain filling in a "broken down" format                                                                                                                                                                                                                                                                                                                            |                                                                                                |
| 329 | Very good                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
| 330 | Everything done well. Kept me warm.                                                                                                                                                                                                                                                                                          | Cannot think of anything.                                                                                                                                                                                                                                                                                                                                            | Service was very good, I liked staying warm.                                                   |

|     | What Did We Do Well?                                                                                                                          | What Can We Do To Serve You Better                                                                                                                                                                   | Description / Comments                                                                                                          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 331 | As always very professional and I felt very safe. No fear.                                                                                    | Keep on keeping on ye!                                                                                                                                                                               | Super                                                                                                                           |
| 332 | Gentle & caring svc                                                                                                                           |                                                                                                                                                                                                      |                                                                                                                                 |
| 333 | Loaded on gurney into the ambulance (good job)                                                                                                | nothing                                                                                                                                                                                              |                                                                                                                                 |
| 334 | REMSA was super!                                                                                                                              | Maybe you can talk to the patients more, I love conversation.                                                                                                                                        | it kinda sucked when the IV fell out of my arm.                                                                                 |
| 335 |                                                                                                                                               | They didn't take my insurance information. Made me walk to a flight of stairs with back surgery that I was in pain and migraine headache. I just sent out a form regarding my insurance information. |                                                                                                                                 |
| 336 | Got me to the hospital.                                                                                                                       | Answer my questions directly.                                                                                                                                                                        | Please tell your male staff that it's inapropriate to talk with patient's about sex and drugs.                                  |
| 337 |                                                                                                                                               | Arrival took a little long but the fire dept. men were here & comforting                                                                                                                             | The personnel were great. I couldn't have wished for more.                                                                      |
| 338 | Gentle in moving my body to hospital, taking vitals helped while becoming stable.                                                             | Helping keep body warm while in transporting                                                                                                                                                         | The staff in Emergency Room very polite and helpful. Thank your entire staff and ambulance personnel for your prompt attention. |
| 339 | Getting my sister to emergency as quickly as possible                                                                                         |                                                                                                                                                                                                      | Everybody was very kind and helpful-thank you so much!                                                                          |
| 340 | Give direction regarding my medical needs including cariolpulmonary resuscitation                                                             | Just keep up the good work                                                                                                                                                                           | A+                                                                                                                              |
| 341 | Very good                                                                                                                                     |                                                                                                                                                                                                      |                                                                                                                                 |
| 342 |                                                                                                                                               | None-I hope I can depend on REMSA again when needed. I couldn't do it without those wonderful paramedics.                                                                                            | I thought the two paramedics did a wonderful job under the circumstances.                                                       |
| 343 | Everything                                                                                                                                    |                                                                                                                                                                                                      | None-all went great                                                                                                             |
| 344 | Everything                                                                                                                                    |                                                                                                                                                                                                      | Your personnel were courteous and professional in every way! Thank you!                                                         |
| 345 | Kept us calm                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                 |
| 346 | You are kind and patient to an old lady and answered all my questions                                                                         | Nothing-you were great                                                                                                                                                                               |                                                                                                                                 |
| 347 | Quick response to the home. Helpful medical action on route to hospital                                                                       |                                                                                                                                                                                                      | Thank you!                                                                                                                      |
| 348 | The 3 person crew was A+                                                                                                                      | Your folks were polite, helpful and very accomodating when I was in great distress                                                                                                                   | There was nothing they could have done better                                                                                   |
| 349 | Everything                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                 |
| 350 | You kept me comfortable                                                                                                                       |                                                                                                                                                                                                      |                                                                                                                                 |
| 351 | Transported me to the ER                                                                                                                      | You are doing just fine                                                                                                                                                                              | Your staff was courteous, professional & caring.                                                                                |
| 352 | Handled me with great and made sure I was comfortable during the ride to Renown-explained what they were doing and asked if I needed anything |                                                                                                                                                                                                      | Care and service were very professional, yet friendly & reassuring. Good job!                                                   |
| 353 | Kept me calm and comfortable                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                 |
| 354 | everythingt your crew was wonderful & we felt well cared for!                                                                                 |                                                                                                                                                                                                      | Excellent                                                                                                                       |
| 355 | Staff was very efficient.                                                                                                                     | Do not try to perform a needle test on the top of the hand while ambulance is moving - it was very painful.                                                                                          |                                                                                                                                 |
| 356 | You people from the dispatcher to the guys in the van - all done exceptional great.                                                           |                                                                                                                                                                                                      |                                                                                                                                 |
| 357 | Everything was done in a professional and efficient manner.                                                                                   |                                                                                                                                                                                                      |                                                                                                                                 |
| 358 | St Mary's was full-you were able to bring me to Renown so to be cared for quickly.                                                            | You are always nice and friendly showing much compassion.                                                                                                                                            | I always call REMSA when needed. Remsa always brings me the best of care.                                                       |
| 359 | They were very professional                                                                                                                   | nothing                                                                                                                                                                                              | Very polite and explained everything thoroughly                                                                                 |
| 360 | The crew worked very well together.                                                                                                           | Just keep up the good work                                                                                                                                                                           | Your care & service was very good                                                                                               |
| 361 | everything was great                                                                                                                          | you guy's service is great                                                                                                                                                                           | overall the service & care was great                                                                                            |
| 362 | Everything                                                                                                                                    | Silver Saver                                                                                                                                                                                         | Words cant say enough. Reno is lucky to have you.                                                                               |
| 363 | Arrived quickly and prepared my mother for transport to the hospital                                                                          |                                                                                                                                                                                                      |                                                                                                                                 |
| 364 | Everything went off without a problem "outstanding"                                                                                           |                                                                                                                                                                                                      | Everybody was very helpful "thanks"                                                                                             |
| 365 | Patient care excellent - courteous, calming and respectful                                                                                    | Nothing could have been better                                                                                                                                                                       | My husband and I were very impressed! thank you                                                                                 |
| 366 | reasuring, professional, good humored                                                                                                         | would prefer not to need you again                                                                                                                                                                   | Felt very safe.                                                                                                                 |

|     | What Did We Do Well?                                                                                                                                                                                                                                                                                   | What Can We Do To Serve You Better                                                     | Description / Comments                                                                                                                                                                |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 367 | The entire process from their arrival to the hospital was very professional and helpful.                                                                                                                                                                                                               | We were visiting from Texas & hope we don't have to use your services on future trips. | I can't remember the names of the gentlemen on this run so I'm glad to be able to get this. Pls give them my personal thanks for being so kind & reassuring. My husband is fine now!! |
| 368 | Seemed genuinely concerned and wanted to make sure I was alright.                                                                                                                                                                                                                                      | Keep up the good work!                                                                 | Caring individuals are the best to work in that line of work.                                                                                                                         |
| 369 |                                                                                                                                                                                                                                                                                                        |                                                                                        | We had your assistance on 3 different occasions. I've been impressed with each one. Exceptionally outstanding!                                                                        |
| 370 | Arrived quickly, assessed the problem efficiently and transported to the hospital with comfort in mind.                                                                                                                                                                                                | Just continue to perform their work as I stated.                                       | Always keep the family informed of what's being done and why                                                                                                                          |
| 371 | Kind-caring                                                                                                                                                                                                                                                                                            |                                                                                        |                                                                                                                                                                                       |
| 372 | They were the best to my husband during his 2 seizures and 2 strokes. They were caring and professional angel of mercy-thank you.                                                                                                                                                                      |                                                                                        |                                                                                                                                                                                       |
| 373 | Remained calm.                                                                                                                                                                                                                                                                                         |                                                                                        | Staff were great. One comment that was said to me I found odd; I thought I was having a heart attack and the EMT said "you seem anxious" which seemed somewhat judgemental.           |
| 374 | Very caring and professional                                                                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                       |
| 375 | All most everything but the bill!                                                                                                                                                                                                                                                                      | Nothing                                                                                | It was a good service.                                                                                                                                                                |
| 376 | Everything!                                                                                                                                                                                                                                                                                            |                                                                                        | The crew was nice to me and gentle with my daughter                                                                                                                                   |
| 377 | Fine                                                                                                                                                                                                                                                                                                   | New shocks on your vehicles might provide a softer ride.                               |                                                                                                                                                                                       |
| 378 | Everyone and everything was done well.                                                                                                                                                                                                                                                                 | Keep doing what you are doing.                                                         |                                                                                                                                                                                       |
| 379 | Everything                                                                                                                                                                                                                                                                                             | Crew was very good nothing.                                                            | Everyone was great.                                                                                                                                                                   |
| 380 | Caring and took all the necessary information because I wasn't very coherent at the time of the emergency.                                                                                                                                                                                             | Nothing, just stay the same.                                                           | Yes, Remsa is great at services provided until your get to the doctor at Renown, then the uncaring starts.                                                                            |
| 381 | Everything                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                                                                                       |
| 382 | The paramedics were awesome! They gathered appropriate information and were caring and compassionate.                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                                       |
| 383 | The crew was so careful and so kind.                                                                                                                                                                                                                                                                   | The crew and transport was excellent so can't think of a thing.                        |                                                                                                                                                                                       |
| 384 | Paramedic personell where very professional and very kind. Thank you so much.                                                                                                                                                                                                                          |                                                                                        |                                                                                                                                                                                       |
| 385 | We were in the ER and Renown South Meadows. I had to be transported to main. The remsa driver waited for my husband to drive around to where he was so he could follow us.                                                                                                                             |                                                                                        |                                                                                                                                                                                       |
| 386 | You got me to the hospital and I was able to see where I'd been                                                                                                                                                                                                                                        | Can't think of anything                                                                | Can't think of anything. Must have been good.                                                                                                                                         |
| 387 | Took care, listened and treated me well.                                                                                                                                                                                                                                                               |                                                                                        |                                                                                                                                                                                       |
| 388 | Staff very courteous and helpful. Many thanks to all.                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                                       |
| 389 | Very good.                                                                                                                                                                                                                                                                                             | Everything very good.                                                                  |                                                                                                                                                                                       |
| 390 | You helped save my family members lives                                                                                                                                                                                                                                                                | Make sure the general public knows what you do.                                        |                                                                                                                                                                                       |
| 391 | you did your job perfectly! Thank you!                                                                                                                                                                                                                                                                 |                                                                                        |                                                                                                                                                                                       |
| 392 | Showed professionalism and caring attitude.                                                                                                                                                                                                                                                            | Nothing.                                                                               |                                                                                                                                                                                       |
| 393 | Everything I have no complaints. They treated us very very well.                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                       |
| 394 | The crew was caring, professional and helpful. However, they should have known & informed me that I would have paid less mileage and been better served if they had transported to Mill St ER instead of South Meadows where ENT doctor was not available. Maybe I should get a mileage reimbursement! |                                                                                        |                                                                                                                                                                                       |
| 395 | Professional and caring.                                                                                                                                                                                                                                                                               |                                                                                        | Remsa was excellent.                                                                                                                                                                  |
| 396 | Everyone was so nice and friendly. Thank you and they helped me a lot and were very helpful.                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                       |
| 397 | Responded quickly and professionally                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                                                                                                                       |
| 398 | She fed my cats because I live alone. He and I talked history on the way- above and beyond.                                                                                                                                                                                                            |                                                                                        |                                                                                                                                                                                       |

|     | What Did We Do Well?                                                                                                                                                                                | What Can We Do To Serve You Better                                                           | Description / Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 399 | Thorough, friendly, caring, efficient, excellent.                                                                                                                                                   |                                                                                              | Excellent care from staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 400 | Everything                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 401 | Arrived very quickly and were so very kind. I had the best care at home and on the ride to the hospital. Very good. I am 92 and it is the first time I needed to call 911, thank you for your help. |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 402 | Talked to me and helped me stay calm.                                                                                                                                                               |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 403 |                                                                                                                                                                                                     | Talk to the patient. They're usually scared.                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 404 |                                                                                                                                                                                                     | There isn't one thing that you could have done that would have made this better.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 405 | The personell were great and calming.                                                                                                                                                               | I can't think of anything.                                                                   | The crew was helpful in the decision on which hospital to go to.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 406 | Everything. I was treated very kindly and helpful.                                                                                                                                                  | Just keep up with any new things that are invented.                                          | Keep up the good work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 407 | Great service, very polite.                                                                                                                                                                         |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 408 | Everything                                                                                                                                                                                          | Nothing.                                                                                     | They were kind and very helpful.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 409 | Everything you needed to.                                                                                                                                                                           |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 410 | The medic was a conversationalist to me and very helpful in keeping me calm. Also the young guy that helped my Mom was great.                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 411 | got patient's information correct                                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 412 | Prompt and knowledgeable                                                                                                                                                                            | Pretty good now!                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 413 | Kept me updated.                                                                                                                                                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 414 | Got me to the hospital fast.                                                                                                                                                                        | Keep coming when called.                                                                     | Excellent care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 415 | Patient's handling was great                                                                                                                                                                        | Every time I've had to use Remsa the service has been excellent and professional/ courteous. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 416 | Smooth ride.                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 417 | Very communitve with me.                                                                                                                                                                            | Nothing.                                                                                     | Your care personnel on ambulance were excellent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 418 | Very courteous and friendly.                                                                                                                                                                        | Nothing, perfect.                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 419 | The paramedics made my daughter feel very comfortable. She carried around her glove "turkey" made by the paramedics until it deflated.                                                              |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 420 | Everything                                                                                                                                                                                          | Nothing. Everything was good!                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 421 | I was very impressed with their prompt response and overall care.                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 422 | Showed up promptly and provided excellent care.                                                                                                                                                     |                                                                                              | Thank you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 423 | Care for me and my family. Quick response.                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 424 | Communicated very well.                                                                                                                                                                             |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 425 |                                                                                                                                                                                                     |                                                                                              | The amn who was in charge on the call needs to get an attitude check. He was rude, sarcastic and treated me like crap. I am appalled at the way I was treated by the medic. He had no "bed-side" mannar what-so-ever. I realize my LOC was diminished. I was a Paramedic in Los Angeles for over 8 years and ran calls that he would never every imagine but I never treated a patient the way I was treated that morning. My doctor informed me that my kidneys had shut down and was not able to filter my medication fully out before I took my next dose. That was the reason for my overdose. I have been on those medications for years with no problems. I had let myself get dehydrated and didn't realize it. I feel he needs to go back through the patient care and bed side manner course. He should be ashamed of himself. Please let the medic know that my drug screen came back negative. I was not on anything like he assumed and treated me as such. |
| 426 | Everyone was wonderful, kind, knowledeable.                                                                                                                                                         | I can't think of anything.                                                                   | Thank you for your help.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|     | What Did We Do Well?                                                                                                                                                                                               | What Can We Do To Serve You Better                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Description / Comments                                                                                                   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 427 | Handled patient very carefully.                                                                                                                                                                                    | Nothing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I thought it was very well done.                                                                                         |
| 428 | Got me from one hospital to the next.                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 429 | Got me to the hospital                                                                                                                                                                                             | Nothing more than what you did.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | An ambulance picked me up and the next thing I knew was that I was in a hospital over 200 miles away.                    |
| 430 | Being nice to me and being patient with me.                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 431 | Everything. I am impressed with the professionalism of your staff.                                                                                                                                                 | Nothing that I can see.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Very knowledgeable staff and went the extra mile to keep my family informed.                                             |
| 432 | Everything!                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Thanks for your very compassionate care of my elderly mother.                                                            |
| 433 | The guys were very professional and polite and very caring to my 89 year old mother.                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | They let me ride with them to St. Mary's which was a comfort to my mom!                                                  |
| 434 | Fast response to my house. Very attentive personnel and gave me very good care.                                                                                                                                    | Your personnel went beyond my expectations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Excellent care, can't complain.                                                                                          |
| 435 | Everything.                                                                                                                                                                                                        | Do what your doing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |
| 436 | Everything.                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 437 | Most attentive.                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Very good.                                                                                                               |
| 438 | Ask and complied with what was the most comfortable way to transport me from house to vehicle.                                                                                                                     | Just keep up the good work. Your employees seem genuine and seem to care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I've always been treated with respect and like they way concerned about my comfort even after I arrived at the hospital. |
| 439 | Everyone was extremely professional, compassionate and kind to both my husband and myself. Thank you.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 440 | Very professional, knew exactly how to treat patient, kept me calm.                                                                                                                                                | Everything was great.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |
| 441 | They handled my husband with respect and care.                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The service was very well.                                                                                               |
| 442 | All of the above.                                                                                                                                                                                                  | Keep up the good work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |
| 443 |                                                                                                                                                                                                                    | My daughter who is 19 years of age, but emotionally about 16 yrs was take from my home without us knowing. She made up a story that she was "cutting" and was going to end her life. She didn't have any cuts and was released from hospital in 2 hours. She does not have insurance. I will have to pay bill, but your staff nor the police who come into my home in the middle of the night did not wake my husband or I up. The police woke us up after REMSA had taken her to the hospital, because they could not lock our front door. No services were given to my daughter except vital monitoring and a very expensive ride to the hospital. She made the whole situation up. I have medical Power of Attorney for my daughter. |                                                                                                                          |
| 444 | Quick arrival after 911 call from the front desk of our hotel. Follow-up visit to emergency room by one of your EMT's. Helped to inform my wife about on the ER doctors comments on a suggested medical procedure. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 445 | Very jattentive, knowledgable and kind.                                                                                                                                                                            | I was very pleased with the care I recieved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Thank you for having the airplane service available to the people of mono county. I felt very jsafe in their hands.      |
| 446 | Very appreciative of the time and energy provided by the team.                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 447 | Very quick to respond & efficient, very pleased with emergency.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Big Thank you!!                                                                                                          |
| 448 | Very competent, very professional.                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 449 | Helped to calm me down.                                                                                                                                                                                            | Your service was excellent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| 450 | The team was extremely helpful, they made me laugh while being in pain.                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 451 | Everything                                                                                                                                                                                                         | All is good.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |
| 452 | Very caring.                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 453 | Made me realize I had to go to the hospital even though I didn't want to.                                                                                                                                          | Nothing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| 454 | Good                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 455 | Staff was wonderful and caring even though they had to go thru a window!                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| 456 | Immediate response and transport to hospital.                                                                                                                                                                      | Don't see anything that could be changed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |



|     | What Did We Do Well?                                                                                                                                                           | What Can We Do To Serve You Better                                                                                                                                                                                                                 | Description / Comments                                                                                                                            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 457 | All of the operation, the whole trip.                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 458 | Service was good.                                                                                                                                                              | Better learning on inserting IV.                                                                                                                                                                                                                   |                                                                                                                                                   |
| 459 | Everything                                                                                                                                                                     | You guys doing fine.                                                                                                                                                                                                                               | No comments.                                                                                                                                      |
| 460 | I was transported with the best care I could ever ask for.                                                                                                                     |                                                                                                                                                                                                                                                    | Everyone was so polite.                                                                                                                           |
| 461 | Excellent IV placement                                                                                                                                                         |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 462 | Very professional and kind                                                                                                                                                     |                                                                                                                                                                                                                                                    | very good.                                                                                                                                        |
| 463 | Very respectful and presense time was great.                                                                                                                                   |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 464 | Was all I could want!                                                                                                                                                          | Be There                                                                                                                                                                                                                                           | Great                                                                                                                                             |
| 465 | Ambulance and ski patrol were fantastic.                                                                                                                                       | Couldn't have been better                                                                                                                                                                                                                          | Wish i could remember names of EMTs. They were the best!                                                                                          |
| 466 | The paramedics were amazing. They did their best to ensure we were as comfortable as possible despite the pain and fear we were dealing with. They both went above and beyond. |                                                                                                                                                                                                                                                    | thanks                                                                                                                                            |
| 467 |                                                                                                                                                                                | Response time is excellent.                                                                                                                                                                                                                        |                                                                                                                                                   |
| 468 | Arrived promptly, had necessary equipment.                                                                                                                                     | Attitude of medic was cold and made me feel I'd done something wrong.                                                                                                                                                                              | Please call if you would like to know, prefer not to write. Thank you.                                                                            |
| 469 | Remsa personnel were extremely professional, calm, and helpful                                                                                                                 |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 470 |                                                                                                                                                                                | The EMT's did not do vitals, the male emt was rude, asked me if I wanted to go to hospital. I told him if he didn't feel I needed to go I wouldn't. As it turned out, I had a stroke and was hospitalized for 7 days. They did surgery on my neck. |                                                                                                                                                   |
| 471 | Explained the situation well.                                                                                                                                                  | Nothing I can think of.                                                                                                                                                                                                                            |                                                                                                                                                   |
| 472 | Everything                                                                                                                                                                     | You already do great and enough.                                                                                                                                                                                                                   | Anyone using REMSA is in excellent care.                                                                                                          |
| 473 | All services I needed were very friendly and professional                                                                                                                      |                                                                                                                                                                                                                                                    | I was well taken care of and I felt calmed. They, along with the fire dept., arrived at the accident sight quickly.                               |
| 474 | I very much thank the personnel! Is always wonderful to my family and I.                                                                                                       | I haven't noticed any problems. I highly honor the crew.                                                                                                                                                                                           | Many times I have had to use this service. Always polite.                                                                                         |
| 475 | Response time was excellent. Peppermill Hotel 14th floor. Quick action and performance was professional and quick.                                                             | Continue to perform high impressive.                                                                                                                                                                                                               |                                                                                                                                                   |
| 476 | Everyone was nice and polite and concerned about me, showed me respect and concern.                                                                                            | You were outstanding.                                                                                                                                                                                                                              | The dispatcher kept me calm, the personnel at the ER were professional yet warm and concerned. Made sure I was well cared for. Excellent service. |
| 477 | Everything.                                                                                                                                                                    | Nothing.                                                                                                                                                                                                                                           |                                                                                                                                                   |
| 478 | Exceptionally wonderful                                                                                                                                                        |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 479 | Adhered to my request for no "bells and whistles" upon arrival and departure                                                                                                   | Your service was professional and helpful.                                                                                                                                                                                                         | Was especially nice to have a female on board.                                                                                                    |
| 480 | Everything                                                                                                                                                                     | Something                                                                                                                                                                                                                                          | No comment everything was fine.                                                                                                                   |
| 481 | Well I was drunk and on pain meds, but my room mates said that they did a great job.                                                                                           |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 482 | Well taken care of.                                                                                                                                                            |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 483 | You always do well. Very professional. The community is lucky to have you, me too!                                                                                             | TV in the ambulance, hahaha :)                                                                                                                                                                                                                     | Keep up the GREAT work, and THANK YOU!!!                                                                                                          |
| 484 | Everything                                                                                                                                                                     | Nothing                                                                                                                                                                                                                                            | Great!                                                                                                                                            |
| 485 | Very polite and helpful.                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 486 | No problems.                                                                                                                                                                   | None.                                                                                                                                                                                                                                              |                                                                                                                                                   |
| 487 | Warm blankets. Very good.                                                                                                                                                      |                                                                                                                                                                                                                                                    | Very good.                                                                                                                                        |
| 488 | As usual-everything fine!                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 489 | Everything                                                                                                                                                                     |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 490 | All                                                                                                                                                                            | No suggestions                                                                                                                                                                                                                                     |                                                                                                                                                   |
| 491 | The whole process                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| 492 | Everything                                                                                                                                                                     | Nothing                                                                                                                                                                                                                                            |                                                                                                                                                   |

|     | What Did We Do Well?                                                                                                                                                                                     | What Can We Do To Serve You Better                                             | Description / Comments                                                                                                                       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 493 | Very caring and considerate group of men.                                                                                                                                                                |                                                                                |                                                                                                                                              |
| 494 | A 10!                                                                                                                                                                                                    |                                                                                |                                                                                                                                              |
| 495 | Relate to each other.                                                                                                                                                                                    | Just like you are.                                                             | You're great concern.                                                                                                                        |
| 496 | Couldn't have asked for better.                                                                                                                                                                          | Nothing                                                                        | Staff was friendly & informative & very professional if anything ever happens again, its good to know your all there. Thank you & God Bless. |
| 497 | Arrived in a short time, polite and courteous.                                                                                                                                                           |                                                                                |                                                                                                                                              |
| 498 | Everything                                                                                                                                                                                               |                                                                                |                                                                                                                                              |
| 499 | Clear communication                                                                                                                                                                                      | Nothing of note.                                                               |                                                                                                                                              |
| 500 | Everything                                                                                                                                                                                               | You did fine                                                                   |                                                                                                                                              |
| 501 | The paramedic and EMT's on the erig were amazing. I was informed and comfortable. Truly A+ treatment.                                                                                                    |                                                                                | Your organization is a tremendous asset to our community. Thank you.                                                                         |
| 502 | Got me to the hospital in short order. I was very sick and fast service was what I needed.                                                                                                               | Nothing comes to mind.                                                         |                                                                                                                                              |
| 503 | Everything                                                                                                                                                                                               | I can not think of a thing. You folks did it all great.                        |                                                                                                                                              |
| 504 | I was in VA hospital they took me to Renown they were very professional doing their job.                                                                                                                 |                                                                                | I was having problems with breathing they calmed me down on the way to surgery                                                               |
| 505 | Efficient and courteous crew. He had terrific care.                                                                                                                                                      | They all were great.                                                           |                                                                                                                                              |
| 506 | Your crew was extremely caring to my wife after you transported me from south meadows to Renown.                                                                                                         |                                                                                | Your service was excellent.                                                                                                                  |
| 507 | Everything                                                                                                                                                                                               | Nothing at all                                                                 | The Fire Department always arrives at first, then REMSA takes very careful care of me.                                                       |
| 508 | Politeness                                                                                                                                                                                               | Can't remember if they asked me for my blue cross card.                        |                                                                                                                                              |
| 509 | Careful driving to the ER                                                                                                                                                                                |                                                                                | All excellent. This was the day after my wife died. Compassionate!                                                                           |
| 510 | The assurance you gave me and my wife. Your fast and complete knowledge of what I needed. Thank you so much.                                                                                             | Not much more. You did everything just great.                                  |                                                                                                                                              |
| 511 |                                                                                                                                                                                                          |                                                                                | No comment very good.                                                                                                                        |
| 512 | Very considerate                                                                                                                                                                                         |                                                                                |                                                                                                                                              |
| 513 | Good rapid response                                                                                                                                                                                      |                                                                                |                                                                                                                                              |
| 514 | The staff was very professional and courteous. During the flight, they asked if I was comfortable or need very often.                                                                                    |                                                                                | I have no problem with care of service.                                                                                                      |
| 515 | Everything                                                                                                                                                                                               |                                                                                |                                                                                                                                              |
| 516 | Everything.                                                                                                                                                                                              | Nothing.                                                                       |                                                                                                                                              |
| 517 | You have a well balanced team, they work excellent together.                                                                                                                                             | When it is perfect, don't fuss with it.                                        | Can't come up with any recommendations.                                                                                                      |
| 518 | Everything                                                                                                                                                                                               | You are great.                                                                 |                                                                                                                                              |
| 519 | Everything                                                                                                                                                                                               |                                                                                |                                                                                                                                              |
| 520 | Excellent                                                                                                                                                                                                |                                                                                |                                                                                                                                              |
| 521 | Everyone jtook time with me, they were careful with me and made sure I was as comfortable as I could be.                                                                                                 | I really don't know of anything more you can do to serve the community better. | The only thing is my drivers license was misplaced and hasn't been found yet, thank you.                                                     |
| 522 | Very considerate to the patient.                                                                                                                                                                         | No improvement needed.                                                         |                                                                                                                                              |
| 523 | Made me comfortable.                                                                                                                                                                                     | Nothing else.                                                                  |                                                                                                                                              |
| 524 | Very professional and well trained                                                                                                                                                                       |                                                                                | Many thanks the crew for there care. Also his partner that day.                                                                              |
| 525 | Very very helpful.                                                                                                                                                                                       |                                                                                |                                                                                                                                              |
| 526 | Everything went well                                                                                                                                                                                     | Just be there when we call.                                                    |                                                                                                                                              |
| 527 | Everything.                                                                                                                                                                                              |                                                                                |                                                                                                                                              |
| 528 | The staff was very nice.                                                                                                                                                                                 |                                                                                |                                                                                                                                              |
| 529 | This was our first experience to call 911. I was very Impressed. Dispatcher was calming and informative. The EMTs were professional and helpful. They stayed with us until transferred to hospital care. |                                                                                |                                                                                                                                              |
| 530 | Prompt, informative, courteous.                                                                                                                                                                          | You did fine.                                                                  |                                                                                                                                              |

|     | What Did We Do Well?                                                                                               | What Can We Do To Serve You Better                                                          | Description / Comments                                                   |
|-----|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 531 | Dispatcher stayed on phone until all information was complete.                                                     | Every thing was great                                                                       | The paramedics were very professional.                                   |
| 532 | Fast response.                                                                                                     |                                                                                             | Ambulance took too long to get to the hospital.                          |
| 533 |                                                                                                                    |                                                                                             | Staff was very kind                                                      |
| 534 | Great as always.                                                                                                   |                                                                                             |                                                                          |
| 535 | Good TLC by both.                                                                                                  | Needed body transfer board.                                                                 |                                                                          |
| 536 | Personnel was great. Kept me calm.                                                                                 |                                                                                             |                                                                          |
| 537 | My mother was taken to the hospital from Arbors so I don't have any info.                                          |                                                                                             |                                                                          |
| 538 | Everything.                                                                                                        | None                                                                                        | Great.                                                                   |
| 539 | You came right away.                                                                                               | I can't think of anything.                                                                  | The EMT checked on him in the ER after delivering the next patient.      |
| 540 | Saved my life, thank you, great work.                                                                              | Nothing.                                                                                    | Excellent service.                                                       |
| 541 |                                                                                                                    |                                                                                             | I was unconsciousness.                                                   |
| 542 | Everyone was very professional and helpful.                                                                        | I don't know.                                                                               | Thank you for helping a out of state visitor.                            |
| 543 | Were courteous and attendant to my needs.                                                                          | Just keep up the good work.                                                                 | You're response and service was appreciated.                             |
| 544 | Quick response                                                                                                     |                                                                                             |                                                                          |
| 545 | Everything                                                                                                         |                                                                                             |                                                                          |
| 546 | The calm assurance and the professionalism of your Remsa crew helped to make me feel better immediately.           |                                                                                             | Excellence is excellence and that's what I got.                          |
| 547 | Everything                                                                                                         |                                                                                             |                                                                          |
| 548 | Got there in time..                                                                                                |                                                                                             | All details were handled between flight crew and hospital. Worked great. |
| 549 | They came as soon as possible did not take them too long! They were very professional and kind in their questions. | They did what needed to be done. I cannot think of a thing.                                 | I am quite satisfied with the efficiency of Remsa. Thank you very much!  |
| 550 | Professional, proficient.                                                                                          | Help me a little more get in the wheel chair.                                               |                                                                          |
| 551 | Very reassuring to patient, professional process.                                                                  | Keep up the good work.                                                                      |                                                                          |
| 552 | Very professional                                                                                                  | I can't think of anything.                                                                  |                                                                          |
| 553 | Arrived promptly, calm knowledgeable and reassuring. Seemed competent, answered questions well.                    |                                                                                             | We were very pleased with the service.                                   |
| 554 | Very professional.                                                                                                 | Talking more to family member or clueing them in what might happen. (Like all night in ER). |                                                                          |
| 555 | Very polite and helpful.                                                                                           | Nothing.                                                                                    | Very good.                                                               |
| 556 | Everything                                                                                                         | Nothing                                                                                     | Thank you for such a good help during a stressful time.                  |
| 557 | Have all good things to say.                                                                                       |                                                                                             |                                                                          |
| 558 | Transported me from South Meadows to Main hospital in Reno. Crew talked to me the whole way.                       |                                                                                             | The crew were very very good.                                            |
| 559 | The staff was helpful and professional.                                                                            | Nothing                                                                                     |                                                                          |
| 560 | Very helpful and friendly.                                                                                         |                                                                                             | Service was very good.                                                   |
| 561 | My son, watched for you for sometime. The crew did a great job! Thanks!                                            |                                                                                             |                                                                          |
| 562 | The complete service. Thank you very much.                                                                         |                                                                                             |                                                                          |
| 563 | Were there for immediate assistance very quickly!                                                                  |                                                                                             | Service was outstanding!                                                 |
| 564 | "Everything"                                                                                                       | I can think of nothing. Your people were great!                                             |                                                                          |

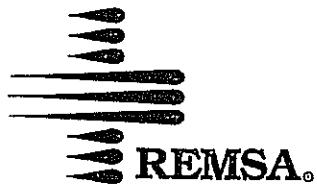
REMSA

02/03/2012

I wish to express my thanks to the REMSA crew for their rapid, kind, courteous care and professional service on 01/23/2012.

Sincerely,

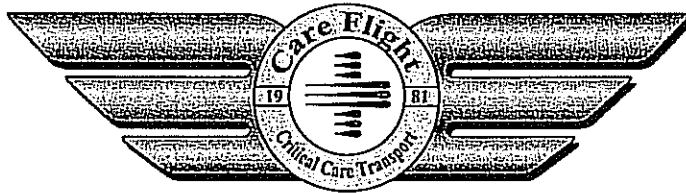
  
Harold



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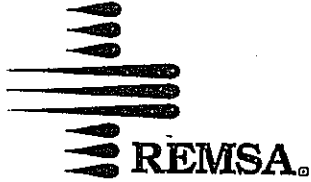
*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
FEBRUARY 2012**



## CARE FLIGHT CUSTOMER COMMENTS FEBRUARY 2012

|   | What Did We Do Well                                                                    | What Can We Do To Serve You Better                                         | Description / Comments |
|---|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| 1 | It seems everything went smoothly.                                                     |                                                                            |                        |
| 2 | On site patient care, transport to hospital.                                           | Quicker response to 911 call. Took almost 2 hour to get to accident scene. |                        |
| 3 | Everything exceptional.                                                                |                                                                            |                        |
| 4 | Everything                                                                             | Nothing                                                                    |                        |
| 5 | Cost?                                                                                  | Good care and communication, patient blind                                 |                        |
| 6 | Made me feel safe and secure.                                                          |                                                                            |                        |
| 7 |                                                                                        |                                                                            |                        |
| 8 | Getting me to the hospital as soon as possible.                                        | I don't think they could have done any better.                             |                        |
| 9 | Took great care of my husband. He actually enjoyed the flight and talking to the crew. | You are doing great!                                                       |                        |



---

*Regional Emergency Medical Services Authority*

**REMSA**  
**PUBLIC RELATIONS REPORT**  
**FOR**  
**FEBRUARY 2012**

PUBLIC RELATIONS

February

2012

| ACTIVITY                                                                                                                                           | RESULTS                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Began PR and press release writing for Valentines Day Have a Heart CPR instruction at Scheel's.                                                    | All three TV stations and the Reno Gazette Journal and Sparks Tribune covered the event and featured it in their news coverage. |
| Scheduled and conducted a tour with new Washoe County Public Information Officer.                                                                  | Tour took place on Feb. 21                                                                                                      |
| Contacted the Reno Gazette Journal and the American Red Cross to get a story in the Real Heroes program and Reno Gazette Journal regarding REMSA.  | The program will be sent in March.                                                                                              |
| Worked with REMSA on the Reno Gazette Journal obituary regarding Paramedic Lori Mayfield.                                                          | The featured obituary ran in February.                                                                                          |
| Coordinated and worked with Reno Gazette Journal on a story that featured Paramedic Steve Park and his save of a Nugget employee on New Years Eve. | The story appeared in the Reno Gazette Journal on Feb. 19                                                                       |
| Distributed the Journal of Emergency of Dispatch that featured REMSA to local media.                                                               | The article was received by local media to prepare for future dispatch stories.                                                 |



**Bystander Advise**

Universal precautions alleviate disease fear

**REMSA Takes Spotlight**

Repair race crash shows strength of response team

**Silent Danger**

CO poisoning can kill with little warning

The National Academies of Emergency Dispatch

January/February 2017

# THE JOURNAL

OF EMERGENCY DISPATCH

## BEHIND THE SCENERY

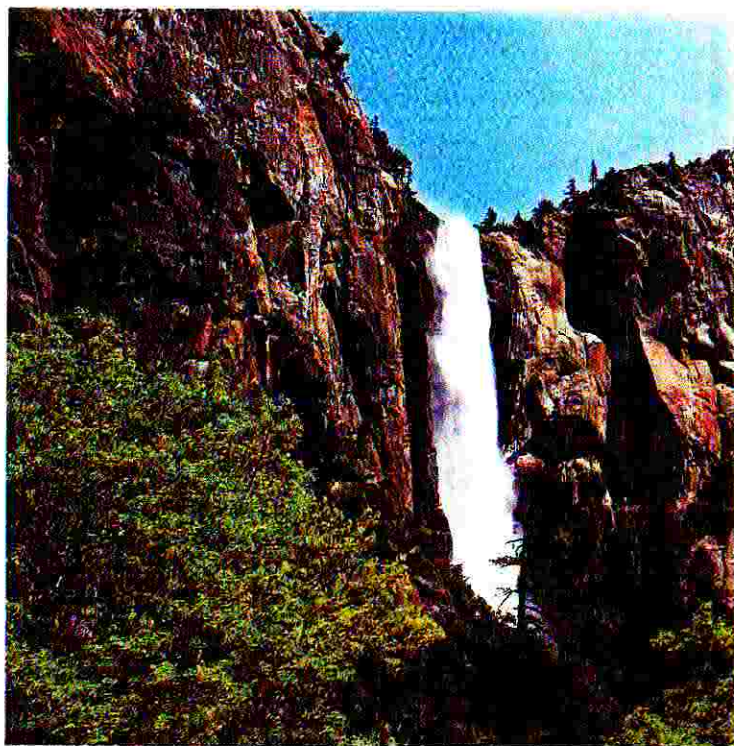
MPDS helps Yosemite tourists play it safer



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# INSIDE *the* JOURNAL

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Yosemite's majestic granite cliffs, towering sequoias, and dramatic waterfalls provide a scenic backdrop for emergency assistance coordinated by the park's intrepid 9-1-1 staff.

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The P-51 Mustang crash that killed 10 spectators and pilot Jimmy Leeward put the spotlight on the Regional Emergency Medical Services Authority (REMSA) Communications Center.

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**OnCover** Half Dome, Yosemite National Park  
photos by Kari Cobb and Scott Gediman

The following U.S. patents may apply to portions of the MPDS or software depicted in this periodical: 5,857,886; 5,989,187; 6,004,288; 6,016,451; 6,053,864; 6,078,065; 6,078,884; 6,105,459; 6,607,481; 7,108,835; 7,428,301; 7,845,234. The PPDS is protected by U.S. patent 7,438,937. PPDS patents are pending. Other U.S. and foreign patents pending. Protocol-related terminology in this text is additionally copyrighted within each of the NAED's discipline-specific protocols. Original MPDS, PPDS, and PPDS copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and supporting material copyrighted as issued. Portions of this periodical come from material previously copyrighted beginning in 1979 through the present.



# Reno Crash

REMSA comes  
to the rescue

James Thalman

**A**s the World War II-era P-51 Mustang banked full-speed out of the bright mid-September afternoon, no one in the grandstands at the National Championship Air Races imagined that the worst crash in the event's 47-year history was on its tail.

Well, almost no one. The 27 medical personnel standing by in the temporary clinic near the 15,000-plus spectators at Reno Stead Field had imagined it just that morning. They and the entire special events team of the Regional Emergency Medical Services Authority (REMSA) had also imagined it in May during a daylong, multi-victim mock disaster stress test.

"We've had a very good multi-casualty plan since 1986," Jim Gubels, REMSA VP/chief administrative officer, told *The Journal* in a telephone interview in November. "We constantly look for possible glitches and ways to improve it with multiple table-top run-throughs and a full dress rehearsal at least once a year."

Brian Taylor, who was on-site as Medical Branch director at the annual air show and races for the 27th time, called for a communication and network response check just before 8 a.m. on Friday, Sept. 16, 2011.

"We do briefings every day," Taylor said. "Once a week the briefing reviews the MCI (multi-casualty incident) plan. It just so happened that this day I decided to review the MCI plan with the Incident Command and our Clinic/Medical crew."

The disaster drill that morning was another example of REMSA aiming to be the ultimate heads-up, ready-for-anything public health and safety agency. By about 4:25 p.m., racing veteran Jimmy Leeward was leaning his million-dollar flying hot rod *The Galloping Ghost* into the far pylon of the 8-mile main-event race. Taylor and his team on-site, along with REMSA EMS Manager Ken Kitts, back at the call center, had all but decided that the single hard landing by one of the racers the day before would be the extent of the accidents for the 2011 competition.

"To tell you the truth, we were sitting outside the clinic trailer enjoying the beautiful day, sharing food and good conversation,"

Taylor said. "We weren't thinking about much or worried because we knew we were prepared for whatever might happen."

Seconds later, The Galloping Ghost's beeline to the finish line and first place became a first for the REMSA team—watching the accident actually happen and people being seriously hurt.

"We usually have a few minutes to collect our thoughts and plans before arriving on-scene," Taylor said. "In this situation, we went to work in seconds."

Video of the race shows at about 4:25 p.m., Leeward's airplane went bottle rocket—heading straight up into the wild blue yonder, slamming Leeward into the single-seat cockpit by G-forces easily twice the inertia that will cause young pressure-suited jet fighter pilots to black out.

In the time it took the crowd to gasp, bad went to worst. The Mustang, which was one of more than 100 commercial to experimental aircraft Leeward was certified to fly, made a sharp U-turn and crashed full-throttle at 500 mph, nose-first, into the box seat section just north of the main grandstands. Leeward and eight spectators were killed instantly. Two spectators critically injured in the accident later died at Reno hospitals, bringing the death toll to 11.

Taylor, who is regarded by his REMSA colleagues as the definitive embodiment of the first-responders' "Keep calm and carry on" motto in a crisis, took a second to size-up the situation.

"The very first thing I thought was, 'Wow, how did it miss us?'" he said. "I saw the plane come straight down in front of us. I turned to the crew and said 'Let's go to work; we just went over this.'"

The aircraft hit like a 5-ton sledgehammer, opening a crater three feet deep and eight feet wide. The parts of the airplane that weren't instantly pulverized mixed with broken bits of lawn chairs, coolers, and other personal spectator gear and shot across the tarmac as if sprayed from a water canon. There was no fire. Just like someone blowing out a dinner candle, the concussion snuffed out anything that might have been burning.

#### **A less-than-zero-minute response**

The agency got busy showing why people experiencing a disaster want REMSA to come to their rescue. In what must be some kind of dispatching, coding, and transport record, 54 injured spectators, some with life-threatening head and face wounds and limb injuries—including full or partial amputations—had all been transported to Reno's four hospitals in the next 62 minutes. About 50 more were treated at the airport for cuts and abrasions by the temporary clinic staff and fellow race fans, who could help without getting in the way of response. Some were taken to doctors in personal vehicles.

Even before the first 9-1-1 call was taken by REMSA's dispatching center at 4:26 p.m., Taylor and his crew were already loading the most seriously injured into one of the four ambulances stationed that day at the airport. Like any race, a good finish depends on getting off to a good start. A zero-minute response is figured into the mass-casualty plan, given that REMSA personnel are on-site at the air races and many of the more than 500 special events from school football games to balloon races that REMSA staff covers every year. Responders bested that nearly-impossible record time in September: Videos of

the crash posted on YouTube show them running toward the injured while debris is still flying.

REMSA is responsible for responding to emergency calls in a 6,000-square-mile region and has handled a lot of accidents that are complicated by logistics and often involve multiple victims.

"We shifted into overdrive that day pretty quickly," Kitts said when asked to assess the dispatching aspect of the accident and how the detailed pre-planning and re-planning that have become one of REMSA's hallmarks figured into the response that day. "Normally, you have 10 to 15 minutes to kind of get mentally prepared. One of the unique factors of the crash was so many people had posted videos of the crash so soon, almost everybody had heard about it before we called."

REMSA kept the situation from flying off the handle because the 43-ambulance, four-helicopter agency knows its vast

turf, knows its job, and has a history of seamless coordination of communications among the public safety agencies in northern Nevada and Northern California. They aren't bragging, just being accurate, when REMSA staffers and supervisors point out that the REMSA Communication Center—a National Academies of Emergency Dispatch (NAED™) medical Accredited Center of Excellence (ACE)—is staffed by EMDs with paramedic or EMT-Intermediate medical training.

Longtime paramedics Dan Quinley and Judy Northrup were already headed to Reno when the first reports of the fatal accident came in. They were transporting a patient to Renown Health in Reno.

Near Vista, the first exit off Interstate 80 into Sparks from Fallon, Quinley began calling REMSA's dispatch center. Initial calls rolled off the system. Once arriving at Renown Health, the two transferred their patient to the medical staff and got busy setting up beds in the breezeway and unlocking Renown Medical Center's mass-casualty trailer.

The two were dispatched to the airfield, arriving just under an hour after the crash. A few minutes later, triage was completed and the last of the injured were on their way to three medical facilities in Truckee Meadows.

"What struck me the most is how REMSA was able to get that many people triaged and out of there," Quinley said. "They did an awesome job."

#### **The best when things are at their worst**

Every REMSA dispatcher spends hundreds of hours in specialized medical dispatch training courses and is EMD certified by the NAED.

The REMSA communications center initially received ACE status in 2001 and has undergone three re-accreditations since then. REMSA is the only accredited communications center in Nevada. This past July, the Commission on Accreditation of Medical Transport Systems accredited REMSA for another maximum three years.

The impressive pedigree means the good folks in and around "The Biggest Little City in the World" are receiving the best care possible. When they call 9-1-1 they can be sure they have a dispatcher with extensive training and a paramedic background on the other end of the phone. And if there is a call with multiple



**In The Comm. Center** Dispatcher Will Hehn managed a large portion of the crash incident.



**After The Crash** Emergency responders treat the less seriously injured on the scene following the fatal air crash that killed 11 people, including the plane's pilot.

or unknown numbers of injured such as the crash in September, dispatchers, as they did immediately after the crash, handed off their headsets to fellow dispatchers and rushed to the scene with response vehicles they were sending there.

#### Mass arrival means mass exodus

Just moments after the crash, the announcer of the National Championship Air Races could be heard saying, "If you're not hurt, please leave. If you're not hurt and can help, please stay."

Under the best of circumstances, the crowd is big and the races are the biggest local event of the year for REMSA, with an audience averaging around 20,000 on the final day. Like most events involving thrill-seekers and those who watch them, accidents can happen, and they can be disastrous, Kitts said. That has been the general MO of public health and safety efforts in the Reno area since a commercial airliner crashed there in 1986.

No PSAP can be ready for everything, "But you can do your best to try," Kitts said. "That's why we continuously review and reconstruct every step and everyone's role in all dispatching and response master plans."

Since 1964, "The fastest drag race in the world" has attracted more than a million spectators in groups of 15,000 to 20,000 flying enthusiasts annually, who short of going along for a ride, get as close as they can to the private and military aircraft and their still-got-the-right-stuff pilots. They inspect vintage propeller-driven airplanes to jets and homemade experimental planes. The ultra-class of reconditioned Mustangs, Bearcats, and Vipers travel nearly three times as fast as the average ground-bound racers in the Indianapolis 500 and nearly twice as fast as the 300 mph Top Fuel rail dragsters at quarter-mile speedways.

Leeward and other racing veterans flying the show's Ultimate Course go head-to-head and often wingtip-to-wingtip at 400 to 500 mph just 50 feet in the air. The showcase event has had its share of near-hits and scary engine problems, but injuries to spectators prior to September were dehydration, sunburn, and temporary tinnitus from the roar of the uber-modified, super-souped-up engines.

The late afternoon weather conditions and the crowd size for the finale race on Sept. 16 were what they always were—scorching and large. Kitts said a couple of hours before the crash he was already checking for potential traffic problems that might hinder the mass exodus of thousands of people all leaving the airfield at once that evening.

"There's basically one way in and one way out," Kitts said. "No

matter how good we are in a crisis, that many people moving at once can provide its own kind of communication and logistical problems."

A little while later, Kitts' hands were full of much more dramatic communication and logistics details. Along with the four ambulances stationed at the airport, each with a paramedic and EMT, four paramedics on four-wheelers were dispatched to the most seriously injured. Four nurses, four additional EMTs, an emergency physician, and three paramedic supervisors were also at the site as well as one of REMSA's four Care Flight helicopters. Within the first half hour, 15 other REMSA ambulances arrived, bringing 28 more medical staffers. Two shifts of off-duty call center personnel were immediately called back to work.

An aspect of the response that might not have been as dramatic as handling the injured was the rare but no doubt life-saving response by the Nevada Highway Patrol, Taylor said.

"They recognized quickly that amid all the chaos of triaging and treating the injured, most of the spectators were scared and likely pouring out of the exits," Kitts said.

Within a few minutes, the Highway Patrol had closed the north-bound lanes of I-395.

"That allowed the ambulances to skirt the traffic and to travel south unimpeded by traffic," Gubbels said. "It's part of the multi-casualty plan, but that was still very quick thinking, and another example of how well our public safety agencies interact, especially in a crisis."

But it wasn't just the Highway Patrol enabling response.

"If you have the right dispatchers following the right protocols, no matter the severity or size of an accident, it allows space for clear thinking when unforeseen problems or hitches appear," Kitts said.

As the ambulances arrived and then left the Reno-Stead Airport, local police blocked off side streets and escorted them. By the end of the day, 40 ambulances were staged in Reno.

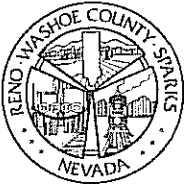
#### In no time at all

REMSA Operations Vice President Mike Williams said no records are kept on response times.

"I teach this for a living," Williams said. "I don't know of anybody who anticipated those kind of times. I was stunned." ■



More about the Reno Crash  
at [www.naedjournal.org](http://www.naedjournal.org)



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

March 8, 2012

To: Members District Board of Health

From: Eileen Stickney

Subject: Public Health Fund Expenditure and Revenue Report for February 2012  
Agenda Item No. -

### Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for February 2012 of fiscal year 12.

### Background

The attached reports are for the accounting period 8/12 and the percentages should approximate 67% of the year. Our total revenues and expenditures for the current year (FY12) compared to last year (FY11) are as follows:

| February 2012 | FY12 – REV | FY11 – REV | FY12 – EXP | FY11 – EXP |
|---------------|------------|------------|------------|------------|
| Transfer      | 25%        | 42%        |            |            |
| AHS           | 60%        | 50%        | 56%        | 52%        |
| AQM           | 54%        | 67%        | 50%        | 59%        |
| CCHS          | 49%        | 49%        | 60%        | 60%        |
| EHS           | 62%        | 67%        | 60%        | 61%        |
| EPHP          | 57%        | 40%        | 56%        | 43%        |
| <b>TOTAL</b>  | <b>51%</b> | <b>54%</b> | <b>55%</b> | <b>56%</b> |

The Environmental Oversight Account for February 2012 is \$108,270.32.

I would be happy to answer any questions of the Board during the meeting or you may contact me directly at 328-2417.

*Eileen Stickney*  
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 Administrative Health Services Officer

Enclosure

Washoe County Health District  
 REVENUE  
 Pds 1-8, FY2012

| Accounts                            | 2012 Plan     | 2012 Actuals  | Balance       | Act% | 2011 Plan     | 2011 Actual   | Balance       | Act% |
|-------------------------------------|---------------|---------------|---------------|------|---------------|---------------|---------------|------|
| 422503 Environmental Permits        | 46,900.00-    | 31,790.00-    | 15,110.00-    | 68   | 43,000.00-    | 35,289.00-    | 7,711.00-     | 82   |
| 422504 Pool Permits                 | 63,000.00-    | 17,275.85-    | 45,724.15-    | 27   | 63,000.00-    | 15,646.00-    | 47,354.00-    | 25   |
| 422505 RV Permits                   | 9,700.00-     | 6,496.00-     | 3,204.00-     | 67   | 10,500.00-    | 6,850.00-     | 3,650.00-     | 65   |
| 422507 Food Service Permits         | 342,000.00-   | 227,478.00-   | 114,522.00-   | 67   | 342,000.00-   | 236,282.00-   | 105,718.00-   | 69   |
| 422508 Wat Well Const Perm          | 27,000.00-    | 7,594.00-     | 19,406.00-    | 28   | 34,500.00-    | 14,799.00-    | 19,701.00-    | 43   |
| 422509 Water Company Permits        | 3,500.00-     | 1,638.00-     | 1,862.00-     | 47   | 4,000.00-     | 2,333.00-     | 1,667.00-     | 58   |
| 422510 Air Pollution Permits        | 370,485.00-   | 195,994.50-   | 174,490.50-   | 53   | 391,000.00-   | 230,184.50-   | 160,815.50-   | 59   |
| 422511 ISDS Permits                 | 47,000.00-    | 34,855.00-    | 12,145.00-    | 74   | 47,000.00-    | 36,791.00-    | 10,209.00-    | 78   |
| 422513 Special Event Permits        | 74,000.00-    | 44,062.00-    | 29,938.00-    | 60   | 70,500.00-    | 43,386.00-    | 27,114.00-    | 62   |
| 422514 Initial Applic Fee           | 25,000.00-    | 15,108.00-    | 9,892.00-     | 60   | 35,000.00-    | 17,440.00-    | 17,560.00-    | 50   |
| * Licenses and Permits              | 1,008,585.00- | 582,291.35-   | 426,293.65-   | 58   | 1,040,500.00- | 639,000.50-   | 401,499.50-   | 61   |
| 431100 Federal Grants               | 6,131,184.10- | 2,978,740.58- | 3,152,443.52- | 49   | 6,300,118.54- | 2,832,663.71- | 3,467,454.83- | 45   |
| 431105 Federal Grants - Indirect    | 37,631.00-    | 56,642.84-    | 19,011.84     | 151  | 32,599.00-    | 47,738.82-    | 15,139.82     | 146  |
| 432100 State Grants                 | 458,327.00-   | 282,636.81-   | 175,690.19-   | 62   | 470,737.42-   | 244,255.78-   | 226,481.64-   | 52   |
| 432310 Tire Fee NRS 444A.090        | 452,000.00-   | 333,043.06-   | 118,956.94-   | 74   | 370,535.00-   | 357,042.56-   | 13,492.44-    | 96   |
| 432311 Pol Ctrl 455B.830            | 297,006.07-   | 235,393.00-   | 61,613.07-    | 79   | 290,140.86-   | 229,370.00-   | 60,770.86-    | 79   |
| * Intergovernmental                 | 7,376,148.17- | 3,886,456.29- | 3,489,691.88- | 53   | 7,464,130.82- | 3,711,070.87- | 3,753,059.95- | 50   |
| 460500 Other Immunizations          | 89,000.00-    | 56,051.73-    | 32,948.27-    | 63   | 85,000.00-    | 57,849.44-    | 27,150.56-    | 68   |
| 460501 Medicaid Clinical Services   | 40,300.00-    | 12,945.42-    | 27,354.58-    | 32   | 32,000.00-    | 32,275.30-    | 275.30        | 101  |
| 460503 Childhood Immunizations      | 59,000.00-    | 19,050.54-    | 39,949.46-    | 32   | 140,000.00-   | 37,234.40-    | 102,765.60-   | 27   |
| 460508 Tuberculosis                 | 6,250.00-     | 2,460.02-     | 3,789.98-     | 39   | 7,000.00-     | 4,536.35-     | 2,463.65-     | 65   |
| 460509 Water Quality                |               | 378.00-       | 378.00        |      |               | 432.00-       |               |      |
| 460510 IT Overlay                   | 96,800.00-    | 57,726.00-    | 39,074.00-    | 60   | 111,000.00-   | 58,775.00-    | 52,225.00-    | 53   |
| 460511 Birth and Death Certificates | 280,000.00-   | 290,186.00-   | 10,186.00     | 104  | 210,000.00-   | 195,334.00-   | 14,666.00-    | 93   |
| 460512 Duplication Service Fees     |               | 249.39-       | 249.39        |      | 115.00-       | 1,129.43-     | 1,014.43      | 982  |
| 460513 Other Health Service Charges | 2,700.00-     | 1,298.00-     | 1,402.00-     | 48   | 2,700.00-     | 5,619.25-     | 2,919.25      | 208  |
| 460514 Food Service Certification   | 9,000.00-     | 15,624.00-    | 6,624.00      | 174  | 8,000.00-     | 8,972.00-     | 972.00        | 112  |
| 460515 Medicare Reimbursement       | 300.00-       |               | 300.00-       |      | 500.00-       | 205.60-       | 294.40-       | 41   |
| 460516 Pgm Inc-3rd Prty Rec         | 4,750.00-     | 8,752.83-     | 4,002.83      | 184  | 6,500.00-     | 17,925.87-    | 11,425.87     | 276  |
| 460517 Influenza Immunization       | 7,000.00-     | 4,698.99-     | 2,301.01-     | 67   | 12,000.00-    | 5,975.99-     | 6,024.01-     | 50   |
| 460518 STD Fees                     | 28,000.00-    | 14,774.35-    | 13,225.65-    | 53   | 30,000.00-    | 19,795.21-    | 10,204.79-    | 66   |
| 460520 Eng Serv Health              | 42,000.00-    | 19,967.00-    | 22,033.00-    | 48   | 55,000.00-    | 27,292.00-    | 27,708.00-    | 50   |
| 460521 Plan Review - Pools & Spas   | 2,500.00-     | 3,652.00-     | 1,152.00      | 146  | 2,500.00-     | 3,769.00-     | 1,269.00      | 151  |
| 460523 Plan Review - Food Services  | 17,000.00-    | 11,693.00-    | 5,307.00-     | 69   | 17,000.00-    | 17,414.15-    | 414.15        | 102  |
| 460524 Family Planning              | 44,000.00-    | 20,619.04-    | 23,380.96-    | 47   | 66,000.00-    | 29,291.34-    | 36,708.66-    | 44   |
| 460525 Plan Review - Vector         | 24,000.00-    | 18,059.00-    | 5,941.00-     | 75   | 24,000.00-    | 24,338.00-    | 338.00        | 101  |
| 460526 Plan Review-Air Quality      | 25,000.00-    | 20,059.00-    | 4,941.00-     | 80   | 11,270.00-    | 19,581.00-    | 8,311.00      | 174  |
| 460527 NOE-AQM                      | 76,000.00-    | 63,442.00-    | 12,558.00-    | 83   | 40,000.00-    | 50,220.00-    | 10,220.00     | 126  |
| 460528 NESHAP-AQM                   | 66,000.00-    | 47,597.00-    | 18,403.00-    | 72   | 62,000.00-    | 49,926.00-    | 12,074.00-    | 81   |
| 460529 Assessments-AQM              | 28,000.00-    | 20,790.00-    | 7,210.00-     | 74   | 21,000.00-    | 18,984.00-    | 2,016.00-     | 90   |
| 460530 Inspector Registr-AQ         | 3,115.00-     | 2,670.00-     | 445.00-       | 86   | 1,900.00-     | 3,395.00-     | 1,495.00      | 179  |
| 460531 Dust Plan-Air Quality        | 165,000.00-   | 63,912.00-    | 101,088.00-   | 39   | 165,000.00-   | 88,704.00-    | 76,296.00-    | 54   |
| 460532 Plan Rvw Hotel/Motel         |               | 189.00-       | 189.00        |      |               | 69.00-        | 69.00         |      |
| 460533 Quick Start                  |               | 87.00-        | 87.00         |      |               | 87.00-        | 87.00         |      |
| 460534 Child Care Inspection        | 8,000.00-     | 4,623.00-     | 3,377.00-     | 58   | 8,300.00-     | 5,244.00-     | 3,056.00-     | 63   |

Washoe County Health District  
 REVENUE  
 Pds 1-8, FY2012

| Accounts                            | 2012 Plan      | 2012 Actuals  | Balance       | Act% | 2011 Plan     | 2011 Actual   | Balance       | Act% |
|-------------------------------------|----------------|---------------|---------------|------|---------------|---------------|---------------|------|
| 460535 Pub Accomod Inspectn         | 16,000.00-     | 9,510.00-     | 6,490.00-     | 59   | 17,000.00-    | 9,392.00-     | 7,608.00-     | 55   |
| 460570 Education Revenue            | 13,400.00-     | 3,948.00-     | 9,452.00-     | 29   | 13,400.00-    | 7,940.00-     | 5,460.00-     | 59   |
| * Charges for Services              | 1,153,115.00-  | 795,012.31-   | 358,102.69-   | 69   | 1,149,185.00- | 801,706.33-   | 347,478.67-   | 70   |
| 484050 Donations Federal Pgm Income | 41,450.00-     | 29,560.80-    | 11,889.20-    | 71   |               | 28,078.70-    | 28,078.70-    |      |
| 485100 Reimbursements               |                | 150.00-       | 150.00        |      |               | 150.00-       | 150.00        |      |
| 485121 Jury Reimbursements          |                | 200.00-       | 200.00        |      |               |               |               |      |
| 485300 Other Misc Govt Rev          | 805,650.00-    | 1,253.80-     | 804,396.20-   | 0    |               | 80.50-        | 80.50         |      |
| * Miscellaneous                     | 847,100.00-    | 31,164.60-    | 815,935.40-   | 4    |               | 28,309.20-    | 28,309.20-    |      |
| ** Revenue                          | 10,384,948.17- | 5,294,924.55- | 5,090,023.62- | 51   | 9,653,815.82- | 5,180,086.90- | 4,473,728.92- | 54   |



Washoe County Health District  
EXPENSE  
Pds 1-8, FY2012

| Accounts                        | 2012 Plan     | 2012 Actuals | Balance      | Act% | 2011 Plan     | 2011 Actual  | Balance      | Act% |
|---------------------------------|---------------|--------------|--------------|------|---------------|--------------|--------------|------|
| 701110 Base Salaries            | 9,426,414.73  | 5,756,431.36 | 3,669,983.37 | 61   | 10,284,441.92 | 6,050,182.81 | 4,234,259.11 | 59   |
| 701120 Part Time                | 542,290.09    | 362,486.52   | 179,803.57   | 67   | 654,044.80    | 383,805.23   | 270,239.57   | 59   |
| 701130 Pooled Positions         | 443,998.50    | 222,796.04   | 221,202.46   | 50   | 413,252.66    | 262,608.08   | 150,644.58   | 64   |
| 701140 Holiday Work             | 1,200.00      | 3,590.00     | 2,390.00-    | 299  | 1,200.00      | 1,643.15     | 443.15-      | 137  |
| 701200 Incentive Longevity      | 162,380.00    | 82,789.21    | 79,590.79    | 51   | 162,000.00    | 80,444.26    | 81,555.74    | 50   |
| 701300 Overtime                 | 57,406.25     | 25,772.72    | 31,633.53    | 45   | 43,664.26     | 70,281.91    | 26,617.65-   | 161  |
| 701406 Standby Pay              |               | 5,427.32     | 5,427.32-    |      | 30,000.00     | 23,493.75    | 6,506.25     | 78   |
| 701408 Call Back                | 3,000.00      | 552.01       | 2,447.99     | 18   | 3,000.00      | 1,719.32     | 1,280.68     | 57   |
| 701412 Salary Adjustment        | 125,488.78    |              | 125,488.78   |      | 48,368.57-    |              | 48,368.57-   |      |
| 701413 Vac Payoff/Sick Pay-Term |               | 132,925.95   | 132,925.95-  |      |               | 84,627.01    | 84,627.01-   |      |
| 701417 Comp Time                |               | 14,009.39    | 14,009.39-   |      |               | 17,002.32    | 17,002.32-   |      |
| 701500 Merit Awards             | 92,818.62-    |              | 92,818.62-   |      | 120,175.23-   |              | 120,175.23-  |      |
| * Salaries and Wages            | 10,669,359.73 | 6,606,780.52 | 4,062,579.21 | 62   | 11,423,059.84 | 6,975,807.84 | 4,447,252.00 | 61   |
| 705110 Group Insurance          | 1,489,390.16  | 900,401.77   | 588,988.39   | 60   | 1,598,298.03  | 935,629.75   | 662,668.28   | 59   |
| 705199 Lab Cost Sav-Benef       |               | 3,222.00-    | 3,222.00     |      |               |              |              |      |
| 705210 Retirement               | 2,354,960.12  | 1,460,985.92 | 893,974.20   | 62   | 2,377,608.28  | 1,401,455.45 | 976,152.83   | 59   |
| 705215 Retirement Calculation   | 355,282.00    | 5,435.96     | 349,846.04   | 2    | 410,797.00    |              | 410,797.00   |      |
| 705230 Medicare April 1986      | 136,532.33    | 87,386.45    | 49,145.88    | 64   | 148,666.06    | 92,151.92    | 56,514.14    | 62   |
| 705320 Workmens Comp            | 63,088.76     | 39,773.28    | 23,315.48    | 63   | 54,530.00     | 36,353.36    | 18,176.64    | 67   |
| 705330 Unemply Comp             | 14,892.40     | 14,892.90    | 0.50-        | 100  | 33,440.00     | 33,440.01    | 0.01-        | 100  |
| 705360 Benefit Adjustment       | 23,416.00     |              | 23,416.00    |      | 8,471.00      |              | 8,471.00     |      |
| * Employee Benefits             | 4,437,561.77  | 2,505,654.28 | 1,931,907.49 | 56   | 4,631,810.37  | 2,499,030.49 | 2,132,779.88 | 54   |
| 710100 Professional Services    | 1,076,628.42  | 164,153.77   | 912,474.65   | 15   | 778,812.94    | 116,277.50   | 662,535.44   | 15   |
| 710105 Medical Services         | 8,914.00      | 1,208.50     | 7,705.50     | 14   | 7,248.00      | 1,086.00     | 6,162.00     | 15   |
| 710108 MD Consultants           | 60,900.00     | 34,812.50    | 26,087.50    | 57   | 60,900.00     | 32,675.00    | 28,225.00    | 54   |
| 710110 Contracted/Temp Services | 90,950.00     | 25,214.10    | 65,735.90    | 28   | 115,801.22    | 46,188.24    | 69,612.98    | 40   |
| 710119 Subrecipient Payments    | 186,242.00    | 101,612.64   | 84,629.36    | 55   | 186,242.00    | 131,387.44   | 54,854.56    | 71   |
| 710200 Service Contract         | 69,433.00     | 56,447.52    | 12,985.48    | 81   | 66,915.00     | 44,938.40    | 21,976.60    | 67   |
| 710205 Repairs and Maintenance  | 19,940.00     | 4,010.52     | 15,929.48    | 20   | 16,864.00     | 14,001.01    | 2,862.99     | 83   |
| 710210 Software Maintenance     | 12,000.00     | 10,550.00    | 1,450.00     | 88   | 12,000.00     | 9,000.00     | 3,000.00     | 75   |
| 710300 Operating Supplies       | 155,386.00    | 82,912.58    | 72,473.42    | 53   | 178,347.14    | 67,434.52    | 110,912.62   | 38   |
| 710302 Small Tools & Allow      | 1,685.00      |              | 1,685.00     |      | 2,185.00      | 325.50       | 1,859.50     | 15   |
| 710308 Animal Supplies          | 2,000.00      | 323.75       | 1,676.25     | 16   | 2,000.00      |              | 2,000.00     |      |
| 710319 Chemical Supplies        | 281,950.00    | 265,391.74   | 16,558.26    | 94   | 321,741.00    | 321,497.39   | 243.61       | 100  |
| 710325 Signs and Markers        |               | 1,336.50     | 1,336.50-    |      |               |              |              |      |
| 710334 Copy Machine Expense     | 29,394.89     | 15,181.64    | 14,213.25    | 52   | 32,011.00     | 17,744.76    | 14,266.24    | 55   |
| 710350 Office Supplies          | 44,277.01     | 25,633.87    | 18,643.14    | 58   | 49,948.43     | 28,617.60    | 21,330.83    | 57   |
| 710355 Books and Subscriptions  | 7,684.00      | 4,755.25     | 2,928.75     | 62   | 11,084.00     | 3,576.65     | 7,507.35     | 32   |
| 710360 Postage                  | 21,255.00     | 11,173.03    | 10,081.97    | 53   | 19,538.00     | 14,485.43    | 5,052.57     | 74   |
| 710361 Express and Courier      | 780.00        | 168.90       | 611.10       | 22   | 815.00        | 323.94       | 491.06       | 40   |
| 710391 Fuel & Lube              | 100.00        |              | 100.00       |      | 100.00        |              | 100.00       |      |
| 710500 Other Expense            | 28,501.31     | 18,789.81    | 9,711.50     | 66   | 34,355.88     | 34,687.91    | 332.03-      | 101  |
| 710502 Printing                 | 18,567.00     | 7,444.52     | 11,122.48    | 40   | 31,886.72     | 9,475.60     | 22,411.12    | 30   |
| 710503 Licenses & Permits       | 8,540.00      | 4,940.25     | 3,599.75     | 58   | 6,875.00      | 6,205.00     | 670.00       | 90   |
| 710505 Rental Equipment         | 2,300.00      | 1,158.00     | 1,142.00     | 50   | 1,800.00      | 360.00       | 1,440.00     | 20   |

Washoe County Health District  
EXPENSE  
Pds 1-8, FY2012

| Accounts                           | 2012 Plan     | 2012 Actuals  | Balance       | Act% | 2011 Plan     | 2011 Actual   | Balance       | Act% |
|------------------------------------|---------------|---------------|---------------|------|---------------|---------------|---------------|------|
| 710506 Dept Insurance Deductible   |               | 150.00        | 150.00-       |      |               | 326.19        | 326.19-       |      |
| 710507 Network and Data Lines      | 5,960.00      | 8,078.59      | 2,118.59-     | 136  | 5,460.00      | 4,209.42      | 1,250.58      | 77   |
| 710508 Telephone Land Lines        | 47,229.00     | 24,980.69     | 22,248.31     | 53   | 53,739.92     | 27,503.49     | 26,236.43     | 51   |
| 710509 Seminars and Meetings       | 31,940.00     | 19,531.19     | 12,408.81     | 61   | 38,233.00     | 19,606.18     | 18,626.82     | 51   |
| 710512 Auto Expense                | 23,018.00     | 8,507.67      | 14,510.33     | 37   | 16,457.00     | 7,687.38      | 8,769.62      | 47   |
| 710514 Regulatory Assessments      |               | 11,920.00     | 11,920.00-    |      |               | 27.99         | 27.99-        |      |
| 710519 Cellular Phone              | 17,840.00     | 10,248.94     | 7,591.06      | 57   | 13,410.00     | 10,147.78     | 3,262.22      | 76   |
| 710529 Dues                        | 6,886.00      | 6,780.00      | 106.00        | 98   | 6,961.00      | 8,085.00      | 1,124.00-     | 116  |
| 710535 Credit Card Fees            | 10,495.00     | 6,485.81      | 4,009.19      | 62   | 10,545.00     | 6,400.23      | 4,144.77      | 61   |
| 710546 Advertising                 | 32,380.52     | 59,117.09     | 26,736.57-    | 183  | 27,534.70     | 28,867.58     | 1,332.88-     | 105  |
| 710551 Cash Discounts Lost         |               | 268.74        | 268.74-       |      |               |               |               |      |
| 710552 Moving Costs                |               | 1,046.14      | 1,046.14-     |      |               |               |               |      |
| 710577 Uniforms & Special Clothing | 3,150.00      | 2,304.60      | 845.40        | 73   | 3,450.00      | 695.73        | 2,754.27      | 20   |
| 710585 Undesignated Budget         | 921,981.00    |               | 921,981.00    |      | 3,155.00-     |               | 3,155.00-     |      |
| 710600 LT Lease-Office Space       | 113,439.00    | 83,761.42     | 29,677.58     | 74   | 120,932.89    | 83,919.00     | 37,013.89     | 69   |
| 710703 Biologicals                 | 242,794.79    | 91,255.84     | 151,538.95    | 38   | 313,025.68    | 92,421.67     | 220,604.01    | 30   |
| 710714 Referral Services           | 9,040.00      |               | 9,040.00      |      | 11,300.00     | 425.00        | 10,875.00     | 4    |
| 710721 Outpatient                  | 97,399.00     | 45,024.17     | 52,374.83     | 46   | 122,249.97    | 54,218.12     | 68,031.85     | 44   |
| 710872 Food Purchases              | 3,726.00      | 592.51        | 3,133.49      | 16   | 3,001.00      | 1,748.12      | 1,252.88      | 58   |
| 711010 Utilities                   | 3,483.00      |               | 3,483.00      |      | 1,100.00      | 1,212.00      | 112.00-       | 110  |
| 711100 ESD Asset Management        | 17,160.00     | 12,220.00     | 4,940.00      | 71   | 21,600.00     | 13,350.00     | 8,250.00      | 62   |
| 711113 Equip Srv Replace           | 44,139.00     | 30,611.14     | 13,527.86     | 69   | 41,946.18     | 29,801.67     | 12,144.51     | 71   |
| 711114 Equip Srv O & M             | 57,849.02     | 28,613.64     | 29,235.38     | 49   | 58,538.39     | 32,342.02     | 26,196.37     | 55   |
| 711115 Equip Srv Motor Pool        |               | 15,625.48     | 15,625.48-    |      | 2,325.00      | 5,172.20      | 2,847.20-     | 222  |
| 711117 ESD Fuel Charge             | 48,768.76     | 34,964.17     | 13,804.59     | 72   | 41,646.75     | 31,357.97     | 10,288.78     | 75   |
| 711119 Prop & Liab Billings        | 77,036.32     | 51,357.52     | 25,678.80     | 67   | 72,200.00     | 48,133.28     | 24,066.72     | 67   |
| 711210 Travel                      | 160,381.00    | 34,375.20     | 126,005.80    | 21   | 206,274.25    | 41,653.13     | 164,621.12    | 20   |
| 711300 Cash Over Short             |               | 3.00-         | 3.00          |      |               | 24.27-        | 24.27         |      |
| 711504 Equipment nonCapital        | 53,484.98     | 93,031.14     | 39,546.16-    | 174  | 83,660.37     | 65,044.48     | 18,615.89     | 78   |
| * Services and Supplies            | 4,157,008.02  | 1,518,068.08  | 2,638,939.94  | 37   | 3,209,906.43  | 1,514,619.25  | 1,695,287.18  | 47   |
| 781004 Equipment Capital           | 494,009.12    | 262,214.75    | 231,794.37    | 53   | 323,318.72    | 43,283.58     | 280,035.14    | 13   |
| * Capital Outlay                   | 494,009.12    | 262,214.75    | 231,794.37    | 53   | 323,318.72    | 43,283.58     | 280,035.14    | 13   |
| ** Expenses                        | 19,757,938.64 | 10,892,717.63 | 8,865,221.01  | 55   | 19,588,095.36 | 11,032,741.16 | 8,555,354.20  | 56   |
| 621001 Transfer From General       | 7,250,850.00- | 1,812,714.00- | 5,438,136.00- | 25   | 8,192,500.00- | 3,413,540.00- | 4,778,960.00- | 42   |
| * Transfers In                     | 7,250,850.00- | 1,812,714.00- | 5,438,136.00- | 25   | 8,192,500.00- | 3,413,540.00- | 4,778,960.00- | 42   |
| ** Other Financing Src/Use         | 7,250,850.00- | 1,812,714.00- | 5,438,136.00- | 25   | 8,192,500.00- | 3,413,540.00- | 4,778,960.00- | 42   |
| *** Total                          | 2,122,140.47  | 3,785,079.08  | 1,662,938.61- | 178  | 1,741,779.54  | 2,439,114.26  | 697,334.72-   | 140  |

Washoe County Health District  
 Administrative Health Services  
 Pds 1-8, FY2012

| Accounts                         | 2012 Plan     | 2012 Actuals | Balance     | Act% | 2011 Plan     | 2011 Actual  | Balance     | Act%  |
|----------------------------------|---------------|--------------|-------------|------|---------------|--------------|-------------|-------|
| 431100 Federal Grants            | 1,191,109.00- | 689,158.62-  | 501,950.38- | 58   | 1,191,109.00- | 597,422.79-  | 593,686.21- | 50    |
| 431105 Federal Grants - Indirect |               | 28,103.25-   | 28,103.25   |      |               |              |             |       |
| * Intergovernmental              | 1,191,109.00- | 717,261.87-  | 473,847.13- | 60   | 1,191,109.00- | 597,422.79-  | 593,686.21- | 50    |
| 460512 Duplication Service Fees  |               | 8.00-        | 8.00        |      | 115.00-       |              | 115.00-     |       |
| * Charges for Services           |               | 8.00-        | 8.00        |      | 115.00-       |              | 115.00-     |       |
| 485121 Jury Reimbursements       |               | 200.00-      | 200.00      |      |               |              |             |       |
| * Miscellaneous                  |               | 200.00-      | 200.00      |      |               |              |             |       |
| ** Revenue                       | 1,191,109.00- | 717,469.87-  | 473,639.13- | 60   | 1,191,224.00- | 597,422.79-  | 593,801.21- | 50    |
| 701110 Base Salaries             | 1,672,188.45  | 1,075,450.89 | 596,737.56  | 64   | 1,806,128.35  | 1,089,918.40 | 716,209.95  | 60    |
| 701120 Part Time                 | 24,218.74     | 15,103.16    | 9,115.58    | 62   | 24,427.89     | 14,713.20    | 9,714.69    | 60    |
| 701130 Pooled Positions          | 24,125.42     | 10,094.87    | 14,030.55   | 42   | 83,483.00     | 19,833.50    | 63,649.50   | 24    |
| 701140 Holiday Work              |               |              |             |      |               | 221.75       | 221.75-     |       |
| 701200 Incentive Longevity       | 31,900.00     | 15,190.38    | 16,709.62   | 48   | 29,800.00     | 14,559.62    | 15,240.38   | 49    |
| 701300 Overtime                  | 2,100.00      | 2,192.38     | 92.38-      | 104  | 1,000.00      | 10,168.11    | 9,168.11-   | 1,017 |
| 701412 Salary Adjustment         | 58,579.12     |              | 58,579.12   |      | 5,347.52-     |              | 5,347.52-   |       |
| 701413 Vac Payoff/Sick Pay-Term  |               | 388.28       | 388.28-     |      |               | 10,715.38    | 10,715.38-  |       |
| 701417 Comp Time                 |               | 0.48         | 0.48-       |      |               |              |             |       |
| * Salaries and Wages             | 1,813,111.73  | 1,118,420.44 | 694,691.29  | 62   | 1,939,491.72  | 1,160,129.96 | 779,361.76  | 60    |
| 705110 Group Insurance           | 271,401.01    | 175,960.33   | 95,440.68   | 65   | 288,679.65    | 178,790.04   | 109,889.61  | 62    |
| 705199 Lab Cost Sav-Benef        |               | 649.40-      | 649.40      |      |               |              |             |       |
| 705210 Retirement                | 402,901.49    | 257,078.46   | 145,823.03  | 64   | 394,720.53    | 236,750.68   | 157,969.85  | 60    |
| 705215 Retirement Calculation    | 355,282.00    |              | 355,282.00  |      | 410,797.00    |              | 410,797.00  |       |
| 705230 Medicare April 1986       | 24,227.84     | 15,490.56    | 8,737.28    | 64   | 26,138.11     | 16,159.02    | 9,979.09    | 62    |
| 705320 Workmens Comp             | 12,363.45     | 8,242.32     | 4,121.13    | 67   | 10,332.00     | 6,887.92     | 3,444.08    | 67    |
| 705330 Unemploy Comp             | 2,920.50      | 2,920.50     |             | 100  | 6,336.00      | 6,335.97     | 0.03        | 100   |
| * Employee Benefits              | 1,069,096.29  | 459,042.77   | 610,053.52  | 43   | 1,137,003.29  | 444,923.63   | 692,079.66  | 39    |
| 710100 Professional Services     | 9,500.00      | 9,278.88     | 221.12      | 98   | 2,300.00      | 1,905.00     | 395.00      | 83    |
| 710105 Medical Services          | 350.00        |              | 350.00      |      |               | 207.00       | 207.00-     |       |
| 710110 Contracted/Temp Services  |               | 7,442.35     | 7,442.35-   |      |               |              |             |       |
| 710200 Service Contract          | 1,500.00      | 2.45         | 1,497.55    | 0    | 750.00        | 845.48       | 95.48-      | 113   |
| 710205 Repairs and Maintenance   | 400.00        | 34.00        | 366.00      | 9    | 700.00        |              | 700.00      |       |
| 710300 Operating Supplies        | 17,251.00     | 16,516.99    | 734.01      | 96   | 26,100.00     | 7,979.43     | 18,120.57   | 31    |
| 710334 Copy Machine Expense      | 5,680.00      | 3,569.14     | 2,110.86    | 63   | 11,594.00     | 2,978.85     | 8,615.15    | 26    |
| 710350 Office Supplies           | 11,900.00     | 8,632.62     | 3,267.38    | 73   | 16,200.00     | 6,164.16     | 10,035.84   | 38    |
| 710355 Books and Subscriptions   | 1,350.00      | 1,175.45     | 174.55      | 87   | 1,350.00      | 896.40       | 453.60      | 66    |
| 710360 Postage                   | 1,175.00      | 538.41       | 636.59      | 46   | 1,550.00      | 681.10       | 868.90      | 44    |
| 710361 Express and Courier       | 100.00        |              | 100.00      |      | 100.00        | 14.56        | 85.44       | 15    |
| 710500 Other Expense             | 1,600.00      | 872.50       | 727.50      | 55   | 1,100.00      | 784.00       | 316.00      | 71    |
| 710502 Printing                  | 2,080.00      | 876.65       | 1,203.35    | 42   | 9,050.00      | 649.81       | 8,400.19    | 7     |
| 710503 Licenses & Permits        | 2,490.00      | 1,851.00     | 639.00      | 74   | 2,300.00      | 825.00       | 1,475.00    | 36    |
| 710507 Network and Data Lines    | 630.00        | 312.42       | 317.58      | 50   | 480.00        | 323.67       | 156.33      | 67    |
| 710508 Telephone Land Lines      | 11,340.00     | 5,362.35     | 5,977.65    | 47   | 11,380.00     | 5,841.50     | 5,538.50    | 51    |
| 710509 Seminars and Meetings     | 7,400.00      | 4,031.00     | 3,369.00    | 54   | 5,300.00      | 2,102.18     | 3,197.82    | 40    |
| 710512 Auto Expense              | 3,900.00      | 2,213.14     | 1,686.86    | 57   | 3,900.00      | 919.88       | 2,980.12    | 24    |
| 710519 Cellular Phone            | 1,470.00      | 1,767.13     | 297.13-     | 120  | 250.00        | 804.90       | 554.90-     | 322   |

Washoe County Health District  
 Administrative Health Services  
 Pds 1-8, FY2012

| Accounts                     | 2012 Plan    | 2012 Actuals | Balance      | Act% | 2011 Plan    | 2011 Actual  | Balance      | Act% |
|------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 710529 Dues                  | 2,850.00     | 2,258.00     | 592.00       | 79   | 2,850.00     | 515.00       | 2,335.00     | 18   |
| 710546 Advertising           | 150.00       |              | 150.00       |      | 150.00       | 80.69        | 69.31        | 54   |
| 710552 Moving Costs          |              | 1,046.14     | 1,046.14-    |      |              |              |              |      |
| 710600 LT Lease-Office Space | 71,788.00    | 53,431.42    | 18,356.58    | 74   | 80,296.00    | 53,583.06    | 26,712.94    | 67   |
| 710872 Food Purchases        | 150.00       |              | 150.00       |      | 150.00       |              | 150.00       |      |
| 711010 Utilities             | 1,000.00     |              | 1,000.00     |      | 100.00       | 330.00       | 230.00-      | 330  |
| 711100 ESD Asset Management  | 312.00       | 208.00       | 104.00       | 67   | 360.00       | 240.00       | 120.00       | 67   |
| 711114 Equip Srv O & M       | 767.04       | 437.25       | 329.79       | 57   | 702.30       | 469.35       | 232.95       | 67   |
| 711115 Equip Srv Motor Pool  |              | 50.00        | 50.00-       |      | 1,000.00     | 557.50       | 442.50       | 56   |
| 711117 ESD Fuel Charge       | 557.28       | 472.26       | 85.02        | 85   | 509.46       | 411.07       | 98.39        | 81   |
| 711119 Prop & Liab Billings  | 15,154.15    | 10,102.72    | 5,051.43     | 67   | 13,680.00    | 9,119.92     | 4,560.08     | 67   |
| 711210 Travel                | 17,000.00    | 7,082.90     | 9,917.10     | 42   | 17,500.00    | 7,211.78     | 10,288.22    | 41   |
| 711300 Cash Over Short       |              | 3.00-        | 3.00         |      |              | 0.68         | 0.68-        |      |
| 711504 Equipment nonCapital  | 1,650.00     | 16,169.97    | 14,519.97-   | 980  | 1,700.00     | 5,678.11     | 3,978.11-    | 334  |
| * Services and Supplies      | 191,494.47   | 155,732.14   | 35,762.33    | 81   | 213,401.76   | 112,120.08   | 101,281.68   | 53   |
| ** Expenses                  | 3,073,702.49 | 1,733,195.35 | 1,340,507.14 | 56   | 3,289,896.77 | 1,717,173.67 | 1,572,723.10 | 52   |
| *** Total                    | 1,882,593.49 | 1,015,725.48 | 866,868.01   | 54   | 2,098,672.77 | 1,119,750.88 | 978,921.89   | 53   |

Washoe County Health District  
 Air Quality Management  
 Pds 1-8, FY2012

| Accounts                            | 2012 Plan     | 2012 Actuals  | Balance     | Act% | 2011 Plan     | 2011 Actual   | Balance     | Act% |
|-------------------------------------|---------------|---------------|-------------|------|---------------|---------------|-------------|------|
| 422510 Air Pollution Permits        | 370,485.00-   | 195,994.50-   | 174,490.50- | 53   | 391,000.00-   | 230,184.50-   | 160,815.50- | 59   |
| * Licenses and Permits              | 370,485.00-   | 195,994.50-   | 174,490.50- | 53   | 391,000.00-   | 230,184.50-   | 160,815.50- | 59   |
| 431100 Federal Grants               | 863,531.00-   | 267,319.74-   | 596,211.26- | 31   | 686,099.00-   | 367,288.54-   | 318,810.46- | 54   |
| 431105 Federal Grants - Indirect    |               | 5,921.26-     | 5,921.26    |      |               | 13,796.46-    | 13,796.46   |      |
| 432100 State Grants                 | 230,000.00-   | 230,000.00-   |             | 100  | 140,000.00-   | 140,000.00-   |             | 100  |
| 432311 Pol Ctrl 455B.830            | 297,006.07-   | 235,393.00-   | 61,613.07-  | 79   | 290,140.86-   | 229,370.00-   | 60,770.86-  | 79   |
| * Intergovernmental                 | 1,390,537.07- | 738,634.00-   | 651,903.07- | 53   | 1,116,239.86- | 750,455.00-   | 365,784.86- | 67   |
| 460513 Other Health Service Charges |               |               |             |      |               | 701.00-       | 701.00      |      |
| 460526 Plan Review-Air Quality      | 25,000.00-    | 20,059.00-    | 4,941.00-   | 80   | 11,270.00-    | 19,581.00-    | 8,311.00    | 174  |
| 460527 NOE-AQM                      | 76,000.00-    | 63,442.00-    | 12,558.00-  | 83   | 40,000.00-    | 50,220.00-    | 10,220.00   | 126  |
| 460528 NESHAP-AQM                   | 66,000.00-    | 47,597.00-    | 18,403.00-  | 72   | 62,000.00-    | 49,926.00-    | 12,074.00-  | 81   |
| 460529 Assessments-AQM              | 28,000.00-    | 20,790.00-    | 7,210.00-   | 74   | 21,000.00-    | 18,984.00-    | 2,016.00-   | 90   |
| 460530 Inspector Registr-AQ         | 3,115.00-     | 2,670.00-     | 445.00-     | 86   | 1,900.00-     | 3,395.00-     | 1,495.00    | 179  |
| 460531 Dust Plan-Air Quality        | 165,000.00-   | 63,912.00-    | 101,088.00- | 39   | 165,000.00-   | 88,704.00-    | 76,296.00-  | 54   |
| * Charges for Services              | 363,115.00-   | 218,470.00-   | 144,645.00- | 60   | 301,170.00-   | 231,511.00-   | 69,659.00-  | 77   |
| 485100 Reimbursements               |               | 150.00-       | 150.00      |      |               |               |             |      |
| 485300 Other Misc Govt Rev          |               | 423.30-       | 423.30      |      |               |               |             |      |
| * Miscellaneous                     |               | 573.30-       | 573.30      |      |               | 55.50-        | 55.50       |      |
| ** Revenue                          | 2,124,137.07- | 1,153,671.80- | 970,465.27- | 54   | 1,808,409.86- | 1,212,206.00- | 596,203.86- | 67   |
| 701110 Base Salaries                | 1,292,212.29  | 730,634.63    | 561,577.66  | 57   | 1,368,978.42  | 844,278.46    | 524,699.96  | 62   |
| 701130 Pooled Positions             | 28,000.00     | 6,023.53      | 21,976.47   | 22   | 18,000.00     | 13,754.04     | 4,245.96    | 76   |
| 701140 Holiday Work                 |               | 394.65        | 394.65-     |      |               |               |             |      |
| 701200 Incentive Longevity          | 22,400.00     | 9,723.85      | 12,676.15-  | 43   | 23,000.00     | 10,575.02     | 12,424.98   | 46   |
| 701300 Overtime                     | 7,599.56      | 3,158.60      | 4,440.96    | 42   | 6,576.10      | 2,352.84      | 4,223.26    | 36   |
| 701408 Call Back                    |               |               |             |      |               | 209.26        | 209.26-     |      |
| 701413 Vac Payoff/Sick Pay-Term     |               | 60,347.70     | 60,347.70-  |      |               | 42,911.41     | 42,911.41-  |      |
| 701417 Comp Time                    |               | 5,358.86      | 5,358.86-   |      |               | 11,850.01     | 11,850.01-  |      |
| * Salaries and Wages                | 1,350,211.85  | 815,641.82    | 534,570.03  | 60   | 1,416,554.52  | 925,931.04    | 490,623.48  | 65   |
| 705110 Group Insurance              | 177,040.72    | 99,526.45     | 77,514.27   | 56   | 175,898.81    | 109,723.85    | 66,174.96   | 62   |
| 705199 Lab Cost Sav-Benef           |               | 624.40-       | 624.40      |      |               |               |             |      |
| 705210 Retirement                   | 305,669.98    | 174,560.21    | 131,109.77  | 57   | 299,272.94    | 183,562.55    | 115,710.39  | 61   |
| 705230 Medicare April 1986          | 18,443.93     | 11,091.02     | 7,352.91    | 60   | 18,558.58     | 12,282.55     | 6,276.03    | 66   |
| 705320 Workmens Comp                | 7,543.80      | 5,029.20      | 2,514.60    | 67   | 5,740.00      | 3,826.64      | 1,913.36    | 67   |
| 705330 Unemply Comp                 | 1,782.00      | 1,782.00      |             | 100  | 3,520.00      | 3,519.99      | 0.01        | 100  |
| * Employee Benefits                 | 510,480.43    | 291,364.48    | 219,115.95  | 57   | 502,990.33    | 312,915.58    | 190,074.75  | 62   |
| 710100 Professional Services        | 298,767.94    | 283.00        | 298,484.94  | 0    | 205,628.23    | 27,624.91     | 178,003.32  | 13   |
| 710105 Medical Services             | 1,316.00      | 323.50        | 992.50      | 25   |               | 628.00        | 628.00-     |      |
| 710110 Contracted/Temp Services     |               |               |             |      | 40,000.00     |               | 40,000.00   |      |
| 710200 Service Contract             | 500.00        | 262.36        | 237.64      | 52   | 350.00        | 252.92        | 97.08       | 72   |
| 710205 Repairs and Maintenance      | 11,730.00     | 449.01        | 11,280.99   | 4    | 7,000.00      | 10,446.30     | 3,446.30-   | 149  |
| 710210 Software Maintenance         |               | 1,550.00      | 1,550.00-   |      |               |               |             |      |
| 710300 Operating Supplies           | 8,600.00      | 3,920.71      | 4,679.29    | 46   | 9,100.00      | 6,289.87      | 2,810.13    | 69   |
| 710334 Copy Machine Expense         | 4,400.00      | 2,523.95      | 1,876.05    | 57   | 4,400.00      | 3,223.42      | 1,176.58    | 73   |
| 710350 Office Supplies              | 4,000.00      | 2,500.83      | 1,499.17    | 63   | 4,000.00      | 4,412.30      | 412.30-     | 110  |
| 710355 Books and Subscriptions      | 224.00        | 268.37        | 44.37-      | 120  | 224.00        | 213.82        | 10.18       | 95   |

Washoe County Health District  
 Air Quality Management  
 Pds 1-8, FY2012

| Accounts                           | 2012 Plan    | 2012 Actuals | Balance      | Act%  | 2011 Plan    | 2011 Actual  | Balance    | Act% |
|------------------------------------|--------------|--------------|--------------|-------|--------------|--------------|------------|------|
| 710360 Postage                     | 2,900.00     | 1,853.87     | 1,046.13     | 64    | 2,200.00     | 1,844.97     | 355.03     | 84   |
| 710361 Express and Courier         | 175.00       | 71.45        | 103.55       | 41    | 200.00       | 72.34        | 127.66     | 36   |
| 710500 Other Expense               | 100.00       | 1,302.89     | 1,202.89     | 1,303 | 200.00       | 57.00        | 143.00     | 29   |
| 710502 Printing                    | 800.00       | 428.49       | 371.51       | 54    | 1,000.00     | 618.87       | 381.13     | 62   |
| 710503 Licenses & Permits          | 135.00       |              | 135.00       |       | 90.00        |              | 90.00      |      |
| 710505 Rental Equipment            | 1,800.00     |              | 1,800.00     |       | 1,800.00     |              | 1,800.00   |      |
| 710506 Dept Insurance Deductible   |              |              |              |       |              | 150.00       | 150.00     |      |
| 710507 Network and Data Lines      |              | 3,715.00     | 3,715.00     |       |              |              |            |      |
| 710508 Telephone Land Lines        | 6,500.00     | 2,804.24     | 3,695.76     | 43    | 7,000.00     | 3,905.81     | 3,094.19   | 56   |
| 710509 Seminars and Meetings       | 5,000.00     | 1,570.19     | 3,429.81     | 31    | 5,000.00     | 1,825.00     | 3,175.00   | 37   |
| 710512 Auto Expense                | 1,000.00     | 270.87       | 729.13       | 27    | 1,200.00     | 132.50       | 1,067.50   | 11   |
| 710519 Cellular Phone              | 4,700.00     | 2,979.90     | 1,720.10     | 63    | 3,800.00     | 3,170.38     | 629.62     | 83   |
| 710529 Dues                        | 435.00       | 2,750.00     | 2,315.00     | 632   | 435.00       | 3,451.00     | 3,016.00   | 793  |
| 710535 Credit Card Fees            | 1,500.00     | 1,080.33     | 419.67       | 72    | 1,500.00     | 692.84       | 807.16     | 46   |
| 710546 Advertising                 | 1,000.00     | 11,915.36    | 10,915.36    | 1,192 | 1,000.00     | 406.50       | 593.50     | 41   |
| 710577 Uniforms & Special Clothing | 1,100.00     | 1,686.90     | 586.90       | 153   | 1,100.00     |              | 1,100.00   |      |
| 710721 Outpatient                  |              |              |              |       | 1,316.00     |              | 1,316.00   |      |
| 711100 ESD Asset Management        | 2,808.00     | 1,872.00     | 936.00       | 67    | 2,880.00     | 2,190.00     | 690.00     | 76   |
| 711113 Equip Srv Replace           | 13,719.96    | 10,344.10    | 3,375.86     | 75    | 7,677.51     | 9,237.65     | 1,560.14   | 120  |
| 711114 Equip Srv O & M             | 12,963.22    | 5,352.40     | 7,610.82     | 41    | 13,966.50    | 6,281.52     | 7,684.98   | 45   |
| 711115 Equip Srv Motor Pool        |              |              |              |       |              | 325.00       | 325.00     |      |
| 711117 ESD Fuel Charge             | 10,520.54    | 7,802.13     | 2,718.41     | 74    | 11,125.62    | 7,041.22     | 4,084.40   | 63   |
| 711119 Prop & Liab Billings        | 9,246.60     | 6,164.40     | 3,082.20     | 67    | 7,600.00     | 5,066.64     | 2,533.36   | 67   |
| 711210 Travel                      | 31,000.00    | 3,322.47     | 27,677.53    | 11    | 28,500.00    | 6,120.50     | 22,379.50  | 21   |
| 711504 Equipment nonCapital        | 24,000.00    | 26,846.76    | 2,846.76     | 112   | 14,000.00    | 15,623.02    | 1,623.02   | 112  |
| * Services and Supplies            | 460,941.26   | 106,215.48   | 354,725.78   | 23    | 384,292.86   | 121,304.30   | 262,988.56 | 32   |
| * 781004 Equipment Capital         | 330,432.00   | 116,338.60   | 214,093.40   | 35    | 92,697.72    | 43,283.58    | 49,414.14  | 47   |
| * Capital Outlay                   | 330,432.00   | 116,338.60   | 214,093.40   | 35    | 92,697.72    | 43,283.58    | 49,414.14  | 47   |
| ** Expenses                        | 2,652,065.54 | 1,329,560.38 | 1,322,505.16 | 50    | 2,396,535.43 | 1,403,434.50 | 993,100.93 | 59   |
| *** Total                          | 527,928.47   | 175,888.58   | 352,039.89   | 33    | 588,125.57   | 191,228.50   | 396,897.07 | 33   |

Washoe County Health District  
Community and Clinical Health Services  
Pds 1-8, FY2012

| Accounts                            | 2012 Plan     | 2012 Actuals  | Balance       | Act% | 2011 Plan     | 2011 Actual   | Balance       | Act%  |
|-------------------------------------|---------------|---------------|---------------|------|---------------|---------------|---------------|-------|
| 431100 Federal Grants               | 2,350,745.00- | 1,185,224.42- | 1,165,520.58- | 50   | 2,364,508.70- | 1,138,094.43- | 1,226,414.27- | 48    |
| 431105 Federal Grants - Indirect    |               | 4,676.54-     | 4,676.54      |      |               | 17,106.62-    | 17,106.62     |       |
| 432100 State Grants                 | 153,327.00-   | 15,136.81-    | 138,190.19-   | 10   | 255,737.42-   | 68,005.78-    | 187,731.64-   | 27    |
| * Intergovernmental                 | 2,504,072.00- | 1,205,037.77- | 1,299,034.23- | 48   | 2,620,246.12- | 1,223,206.83- | 1,397,039.29- | 47    |
| 460500 Other Immunizations          | 89,000.00-    | 56,051.73-    | 32,948.27-    | 63   | 85,000.00-    | 57,849.44-    | 27,150.56-    | 68    |
| 460501 Medicaid Clinical Services   | 40,300.00-    | 12,945.42-    | 27,354.58-    | 32   | 32,000.00-    | 32,275.30-    | 275.30        | 101   |
| 460503 Childhood Immunizations      | 59,000.00-    | 19,050.54-    | 39,949.46-    | 32   | 140,000.00-   | 37,234.40-    | 102,765.60-   | 27    |
| 460508 Tuberculosis                 | 6,250.00-     | 2,460.02-     | 3,789.98-     | 39   | 7,000.00-     | 4,536.35-     | 2,463.65-     | 65    |
| 460515 Medicare Reimbursement       | 300.00-       |               | 300.00-       |      | 500.00-       | 205.60-       | 294.40-       | 41    |
| 460516 Pgm Inc-3rd Prty Rec         | 4,750.00-     | 8,752.83-     | 4,002.83      | 184  | 6,500.00-     | 17,925.87-    | 11,425.87     | 276   |
| 460517 Influenza Immunization       | 7,000.00-     | 4,698.99-     | 2,301.01-     | 67   | 12,000.00-    | 5,975.99-     | 6,024.01-     | 50    |
| 460518 STD Fees                     | 28,000.00-    | 14,774.35-    | 13,225.65-    | 53   | 30,000.00-    | 19,795.21-    | 10,204.79-    | 66    |
| 460524 Family Planning              | 44,000.00-    | 20,619.04-    | 23,380.96-    | 47   | 66,000.00-    | 29,291.34-    | 36,708.66-    | 44    |
| 460570 Education Revenue            | 11,000.00-    | 3,052.00-     | 7,948.00-     | 28   | 11,000.00-    | 6,402.00-     | 4,598.00-     | 58    |
| * Charges for Services              | 289,600.00-   | 142,404.92-   | 147,195.08-   | 49   | 390,000.00-   | 211,491.50-   | 178,508.50-   | 54    |
| 484050 Donations Federal Pgm Income | 41,450.00-    | 29,560.80-    | 11,889.20-    | 71   |               | 28,078.70-    | 28,078.70     |       |
| 485300 Other Misc Govt Rev          |               | 830.50-       | 830.50        |      |               |               |               |       |
| * Miscellaneous                     | 41,450.00-    | 30,391.30-    | 11,058.70-    | 73   |               | 28,078.70-    | 28,078.70     |       |
| ** Revenue                          | 2,835,122.00- | 1,377,833.99- | 1,457,288.01- | 49   | 3,010,246.12- | 1,462,777.03- | 1,547,469.09- | 49    |
| 701110 Base Salaries                | 2,290,226.58  | 1,405,627.84  | 884,598.74    | 61   | 2,598,654.20  | 1,543,006.72  | 1,055,647.48  | 59    |
| 701120 Part Time                    | 518,071.35    | 347,184.68    | 170,886.67    | 67   | 573,266.06    | 352,742.68    | 220,523.38    | 62    |
| 701130 Pooled Positions             | 258,126.08    | 124,476.45    | 133,649.63    | 48   | 168,345.03    | 132,666.42    | 35,678.61     | 79    |
| 701140 Holiday Work                 |               | 822.03        | 822.03-       |      |               |               |               |       |
| 701200 Incentive Longevity          | 44,097.00     | 29,096.16     | 15,000.84     | 66   | 52,628.00     | 28,123.63     | 24,504.37     | 53    |
| 701300 Overtime                     | 8,606.69      | 21.75-        | 8,628.44      | 0-   | 300.00        | 9,755.66      | 9,455.66-     | 3,252 |
| 701412 Salary Adjustment            | 998.39        |               | 998.39        |      | 175,244.98-   |               | 175,244.98-   |       |
| 701413 Vac Payoff/Sick Pay-Term     |               | 9,289.66      | 9,289.66-     |      |               | 10,684.89     | 10,684.89-    |       |
| 701417 Comp Time                    |               | 2,423.57      | 2,423.57-     |      |               | 194.12        | 194.12-       |       |
| 701500 Merit Awards                 |               |               |               |      | 53,002.53     |               | 53,002.53     |       |
| * Salaries and Wages                | 3,120,126.09  | 1,918,898.64  | 1,201,227.45  | 62   | 3,270,950.84  | 2,077,174.12  | 1,193,776.72  | 64    |
| 705110 Group Insurance              | 433,145.91    | 244,118.51    | 189,027.40    | 56   | 473,252.59    | 259,685.44    | 213,567.15    | 55    |
| 705199 Lab Cost Sav-Benef           |               | 649.40-       | 649.40        |      |               |               |               |       |
| 705210 Retirement                   | 670,286.51    | 421,581.27    | 248,705.24    | 63   | 695,312.38    | 414,311.75    | 281,000.63    | 60    |
| 705230 Medicare April 1986          | 37,606.78     | 24,374.21     | 13,232.57     | 65   | 42,923.94     | 26,816.82     | 16,107.12     | 62    |
| 705320 Workmens Comp                | 17,766.03     | 9,558.00      | 8,208.03      | 54   | 17,220.00     | 11,480.08     | 5,739.92      | 67    |
| 705330 Unemploy Comp                | 4,196.70      | 4,197.20      | 0.50-         | 100  | 10,560.00     | 10,560.03     | 0.03-         | 100   |
| * Employee Benefits                 | 1,163,001.93  | 703,179.79    | 459,822.14    | 60   | 1,239,268.91  | 722,854.12    | 516,414.79    | 58    |
| 710100 Professional Services        | 160,510.33    | 89,627.70     | 70,882.63     | 56   | 99,458.00     | 55,716.91     | 43,741.09     | 56    |
| 710105 Medical Services             | 600.00        | 247.00        | 353.00        | 41   | 600.00        | 75.50         | 524.50        | 13    |
| 710108 MD Consultants               | 48,900.00     | 27,812.50     | 21,087.50     | 57   | 48,900.00     | 27,675.00     | 21,225.00     | 57    |
| 710110 Contracted/Temp Services     | 2,555.00      | 4,309.45      | 1,754.45-     | 169  | 3,355.00      |               | 3,355.00      |       |
| 710119 Subrecipient Payments        | 186,242.00    | 101,612.64    | 84,629.36     | 55   | 186,242.00    | 131,387.44    | 54,854.56     | 71    |
| 710200 Service Contract             | 4,938.00      | 2,872.71      | 2,065.29      | 58   | 4,395.00      | 4,374.89      | 20.11         | 100   |
| 710205 Repairs and Maintenance      | 5,710.00      | 2,030.37      | 3,679.63      | 36   | 6,786.00      | 2,204.22      | 4,581.78      | 32    |
| 710300 Operating Supplies           | 75,539.00     | 52,467.88     | 23,071.12     | 69   | 61,200.00     | 29,945.78     | 31,254.22     | 49    |

Washoe County Health District  
Community and Clinical Health Services  
Pds 1-8, FY2012

| Accounts                           | 2012 Plan    | 2012 Actuals | Balance      | Act% | 2011 Plan    | 2011 Actual  | Balance      | Act% |
|------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 710334 Copy Machine Expense        | 13,775.00    | 6,592.92     | 7,182.08     | 48   | 12,310.00    | 8,062.62     | 4,247.38     | 65   |
| 710350 Office Supplies             | 11,877.01    | 6,899.30     | 4,977.71     | 58   | 9,720.01     | 7,698.37     | 2,021.64     | 79   |
| 710355 Books and Subscriptions     | 1,200.00     | 1,663.18     | 463.18-      | 139  | 1,900.00     | 478.85       | 1,421.15     | 25   |
| 710360 Postage                     | 4,740.00     | 2,139.74     | 2,600.26     | 45   | 4,840.00     | 3,318.87     | 1,521.13     | 69   |
| 710361 Express and Courier         | 320.00       | 62.96        | 257.04       | 20   | 290.00       | 123.99       | 166.01       | 43   |
| 710500 Other Expense               | 18,990.31    | 9,218.92     | 9,771.39     | 49   | 19,131.67    | 7,621.09     | 11,510.58    | 40   |
| 710502 Printing                    | 6,277.00     | 2,475.10     | 3,801.90     | 39   | 6,060.00     | 3,616.39     | 2,443.61     | 60   |
| 710503 Licenses & Permits          | 3,325.00     | 944.25       | 2,380.75     | 28   | 2,150.00     | 2,900.00     | 750.00-      | 135  |
| 710507 Network and Data Lines      | 2,280.00     | 2,331.11     | 51.11-       | 102  | 2,280.00     | 1,618.35     | 661.65       | 71   |
| 710508 Telephone Land Lines        | 13,394.00    | 8,184.69     | 5,209.31     | 61   | 14,580.00    | 8,813.01     | 5,766.99     | 60   |
| 710509 Seminars and Meetings       | 6,600.00     | 4,195.00     | 2,405.00     | 64   | 7,550.00     | 6,190.00     | 1,360.00     | 82   |
| 710512 Auto Expense                | 13,043.00    | 5,336.39     | 7,706.61     | 41   | 11,057.00    | 6,284.90     | 4,772.10     | 57   |
| 710519 Cellular Phone              | 540.00       | 352.18       | 187.82       | 65   | 505.00       | 421.49       | 83.51        | 83   |
| 710529 Dues                        | 1,350.00     | 330.00       | 1,020.00     | 24   | 1,100.00     | 2,080.00     | 980.00-      | 189  |
| 710535 Credit Card Fees            | 3,730.00     | 1,653.03     | 2,076.97     | 44   | 4,245.00     | 2,802.99     | 1,442.01     | 66   |
| 710546 Advertising                 | 29,810.52    | 40,917.70    | 11,107.18-   | 137  | 24,264.70    | 24,958.44    | 693.74-      | 103  |
| 710551 Cash Discounts Lost         |              | 243.26       | 243.26-      |      |              |              |              |      |
| 710577 Uniforms & Special Clothing | 350.00       |              | 350.00       |      | 650.00       |              | 650.00       |      |
| 710703 Biologicals                 | 239,040.00   | 90,971.84    | 148,068.16   | 38   | 308,879.00   | 92,264.67    | 216,614.33   | 30   |
| 710714 Referral Services           | 9,040.00     |              | 9,040.00     |      | 11,300.00    | 425.00       | 10,875.00    | 4    |
| 710721 Outpatient                  | 95,264.00    | 44,430.49    | 50,833.51    | 47   | 117,933.97   | 53,686.72    | 64,247.25    | 46   |
| 710872 Food Purchases              | 3,026.00     | 535.64       | 2,490.36     | 18   | 2,851.00     | 1,256.24     | 1,594.76     | 44   |
| 711010 Utilities                   | 2,303.00     |              | 2,303.00     |      | 1,000.00     | 702.00       | 298.00       | 70   |
| 711100 ESD Asset Management        |              |              |              |      | 360.00       | 30.00        | 330.00       | 8    |
| 711113 Equip Srv Replace           |              |              |              |      | 1,047.46     | 28.65        | 1,018.81     | 3    |
| 711114 Equip Srv O & M             |              |              |              |      | 472.80       |              | 472.80       |      |
| 711115 Equip Srv Motor Pool        |              | 132.50       | 132.50-      |      | 1,125.00     | 550.00       | 575.00       | 49   |
| 711117 ESD Fuel Charge             |              |              |              |      |              | 379.63       | 379.63-      |      |
| 711119 Prop & Liab Billings        | 21,776.21    | 14,517.44    | 7,258.77     | 67   | 22,800.00    | 15,200.00    | 7,600.00     | 67   |
| 711210 Travel                      | 27,781.00    | 5,196.36     | 22,584.64    | 19   | 36,672.53    | 8,834.32     | 27,838.21    | 24   |
| 711300 Cash Over Short             |              |              |              |      |              | 4.95-        | 4.95         |      |
| 711504 Equipment nonCapital        | 13,093.00    | 15,817.86    | 2,724.86-    | 121  | 4,876.00     | 2,634.37     | 2,241.63     | 54   |
| * Services and Supplies            | 1,027,919.38 | 546,122.11   | 481,797.27   | 53   | 1,042,887.14 | 514,355.75   | 528,531.39   | 49   |
| ** Expenses                        | 5,311,047.40 | 3,168,200.54 | 2,142,846.86 | 60   | 5,553,106.89 | 3,314,383.99 | 2,238,722.90 | 60   |
| *** Total                          | 2,475,925.40 | 1,790,366.55 | 685,558.85   | 72   | 2,542,860.77 | 1,851,606.96 | 691,253.81   | 73   |



| Accounts                           | 2012 Plan     | 2012 Actuals  | Balance      | Act% | 2011 Plan     | 2011 Actual   | Balance      | Act% |
|------------------------------------|---------------|---------------|--------------|------|---------------|---------------|--------------|------|
| 422503 Environmental Permits       | 46,900.00-    | 31,790.00-    | 15,110.00-   | 68   | 43,000.00-    | 35,289.00-    | 7,711.00-    | 82   |
| 422504 Pool Permits                | 63,000.00-    | 17,275.85-    | 45,724.15-   | 27   | 63,000.00-    | 15,646.00-    | 47,354.00-   | 25   |
| 422505 RV Permits                  | 9,700.00-     | 6,496.00-     | 3,204.00-    | 67   | 10,500.00-    | 6,850.00-     | 3,650.00-    | 65   |
| 422507 Food Service Permits        | 342,000.00-   | 227,478.00-   | 114,522.00-  | 67   | 342,000.00-   | 236,282.00-   | 105,718.00-  | 69   |
| 422508 Wat Well Const Perm         | 27,000.00-    | 7,594.00-     | 19,406.00-   | 28   | 34,500.00-    | 14,799.00-    | 19,701.00-   | 43   |
| 422509 Water Company Permits       | 3,500.00-     | 1,638.00-     | 1,862.00-    | 47   | 4,000.00-     | 2,333.00-     | 1,667.00-    | 58   |
| 422511 ISDS Permits                | 47,000.00-    | 34,855.00-    | 12,145.00-   | 74   | 47,000.00-    | 36,791.00-    | 10,209.00-   | 78   |
| 422513 Special Event Permits       | 74,000.00-    | 44,062.00-    | 29,938.00-   | 60   | 70,500.00-    | 43,386.00-    | 27,114.00-   | 62   |
| 422514 Initial Applic Fee          | 25,000.00-    | 15,108.00-    | 9,892.00-    | 60   | 35,000.00-    | 17,440.00-    | 17,560.00-   | 50   |
| * Licenses and Permits             | 638,100.00-   | 386,296.85-   | 251,803.15-  | 61   | 649,500.00-   | 408,816.00-   | 240,684.00-  | 63   |
| 431100 Federal Grants              | 277,000.00-   | 135,149.29-   | 141,850.71-  | 49   | 311,029.78-   | 140,888.96-   | 170,140.82-  | 45   |
| 432100 State Grants                | 75,000.00-    | 37,500.00-    | 37,500.00-   | 50   | 75,000.00-    | 36,250.00-    | 38,750.00-   | 48   |
| 432310 Tire Fee NRS 444A.090       | 452,000.00-   | 333,043.06-   | 118,956.94-  | 74   | 370,535.00-   | 357,042.56-   | 13,492.44-   | 96   |
| * Intergovernmental                | 804,000.00-   | 505,692.35-   | 298,307.65-  | 63   | 756,564.78-   | 534,181.52-   | 222,383.26-  | 71   |
| 460509 Water Quality               |               | 378.00-       | 378.00       |      |               | 432.00-       | 432.00       |      |
| 460510 IT Overlay                  | 96,800.00-    | 57,726.00-    | 39,074.00-   | 60   | 111,000.00-   | 58,775.00-    | 52,225.00-   | 53   |
| 460512 Duplication Service Fees    |               | 241.39-       | 241.39       |      |               | 583.22-       | 583.22       |      |
| 460513 Other Healt Service Charges | 2,700.00-     | 1,298.00-     | 1,402.00-    | 48   | 2,700.00-     | 4,918.25-     | 2,218.25     | 182  |
| 460514 Food Service Certification  | 9,000.00-     | 15,624.00-    | 6,624.00-    | 174  | 8,000.00-     | 8,972.00-     | 972.00       | 112  |
| 460520 Eng Serv Health             | 42,000.00-    | 19,967.00-    | 22,033.00-   | 48   | 55,000.00-    | 27,292.00-    | 27,708.00-   | 50   |
| 460521 Plan Review - Pools & Spas  | 2,500.00-     | 3,652.00-     | 1,152.00     | 146  | 2,500.00-     | 3,769.00-     | 1,269.00     | 151  |
| 460523 Plan Review - Food Services | 17,000.00-    | 11,693.00-    | 5,307.00-    | 69   | 17,000.00-    | 17,414.15-    | 414.15       | 102  |
| 460525 Plan Review - Vector        | 24,000.00-    | 18,059.00-    | 5,941.00-    | 75   | 24,000.00-    | 24,338.00-    | 338.00       | 101  |
| 460532 Plan Rvw Hotel/Motel        |               | 189.00-       | 189.00       |      |               | 69.00-        | 69.00        |      |
| 460533 Quick Start                 |               | 87.00-        | 87.00        |      |               | 87.00-        | 87.00        |      |
| 460534 Child Care Inspection       | 8,000.00-     | 4,623.00-     | 3,377.00-    | 58   | 8,300.00-     | 5,244.00-     | 3,056.00-    | 63   |
| 460535 Pub Accomod Inspectn        | 16,000.00-    | 9,510.00-     | 6,490.00-    | 59   | 17,000.00-    | 9,392.00-     | 7,608.00-    | 55   |
| 460570 Education Revenue           | 2,400.00-     | 896.00-       | 1,504.00-    | 37   | 2,400.00-     | 1,538.00-     | 862.00-      | 64   |
| * Charges for Services             | 220,400.00-   | 143,943.39-   | 76,456.61-   | 65   | 247,900.00-   | 162,823.62-   | 85,076.38-   | 66   |
| 485100 Reimbursements              |               |               |              |      |               | 150.00-       | 150.00       |      |
| * Miscellaneous                    |               |               |              |      |               | 150.00-       | 150.00       |      |
| ** Revenue                         | 1,662,500.00- | 1,035,932.59- | 626,567.41-  | 62   | 1,653,964.78- | 1,105,971.14- | 547,993.64-  | 67   |
| 701110 Base Salaries               | 2,981,274.44  | 1,870,538.79  | 1,110,735.65 | 63   | 3,313,782.63  | 1,904,662.08  | 1,409,120.55 | 57   |
| 701130 Pooled Positions            | 103,247.00    | 82,201.19     | 21,045.81    | 80   | 113,422.64    | 96,182.36     | 17,240.28    | 85   |
| 701140 Holiday Work                | 1,200.00      | 2,373.32      | 1,173.32-    | 198  | 1,200.00      | 671.28        | 528.72       | 56   |
| 701200 Incentive Longevity         | 53,100.00     | 23,630.76     | 29,469.24    | 45   | 48,750.00     | 23,100.00     | 25,650.00    | 47   |
| 701300 Overtime                    | 34,000.00     | 19,920.20     | 14,079.80    | 59   | 33,788.00     | 26,623.51     | 7,164.49     | 79   |
| 701406 Standby Pay                 |               | 5,427.32      | 5,427.32-    |      | 30,000.00     | 23,493.75     | 6,506.25     | 78   |
| 701408 Call Back                   | 3,000.00      | 552.01        | 2,447.99     | 18   | 3,000.00      | 1,510.06      | 1,489.94     | 50   |
| 701413 Vac Payoff/Sick Pay-Term    |               | 44,554.48     | 44,554.48-   |      |               |               |              |      |
| 701417 Comp Time                   |               | 393.81        | 393.81-      |      |               |               |              |      |
| 701500 Merit Awards                | 92,818.62-    |               | 92,818.62-   |      | 173,177.76-   |               | 173,177.76-  |      |
| * Salaries and Wages               | 3,083,002.82  | 2,049,591.88  | 1,033,410.94 | 66   | 3,370,765.51  | 2,076,243.04  | 1,294,522.47 | 62   |
| 705110 Group Insurance             | 454,634.94    | 283,839.78    | 170,795.16   | 62   | 496,011.19    | 295,386.76    | 200,624.43   | 60   |
| 705199 Lab Cost Sav-Benef          |               | 649.40-       | 649.40       |      |               |               |              |      |
| 705210 Retirement                  | 709,981.00    | 447,487.78    | 262,493.22   | 63   | 724,004.28    | 419,319.41    | 304,684.87   | 58   |
| 705230 Medicare April 1986         | 40,395.20     | 26,570.35     | 13,824.85    | 66   | 43,660.48     | 26,562.03     | 17,098.45    | 61   |
| 705320 Workmens Comp               | 18,966.18     | 12,644.16     | 6,322.02     | 67   | 16,072.00     | 10,714.72     | 5,357.28     | 67   |

| Accounts                           | 2012 Plan    | 2012 Actuals | Balance      | Act% | 2011 Plan    | 2011 Actual  | Balance      | Act% |
|------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 705330 Unemploy Comp               | 4,480.20     | 4,480.20     |              | 100  | 9,856.00     | 9,856.02     | 0.02-        | 100  |
| * Employee Benefits                | 1,228,457.52 | 774,372.87   | 454,084.65   | 63   | 1,289,603.95 | 761,838.94   | 527,765.01   | 59   |
| 710100 Professional Services       | 490,885.57   | 7,572.00     | 483,313.57   | 2    | 257,890.90   | 7,855.50     | 250,035.40   | 3    |
| 710105 Medical Services            | 6,548.00     | 557.00       | 5,991.00     | 9    | 6,548.00     | 175.50       | 6,372.50     | 3    |
| 710110 Contracted/Temp Services    | 55,225.00    | 12,892.70    | 42,332.30    | 23   | 29,194.00    | 18,462.84    | 10,731.16    | 63   |
| 710200 Service Contract            | 60,300.00    | 48,154.88    | 12,145.12    | 80   | 59,800.00    | 37,221.28    | 22,578.72    | 62   |
| 710205 Repairs and Maintenance     | 1,100.00     | 1,084.94     | 15.06        | 99   | 1,000.00     | 1,255.54     | 255.54-      | 126  |
| 710300 Operating Supplies          | 20,100.00    | 4,157.87     | 15,942.13    | 21   | 22,225.00    | 5,024.44     | 17,200.56    | 23   |
| 710302 Small Tools & Allow         | 1,685.00     |              | 1,685.00     |      | 2,185.00     | 325.50       | 1,859.50     | 15   |
| 710308 Animal Supplies             | 2,000.00     | 323.75       | 1,676.25     | 16   | 2,000.00     |              | 2,000.00     |      |
| 710319 Chemical Supplies           | 281,950.00   | 265,391.74   | 16,558.26    | 94   | 321,741.00   | 321,497.39   | 243.61       | 100  |
| 710334 Copy Machine Expense        | 2,250.00     | 1,177.89     | 1,072.11     | 52   | 930.00       | 1,353.09     | 423.09-      | 145  |
| 710350 Office Supplies             | 9,500.00     | 3,972.84     | 5,527.16     | 42   | 10,000.00    | 5,303.80     | 4,696.20     | 53   |
| 710355 Books and Subscriptions     | 2,400.00     | 654.95       | 1,745.05     | 27   | 5,400.00     | 1,229.47     | 4,170.53     | 23   |
| 710360 Postage                     | 9,300.00     | 5,012.49     | 4,287.51     | 54   | 7,800.00     | 7,119.47     | 680.53       | 91   |
| 710361 Express and Courier         | 175.00       | 17.39        | 157.61       | 10   | 225.00       | 80.61        | 144.39       | 36   |
| 710391 Fuel & Lube                 | 100.00       |              | 100.00       |      | 100.00       |              | 100.00       |      |
| 710500 Other Expense               | 5,800.00     | 1,304.00     | 4,496.00     | 22   | 5,800.00     | 25,442.82    | 19,642.82-   | 439  |
| 710502 Printing                    | 4,025.00     | 2,274.39     | 1,750.61     | 57   | 3,925.00     | 2,841.50     | 1,083.50     | 72   |
| 710503 Licenses & Permits          | 2,590.00     | 2,145.00     | 445.00       | 83   | 2,335.00     | 2,480.00     | 145.00-      | 106  |
| 710506 Dept Insurance Deductible   |              | 150.00       | 150.00-      |      |              | 176.19       | 176.19-      |      |
| 710507 Network and Data Lines      | 2,500.00     | 1,562.10     | 937.90       | 62   | 2,700.00     | 1,908.35     | 791.65       | 71   |
| 710508 Telephone Land Lines        | 9,375.00     | 5,897.22     | 3,477.78     | 63   | 10,800.00    | 6,045.76     | 4,754.24     | 56   |
| 710509 Seminars and Meetings       | 9,240.00     | 7,690.00     | 1,550.00     | 83   | 16,585.00    | 7,245.00     | 9,340.00     | 44   |
| 710512 Auto Expense                | 4,450.00     | 66.20        | 4,383.80     | 1    | 200.00       |              | 200.00       |      |
| 710514 Regulatory Assessments      |              | 11,920.00    | 11,920.00-   |      |              | 27.99        | 27.99-       |      |
| 710519 Cellular Phone              | 7,450.00     | 3,777.23     | 3,672.77     | 51   | 8,455.00     | 4,394.48     | 4,060.52     | 52   |
| 710529 Dues                        | 1,661.00     | 587.00       | 1,074.00     | 35   | 1,726.00     | 1,129.00     | 597.00       | 65   |
| 710535 Credit Card Fees            | 3,965.00     | 2,556.68     | 1,408.32     | 64   | 4,000.00     | 2,046.21     | 1,953.79     | 51   |
| 710546 Advertising                 | 1,050.00     | 3,594.53     | 2,544.53-    | 342  | 1,050.00     | 551.61       | 498.39       | 53   |
| 710551 Cash Discounts Lost         |              | 25.48        | 25.48-       |      |              |              |              |      |
| 710577 Uniforms & Special Clothing | 1,700.00     | 617.70       | 1,082.30     | 36   | 1,700.00     | 695.73       | 1,004.27     | 41   |
| 710585 Undesignated Budget         | 78,700.00    |              | 78,700.00    |      |              |              |              |      |
| 710600 LT Lease-Office Space       | 41,651.00    | 30,330.00    | 11,321.00    | 73   | 40,636.89    | 30,335.94    | 10,300.95    | 75   |
| 711100 ESD Asset Management        | 11,232.00    | 8,476.00     | 2,756.00     | 75   | 18,000.00    | 9,330.00     | 8,670.00     | 52   |
| 711113 Equip Srv Replace           | 29,926.32    | 19,938.56    | 9,987.76     | 67   | 33,221.21    | 20,065.07    | 13,156.14    | 60   |
| 711114 Equip Srv O & M             | 40,610.32    | 21,869.19    | 18,721.13    | 54   | 43,396.79    | 25,124.73    | 18,272.06    | 58   |
| 711115 Equip Srv Motor Pool        |              | 15,442.98    | 15,442.98-   |      |              | 3,537.20     | 3,537.20-    |      |
| 711117 ESD Fuel Charge             | 37,533.78    | 26,689.78    | 10,844.00    | 71   | 30,011.67    | 23,447.47    | 6,564.20     | 78   |
| 711119 Prop & Liab Billings        | 23,247.26    | 15,498.24    | 7,749.02     | 67   | 21,280.00    | 14,186.72    | 7,093.28     | 67   |
| 711210 Travel                      | 44,650.00    | 13,698.88    | 30,953.12    | 31   | 54,677.48    | 13,716.86    | 40,960.62    | 25   |
| 711300 Cash Over Short             |              |              |              |      |              | 20.00-       | 20.00        |      |
| 711504 Equipment nonCapital        | 9,000.00     | 8,465.44     | 534.56       | 94   | 12,652.00    | 17,516.27    | 4,864.27-    | 138  |
| * Services and Supplies            | 1,313,875.25 | 555,565.04   | 758,310.21   | 42   | 1,040,190.94 | 619,129.33   | 421,061.61   | 60   |
| ** Expenses                        | 5,625,335.59 | 3,379,529.79 | 2,245,805.80 | 60   | 5,700,560.40 | 3,457,211.31 | 2,243,349.09 | 61   |
| *** Total                          | 3,962,835.59 | 2,343,597.20 | 1,619,238.39 | 59   | 4,046,595.62 | 2,351,240.17 | 1,695,355.45 | 58   |

Washoe County Health District  
 Epidemiology and Public Health Preparedness  
 Pds 1-8, FY2012

| Accounts                            | 2012 Plan     | 2012 Actuals  | Balance     | Act% | 2011 Plan     | 2011 Actual | Balance       | Act%  |
|-------------------------------------|---------------|---------------|-------------|------|---------------|-------------|---------------|-------|
| 431100 Federal Grants               | 1,448,799.10- | 701,888.51-   | 746,910.59- | 48   | 1,747,372.06- | 588,968.99- | 1,158,403.07- | 34    |
| 431105 Federal Grants - Indirect    | 37,631.00-    | 17,941.79-    | 19,689.21-  | 48   | 32,599.00-    | 16,835.74-  | 15,763.26-    | 52    |
| * Intergovernmental                 | 1,486,430.10- | 719,830.30-   | 766,599.80- | 48   | 1,779,971.06- | 605,804.73- | 1,174,166.33- | 34    |
| 460511 Birth and Death Certificates | 280,000.00-   | 290,186.00-   | 10,186.00   | 104  | 210,000.00-   | 195,334.00- | 14,666.00-    | 93    |
| 460512 Duplication Service Fees     |               |               |             |      |               | 546.21-     | 546.21        |       |
| * Charges for Services              | 280,000.00-   | 290,186.00-   | 10,186.00   | 104  | 210,000.00-   | 195,880.21- | 14,119.79-    | 93    |
| 485300 Other Misc Govt Rev          |               |               |             |      |               | 25.00-      | 25.00         |       |
| * Miscellaneous                     |               |               |             |      |               | 25.00-      | 25.00         |       |
| ** Revenue                          | 1,766,430.10- | 1,010,016.30- | 756,413.80- | 57   | 1,989,971.06- | 801,709.94- | 1,188,261.12- | 40    |
| 701110 Base Salaries                | 1,190,512.97  | 674,179.21    | 516,333.76  | 57   | 1,196,898.32  | 668,317.15  | 528,581.17    | 56    |
| 701120 Part Time                    |               | 198.68        | 198.68-     |      | 56,350.85     | 16,349.35   | 40,001.50     | 29    |
| 701130 Pooled Positions             | 30,500.00     |               | 30,500.00   |      | 30,001.99     | 171.76      | 29,830.23     | 1     |
| 701140 Holiday Work                 |               |               |             |      |               | 750.12      | 750.12-       |       |
| 701200 Incentive Longevity          | 10,883.00     | 5,148.06      | 5,734.94    | 47   | 7,822.00      | 4,085.99    | 3,736.01      | 52    |
| 701300 Overtime                     | 5,100.00      | 523.29        | 4,576.71    | 10   | 2,000.16      | 21,381.79   | 19,381.63-    | 1,069 |
| 701412 Salary Adjustment            | 65,911.27     |               | 65,911.27   |      | 132,223.93    |             | 132,223.93    |       |
| 701413 Vac Payoff/Sick Pay-Term     |               | 18,345.83     | 18,345.83-  |      |               | 20,315.33   | 20,315.33-    |       |
| 701417 Comp Time                    |               | 5,832.67      | 5,832.67-   |      |               | 4,958.19    | 4,958.19-     |       |
| * Salaries and Wages                | 1,302,907.24  | 704,227.74    | 598,679.50  | 54   | 1,425,297.25  | 736,329.68  | 688,967.57    | 52    |
| 705110 Group Insurance              | 153,167.58    | 96,956.70     | 56,210.88   | 63   | 164,455.79    | 92,043.66   | 72,412.13     | 56    |
| 705199 Lab Cost Sav-Benef           |               | 649.40-       | 649.40      |      |               |             |               |       |
| 705210 Retirement                   | 266,121.14    | 160,278.20    | 105,842.94  | 60   | 264,298.15    | 147,511.06  | 116,787.09    | 56    |
| 705215 Retirement Calculation       |               | 5,435.96      | 5,435.96-   |      |               |             |               |       |
| 705230 Medicare April 1986          | 15,858.58     | 9,860.31      | 5,998.27    | 62   | 17,384.95     | 10,331.50   | 7,053.45      | 59    |
| 705320 Workmens Comp                | 6,449.30      | 4,299.60      | 2,149.70    | 67   | 5,166.00      | 3,444.00    | 1,722.00      | 67    |
| 705330 Unemploy Comp                | 1,513.00      | 1,513.00      |             | 100  | 3,168.00      | 3,168.00    |               | 100   |
| 705360 Benefit Adjustment           | 23,416.00     |               | 23,416.00   |      | 8,471.00      |             | 8,471.00      |       |
| * Employee Benefits                 | 466,525.60    | 277,694.37    | 188,831.23  | 60   | 462,943.89    | 256,498.22  | 206,445.67    | 55    |
| 710100 Professional Services        | 116,964.58    | 57,392.19     | 59,572.39   | 49   | 213,535.81    | 23,175.18   | 190,360.63    | 11    |
| 710105 Medical Services             | 100.00        | 81.00         | 19.00       | 81   | 100.00        |             | 100.00        |       |
| 710108 MD Consultants               | 12,000.00     | 7,000.00      | 5,000.00    | 58   | 12,000.00     | 5,000.00    | 7,000.00      | 42    |
| 710110 Contracted/Temp Services     | 33,170.00     | 569.60        | 32,600.40   | 2    | 43,252.22     | 27,725.40   | 15,526.82     | 64    |
| 710200 Service Contract             | 2,195.00      | 5,155.12      | 2,960.12-   | 235  | 1,620.00      | 2,243.83    | 623.83-       | 139   |
| 710205 Repairs and Maintenance      | 1,000.00      | 412.20        | 587.80      | 41   | 1,378.00      | 94.95       | 1,283.05      | 7     |
| 710210 Software Maintenance         | 12,000.00     | 9,000.00      | 3,000.00    | 75   | 12,000.00     | 9,000.00    | 3,000.00      | 75    |
| 710300 Operating Supplies           | 33,896.00     | 5,849.13      | 28,046.87   | 17   | 59,722.14     | 18,195.00   | 41,527.14     | 30    |
| 710325 Signs and Markers            |               | 1,336.50      | 1,336.50-   |      |               |             |               |       |
| 710334 Copy Machine Expense         | 3,289.89      | 1,317.74      | 1,972.15    | 40   | 2,777.00      | 2,126.78    | 650.22        | 77    |
| 710350 Office Supplies              | 7,000.00      | 3,628.28      | 3,371.72    | 52   | 10,028.42     | 5,038.97    | 4,989.45      | 50    |
| 710355 Books and Subscriptions      | 2,510.00      | 993.30        | 1,516.70    | 40   | 2,210.00      | 758.11      | 1,451.89      | 34    |
| 710360 Postage                      | 3,140.00      | 1,628.52      | 1,511.48    | 52   | 3,148.00      | 1,521.02    | 1,626.98      | 48    |
| 710361 Express and Courier          | 10.00         | 17.10         | 7.10-       | 171  |               | 32.44       | 32.44-        |       |
| 710500 Other Expense                | 2,011.00      | 6,091.50      | 4,080.50-   | 303  | 8,124.21      | 783.00      | 7,341.21      | 10    |
| 710502 Printing                     | 5,385.00      | 1,389.89      | 3,995.11    | 26   | 11,851.72     | 1,749.03    | 10,102.69     | 15    |
| 710505 Rental Equipment             | 500.00        | 1,158.00      | 658.00-     | 232  |               | 360.00      | 360.00-       |       |

Washoe County Health District  
 Epidemiology and Public Health Preparedness  
 Pds 1-8, FY2012

| Accounts                      | 2012 Plan    | 2012 Actuals | Balance      | Act% | 2011 Plan    | 2011 Actual  | Balance      | Act% |
|-------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 710507 Network and Data Lines | 550.00       | 157.96       | 392.04       | 29   |              |              |              |      |
| 710508 Telephone Land Lines   | 6,620.00     | 2,732.19     | 3,887.81     | 41   |              | 359.05       | 359.05-      |      |
| 710509 Seminars and Meetings  | 3,700.00     | 2,045.00     | 1,655.00     | 55   | 9,979.92     | 2,897.41     | 7,082.51     | 29   |
| 710512 Auto Expense           | 625.00       | 621.07       | 3.93         | 99   | 3,798.00     | 2,244.00     | 1,554.00     | 59   |
| 710519 Cellular Phone         | 3,680.00     | 1,372.50     | 2,307.50     | 37   | 100.00       | 350.10       | 250.10-      | 350  |
| 710529 Dues                   | 590.00       | 855.00       | 265.00-      | 145  | 400.00       | 1,356.53     | 956.53-      | 339  |
| 710535 Credit Card Fees       | 1,300.00     | 1,195.77     | 104.23       | 92   | 850.00       | 910.00       | 60.00-       | 107  |
| 710546 Advertising            | 370.00       | 2,689.50     | 2,319.50-    | 727  | 800.00       | 858.19       | 58.19-       | 107  |
| 710585 Undesignated Budget    | 37,631.00    |              | 37,631.00    |      | 1,070.00     | 2,870.34     | 1,800.34-    | 268  |
| 710703 Biologicals            | 3,754.79     | 284.00       | 3,470.79     | 8    | 3,155.00-    |              | 3,155.00-    |      |
| 710721 Outpatient             | 2,135.00     | 593.68       | 1,541.32     | 28   | 4,146.68     | 157.00       | 3,989.68     | 4    |
| 710872 Food Purchases         | 550.00       | 56.87        | 493.13       | 10   | 3,000.00     | 531.40       | 2,468.60     | 18   |
| 711010 Utilities              | 180.00       |              | 180.00       |      |              | 491.88       | 491.88-      |      |
| 711100 ESD Asset Management   | 2,808.00     | 1,664.00     | 1,144.00     | 59   |              | 180.00       | 180.00-      |      |
| 711113 Equip Srv Replace      | 492.72       | 328.48       | 164.24       | 67   |              | 1,560.00     | 1,560.00-    |      |
| 711114 Equip Srv O & M        | 3,508.44     | 934.80       | 2,573.64     | 27   |              | 470.30       | 470.30-      |      |
| 711115 Equip Srv Motor Pool   |              |              |              |      |              | 466.42       | 466.42-      |      |
| 711117 ESD Fuel Charge        | 157.16       |              | 157.16       |      | 200.00       | 202.50       | 2.50-        | 101  |
| 711119 Prop & Liab Billings   | 7,612.10     | 5,074.72     | 2,537.38     | 67   |              | 78.58        | 78.58-       |      |
| 711210 Travel                 | 39,950.00    | 5,076.59     | 34,873.41    | 13   | 6,840.00     | 4,560.00     | 2,280.00     | 67   |
| 711504 Equipment nonCapital   | 5,741.98     | 25,731.11    | 19,989.13-   | 448  | 68,924.24    | 5,769.67     | 63,154.57    | 8    |
| * Services and Supplies       | 357,127.66   | 154,433.31   | 202,694.35   | 43   | 50,432.37    | 23,592.71    | 26,839.66    | 47   |
| 781004 Equipment Capital      | 163,577.12   | 145,876.15   | 17,700.97    | 89   | 529,133.73   | 147,709.79   | 381,423.94   | 28   |
| * Capital Outlay              | 163,577.12   | 145,876.15   | 17,700.97    | 89   | 230,621.00   |              | 230,621.00   |      |
| ** Expenses                   | 2,290,137.62 | 1,282,231.57 | 1,007,906.05 | 56   | 2,647,995.87 | 1,140,537.69 | 1,507,458.18 | 43   |
| *** Total                     | 523,707.52   | 272,215.27   | 251,492.25   | 52   | 658,024.81   | 338,827.75   | 319,197.06   | 51   |



## WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



**Public Health**  
Prevent. Promote. Protect.

March 13, 2012

### MEMORANDUM

**To:** Members, Washoe County District Board of Health

**From:** Randall L. Todd, DrPH  
Epidemiology and Public Health Preparedness (EPHP) Director

**Subject:** Report to the District Board of Health, March 2012

### Communicable Disease

- For the week ending March 10 (MMWR Week 10) six of the six participating sentinel healthcare providers for influenza surveillance reported a total of 157 patients with influenza-like-illness (ILI) out of a total of 4,465 patients seen in their practices. This represents an ILI rate of 3.5%. The regional baseline is 3.9% and compares to a national rate of 2.0% for the previous week. The national baseline is 2.4%. Two death certificates were received for week 9 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 9 was 57. This reflects a P & I ratio of 3.5% which is below the epidemic threshold set by CDC for week 9 at 7.9%. The national P & I for week 9 was below the epidemic threshold at 7.6%.
- Rash Illness Outbreak – An outbreak of rash illness has been identified with symptoms that appear to be consistent with Hand, Foot, and Mouth Disease (HFMD). HFMD is usually caused by Coxsackievirus. However, some of the clinical features of the case-patients are not entirely consistent with this diagnosis. Some unusual strains of Coxsackievirus have been identified in other States that might explain some of the inconsistencies. Laboratory studies are currently in progress to help determine the exact cause and to help refine prevention and control recommendations.
- No recent EARS anomalies have been identified.

### Vital Records

- VitalCheck – The Vital Records Program is working with a subsidiary of Lexus/Nexus known as VitalCheck to establish an online mechanism for individuals to request and receive official copies of birth and death certificates. This project will result in better customer service at no additional cost to the Health District. This service has been used by the State Vital Records Program for a number of years.

### Public Health Preparedness

- Training and Education  
ICS 400 for Public Health, coordinated by PHP staff and co-facilitated by the PIO, was held March 7th – 8th at the Washoe County Regional Emergency Operation Center. WCHD staff, MRC volunteers, WC medical examiners staff, and representatives from our partnering agencies made up the 20 attendees that completed the intense two-day training. The PHP program is in the process of scheduling another ICS 300 and 400 training series for next grant award year.

- **Community Outreach**  
Staff presented to approximately 45 UNR undergraduate students in Community Health Sciences regarding public health emergency preparedness activities in Washoe County.
- **CDC- Public Health Preparedness**  
The CDC and ASPR grants which provide funding for this program is being combined into one grant reporting and application process. However, this funding will continue to come as two different funding streams from Congress, so financial tracking and reporting will still be separated. The vision of CDC and ASPR is to streamline the grant process and objectives to better coordinate and eventually save funding as available funding continues to decrease.

The CDC/ASPR grant guidance was received on March 2 and grant applications are due for submittal by May 1, 2012. Nevada as a whole will sustain a decrease in ASPR funding from 2011-2012 total of \$3,413,059 to \$3,280,981, a reduction of \$132,078. CDC funding increases from the 2011-2012 total of \$5,980,374 to \$6,265,654 for an increase of \$285,280 statewide.

#### ASPR-Hospital Information

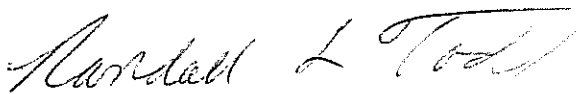
- The Alternate Care Site project is in the final stages. The Public Health Emergency Response Coordinator (PHERC) is meeting with all facilities, with the contractor, to present a final draft of the ACS plan for their review and approval. All participating facilities have been very appreciative of the Health District's assistance with this project.
- The PHERC was asked to give a brief presentation on Health District emergency preparedness and Health related emergencies at the Regional Emergency Operations Center on March 21st. This presentation is to the "Mavericks", a group of local business leaders.
- The Annual CHEMPACK visit was held on February 16th. The PHERC was in attendance at the local hospital that serves as host to the CHEMPACK to learn more about this process. A training on the Statewide SNS plan will be offered by NSHD, the training will be geared for local first responders and LHA staff.

#### Medical Reserve Corps

- Self Defense for Emergency Responders – Enrollment for both classes is full; there are 30 people enrolled in the March 28th class and the March 29th class. Those enrolled include MRC and CERT volunteers, WC staff from the Health District, WIC, CCHS, Medical Examiner, Flood Project, Code Enforcement, DA's Office, NDOT, NDEP, UNR, Sparks F.D., Sierraville F.D., REMSA, and the American Red Cross.
- Resource Manager Class – Completed a six-hour training on Resource Manager and am following up with course instructor on existing software capabilities that will provide improved tracking and deployment of volunteers.
- Disaster Fatality Incident Response Support Team (D-FIRST) – The MRC Coordinator contacted Dale Downey to assist with D-FIRST training in cooperation with the WCME's staff. Mr. Downey is the Commander for the DMORT-WMD team, a federally deployed team that is entrusted with recovery, decontamination and identification of fatalities. We are confirming the course curriculum and length of the training. Course objectives include training on mass fatality incidents, case studies, policies & procedures, cultural issues, natural v. manmade disasters, different disciplines that respond to MFIs, and some background on UVIS, This training is tentatively scheduled for June or July, 2012.
- Shelter Training Classes – The MRC is sponsoring a 4-part series of Shelter Training classes instructed by the American Red Cross. Classes include: Disaster Services: an Overview (3/21); Psychological First Aid (3/28); Shelter Operations (4/4); and Shelter Simulation (4/7). Each class is open to 25 attendees, currently there are

about a dozen MRC members enrolled. The remaining seats have been offered to the Carson/Douglas/Lyon County MRC, and the local Tribal Authorities. This year's NACCHO Capacity Building Award funding is underwriting this 4-part series, as well as one final class on "Health Services Overview for Shelters."

- Family Fun Fiesta – The MRC will provide free blood pressure screenings at the May 5th "Family Fun Fiesta" sponsored by the local Kiwanis Club. The family-oriented health education outreach event takes place at Paradise Park in Sparks on 5/5 from 11 AM to 2 PM. Additionally, the MRC will provide collateral materials on nutrition, exercise and healthy blood pressure, and will provide staffing for the Child I.D. booth. A total of 20 MRC members volunteered for this event.



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**Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director**



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

March 13, 2012

**TO:** District Board of Health Members

**FROM:** Mary-Ann Brown, R.N., M.S.N.  
Division Director, Community and Clinical Health Services

**SUBJECT:** Community and Clinical Health (CCHS) Division Report for March 13, 2012 District Board of Health Meeting

1. World Tuberculosis (TB) Day March 24, 2012
2. Washoe County Food Policy Council Membership
3. Join Together Northern Nevada (JTNN) Grant Application
4. CCHS Annual Training Day Summary

1. World Tuberculosis (TB) Day March 24, 2012

World TB Day on March 24 commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that cause tuberculosis (TB). TB is the leading cause of infectious bacterial disease deaths in the world. In 2011, the World Health Organization (WHO) reported 8.5-9.2 million tuberculosis cases and 1.2-1.5 million deaths from TB worldwide. World TB Day presents an occasion to raise awareness around the world about the health threat of TB in an era of increasing global travel and connectivity.

Washoe County Health District's Tuberculosis Prevention and Control Program operates at an off-site clinic managing treatment for all cases of active TB in Washoe County. Medical contract services are provided by Pulmonary Medicine Associates' physicians and Dr. Budhecha, a Pediatric Pulmonologist. TB Program services include contact investigations, community consultations and education, outreach to high-risk aggregate settings and treatment of latent TB infection (LTBI). Public health nurses are managing increasingly complex cases with complications related to chronic diseases and HIV infection.



The TB Program recently implemented a new advancement in the treatment of LTBI that shortens the length of time for medication administration from nine months to three months. Taken at weekly intervals for 12 doses, a new combination regimen of isoniazid (INH) and rifapentine (RPT) has shown in three randomized controlled trials to be as effective as other regimens and more likely to be completed. The TB Program is participating in a CDC study, "Post-implementation 3HP Assessment Project" to assess the implementation of the regimen through data collection on a standardized instrument. Reducing the prevalence of LTBI in Washoe County, estimated at 12,000-20,000 individuals, leads to reductions in the development of TB disease and a decline in case rates.

## 2. Washoe County Food Policy Council

Washoe County Food Policy Council members were selected March 2, 2012 from a pool of 34 highly qualified applicants. Members of the Food Policy Workgroup reviewed lengthy applications and scored applicants based on objective criteria. The proposed purpose of the Washoe County Food Policy Council is to bring together representatives from all sectors of the Food System for networking, collaboration, and promotion of access to healthy foods. Individuals not selected as formal members have been encouraged to maintain involvement by maintaining contact with the council and participating in work groups when and if established. The Council is a distinct and self sufficient community effort that receives no funding from the Health District.

Below are the selected inaugural members who each represent a sector of the Food System:

- Community Food Planning: Haley Anderton-Folmer
- Food Production: Ann Louhela
- Food Distribution: Amber Sallaberry
- Food Preparation: Lisa Hill
- Consumers: Ty Whitaker
- Public Food Programs: Barbara Scott
- Food Data Systems Surveillance and Monitoring: Kimothy Smith
- Members at Large: Kerry Seymour, Kristi Jamason, and Ron Wix

Additional information on the Food Policy Council and its efforts will be presented in future CCHS DBOH reports.

## 3. Join Together Northern Nevada (JTNN) Grant

Join Together Northern Nevada released a Request For Application (RFA) seeking proposals for the implementation of evidence-based direct service substance abuse prevention programs, practices, and strategies at the community level. The WCHD Sexual Health Program submitted an application after review by CCHS, Administrative Health Services, and the District Health Officer. The selected evidenced based program is the Self-Help in Eliminating Life-Threatening Diseases (SHIELD) a training program for men and women who are current or former drug users with or without HIV.

SHIELD trainees become peer educators on risky behaviors for HIV infection, serving as indigenous outreach workers for others in their immediate social network (i.e., current and potential sex and drug partners, family members, friends) and/or community network. SHIELD aims to motivate peer educators to reduce or eliminate their own injection drug use and needle sharing and to increase condom use during sex, as well as to encourage others to practice similar behaviors.

SHIELD has proven to be successful in reducing or eliminating drug use and reducing high risk sexual behavior within program participants. This program has proven to be effective in all racial and ethnic minority groups, which will be the primary target of the proposed intervention. SHIELD will also be implemented with the youth and young adult populations who are most vulnerable and susceptible to the negative health outcomes associated with substance use and high-risk sexual activity.

Within Nevadans Working Together: 2011 –2016 Community HIV Prevention Plan, injection drug users were named as one of the top three target populations in Washoe County (NWT, 2011). Additionally, as stated in the plan, substance use is one of the primary risk factors for HIV and STD infection in Washoe County; therefore, all interventions to address HIV must also address substance use (NWT, 2011). Although this may seem like an unlikely partnership between sexual health and substance use prevention communities, at a time of limited resources and expanding need, there is the unique opportunity to leverage resources to implement an intervention that addresses both substance use and sexual health issues.

It is expected that successful applicants will be notified regarding funding in late April, 2012.

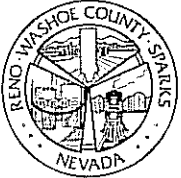
#### 4. CCHS Annual Training Day Summary

Community and Clinical Health Services (CCHS) held its fourth Annual Employee Training Day on March 1<sup>st</sup>, 2012. The purpose of Training Day is to assure completion of required annual trainings timely, efficiently and with the least disruption to service delivery. The day included presenters and experts from within CCHS and the community. Both lectures and hands on sessions provided diverse learning opportunities. Fifty-one CCHS staff attended the sessions appropriate for their position. Examples of this year's sessions include: Sexual Trafficking, Tuberculosis, Community Resources, Safe Injection Practices, Stress Reduction and Emergency Response. Training Day not only provides necessary training and Continuing Education Units (CEUs), it builds morale, improves communication between staff and supports CCHS Strategic Goal # 4 *CCHS Employees Will Remain Highly Skilled and Engaged*.



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Mary-Ann Brown RN MSN  
Division Director  
Community and Clinical Health Services



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

## ENVIRONMENTAL HEALTH SERVICES DIVISION

**DATE:** March 13, 2012  
**TO:** District Board of Health Members  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
**SUBJECT:** Environmental Health Services Division Report for March 2012

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### Food Safety (Protection) Program

The State of Nevada Division of Health conducted an audit and verified that the Health District meets the criteria for Standard 7 (Industry and Community Relations) of the FDA Voluntary National Retail Food Program Standards. The Program Standards is a continuous improvement program in which the Food Safety Program participates.

### Land Development

The Land Development team is assisting community water systems with their annual Consumer Confidence Reports, a yearly summary delivered to customers that lists water quality information. This year the effort was made easier due to the installation of software programs not previously available on the tablet computers, now used to speed inspections and search the federal water database.

Staff approved plans for a new slide at Wild Waters in Sparks, the first in ten years, and for three subdivisions, the first since August 2011.

### Solid Waste/Special Events

Solid Waste Management team staff met and Priority 1 tasks that are needed to implement the Solid Waste Management Plan were assigned. The deadline for completion of these tasks is March 31st. Once these items have been completed, the team will advance towards the next group of activities to achieve.

### Underground Storage Tanks

Operator Training requirements have been adopted by the State Environmental Commission. Pursuant to WCHD's contract with the Nevada Division of Environmental Protection, our staff developed flyers to increase awareness of the new requirement among the regulated community. The information is being provided to operators when compliance inspections are conducted and staff is answering many questions regarding the requirement. Staff is working to ensure that the information they provide is consistent and supports the intent of the new regulations.

A handwritten signature in cursive script that reads "Robert O. Sack".

Robert O. Sack, Division Director  
Environmental Health Services Division



# WASHOE COUNTY HEALTH DISTRICT


## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

**Date:** March 12, 2012

**To:** District Board of Health

**From:** Kevin Dick, Director, Air Quality Management 

**Re:** Monthly Report for Air Quality Management

**Agenda Item:**

The enclosed Air Quality Management Division Report is for the month of February 2012 and includes the following sections:

- Air Quality
- Monitoring Activity
- Planning Activity
- Permitting Activity
- Compliance/Inspection Activity
- Enforcement Activity



# Director's Report

FEBRUARY 2012

## Green, Yellow, Red, Burn Code Season Ends

The Green, Yellow, Red, Burn Code Season ended at the end of February. The Burn Code remained green throughout the month. The Burn Code season will resume on November 1, 2012. Additional summary information on the Burn Code Season is contained in the monitoring section and as attachments to this report.

## Meetings with EPA Region 9 Air Quality Division Officials.

On February 17, I met with Amy Zimpfer, Associate Air Division Director (and Nevada Liaison) and staff in San Francisco to discuss the Health District Air Quality Management Division activities. During the meeting we discussed personnel changes and vacancies in the Division, the PM2.5 data being collected from the 4<sup>th</sup> Street monitoring station in Sparks, and other matters.

Based on the discussions and follow-up conversations it appears likely that EPA will provide additional funding to the District for the purchase of a PM2.5 E-BAM. The E-BAM is a portable battery powered PM2.5 monitoring instrument which will be useful to place in various locations to measure PM2.5 levels during wintertime inversions, and during wildfire events to assess levels of PM2.5 in the ambient air.

### AIR QUALITY COMPARISON FOR JANUARY

| Air Quality Index Range        |            | # OF DAYS<br>FEBRUARY 2012 | # OF DAYS<br>FEBRUARY 2011 |
|--------------------------------|------------|----------------------------|----------------------------|
| GOOD                           | 0 to 50    | 17                         | 23                         |
| MODERATE                       | 51 to 100  | 12                         | 5                          |
| UNHEALTHY FOR SENSITIVE GROUPS | 101 to 150 | 0                          | 0                          |
| UNHEALTHY                      | 151 to 200 | 0                          | 0                          |
| VERY UNHEALTHY                 | 201 to 300 | 0                          | 0                          |
| <b>TOTAL</b>                   |            | <b>29</b>                  | <b>28</b>                  |

### **Vacancies**

The recruitment to fill the Air Quality Supervisor for Permitting and Enforcement (vacated by Noel Bonderson's retirement) was initiated in February. The recruitment was completed in early March and Charlene Albee was selected as the new Permitting and Enforcement Supervisor. She will begin serving in this capacity March 12, 2012.

Recruitments for an Environmental Engineer II position (held vacant following Chris Ralph's retirement June 30, 2011), and an Air Quality Specialist Position (a reclassification of a Public Information Officer position held vacant for several years) will begin in March. The Air Quality Management Division is currently operating at a 20% vacancy rate.

### **Move**

AQM and AHS staff continue to meet with Washoe County Public Works and Architects hired to support moving the Division to the B Building. Plans are proceeding. The move date depends on relocating Reno Fire Department Staff, and CCHS personnel to make way for the construction of a new Particulate Filter Weighing Room, and remodels to support AQM operations.

*Kevin Dick, Division Director*

HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

| POLLUTANT                         | FEBRUARY 2012 | YTD for 2012 | FEBRUARY 2011 | Highest for 2011 |
|-----------------------------------|---------------|--------------|---------------|------------------|
| CARBON MONOXIDE (CO)              | 19            | 25           | 23            | 39               |
| OZONE 8 hour (O3)                 | 43            | 43           | 42            | 40               |
| PARTICULATES (PM <sub>2.5</sub> ) | 67            | 94           | 57            | 102              |
| PARTICULATES (PM <sub>10</sub> )  | 60            | 74           | 60            | 69               |

For the month of February, the highest Air Quality Index (AQI) value reported was sixty-seven (67) for PM<sup>2.5</sup>. There were no exceedances of Carbon Monoxide or Ozone standards. There were seventeen (17) days the air quality was in the good range, and twelve (12) days the air quality was in the moderate range.

Planning & Monitoring Activity

2011-12 Green, Yellow, Red Burn Code Season: Residential wood burning is the largest source of fine particulate matter (PM<sub>2.5</sub>) in the Truckee Meadows. Each day from November through February, the Air Quality Management Division (AQMD) issued a daily burn code informing residents when burning was restricted or prohibited. Burning is strongly discouraged during Yellow codes and prohibited by regulation during Red codes.

Prior to the 2011-12 Season, PM<sub>2.5</sub> was measured only at the Reno3 monitoring station located at Mill and State Streets. In Summer 2011, AQM installed an additional continuous PM<sub>2.5</sub> monitor at the Sparks monitoring station located at Prater and 4<sup>th</sup>. PM<sub>2.5</sub> monitoring data from the Sparks station was consistently higher than the Reno station leading to more Yellow and Red burn codes than in previous seasons.

The first Yellow burn code of the season was issued on November 28<sup>th</sup>. Strong nighttime temperature inversions during most of December led to ten days of Yellow and five days of Red burn codes. Although only one Yellow burn code was issued in January, the Air Quality Index was in the "moderate" range for 25 of the 31 days. An unsettled weather pattern in February improved air quality resulting in Green burn codes for the entire month.

For the 2011-12 season, the AQMD issued 12 Yellow and five Red burn codes. To keep the public informed about the wood burning restrictions and prohibitions, the Health District's PIO distributed media advisories each time the burn code changed. By comparison, three Yellow and only one Red burn code was issued during the 2010-11 season.

Recruitments: Washoe County Human Resources is accepting applications through March 30 for the Air Quality Specialist vacancy in the Planning program. The list established from this recruitment may be used for future vacancies as they may occur in the Monitoring, Permitting, and Compliance Branches.

*Dan Inouye, Branch Chief*

Permitting Activity

| TYPE OF PERMIT                                                         | 2012                      |                           | 2011                      |                             |
|------------------------------------------------------------------------|---------------------------|---------------------------|---------------------------|-----------------------------|
|                                                                        | FEBRUARY                  | YTD                       | FEBRUARY                  | ANNUAL TOTAL                |
| Renewal of Existing Air Permits                                        | 104                       | 207                       | 107                       | 1215                        |
| New Authorities to Construct                                           | 8                         | 13                        | 8                         | 82                          |
| Dust Control Permits                                                   | 8<br>(150 acres)          | 8<br>(150 acres)          | 6<br>(39 acres)           | 89<br>(796 acres)           |
| Wood Stove Certificates                                                | 17                        | 40                        | 15                        | 259                         |
| WS Dealers Affidavit of Sale                                           | 6<br>(2 replacements)     | 15<br>(6 replacements)    | 10<br>(5 replacements)    | 107<br>(69 replacements)    |
| WS Notice of Exemptions                                                | 983<br>(5 stoves removed) | 983<br>(5 stoves removed) | 380<br>(4 stoves removed) | 5480<br>(51 stoves removed) |
| Asbestos Assessments and<br>Asbestos Removal Notifications<br>(NESHAP) | 84                        | 190                       | 75                        | 999                         |

Compliance &  
Inspection Activity

Staff reviewed seventeen (17) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted seventy-six (76) stationary source renewal inspections in February 2012. Staff also conducted inspections on asbestos removal and construction/dust projects.



Permitting & Enforcement Branch Report:

The Permitting and Enforcement Branch is continuing to work with the victims of the Caughlin and Washoe Drive Fires and their contractors regarding the demolition of the fire damaged homes. On the other side of the fire damage issue, Air Quality Staff made a presentation on the asbestos regulations at the quarterly meeting of the Northern Nevada Claims Adjusters Association. Approximately 40 people were in attendance including claims adjusters, asbestos consultants, abatement contractors, general contractors, property managers and legal representatives.

The Enforcement staff has been also been working with the Regional Transportation Commission overseeing the demolition of multiple buildings associated with the Moana Lane Widening Project. Once the asbestos has been identified and abated, the buildings are demolished and then dust control becomes the primary focus. To date, demolition notifications have been received on nine (9) building located on Moana Lane between Virginia Street and US 395.

*Charlene Albee, Branch Chief*

Enforcement Activity

| COMPLAINTS          | 2012*    |           | 2011     |           | Annual Total |
|---------------------|----------|-----------|----------|-----------|--------------|
|                     | FEBRUARY | YTD       | FEBRUARY | YTD       |              |
| Asbestos            | 3        | 4         | 1        | 4         | 21           |
| Burning             | 0        | 0         | 0        | 0         | 10           |
| Construction Dust   | 0        | 7         | 4        | 7         | 59           |
| Dust Control Permit | 2        | 4         | 2        | 3         | 22           |
| General Dust        | 1        | 1         | 0        | 1         | 0            |
| Diesel Idling       | 0        | 0         | 0        | 1         | 3            |
| Odor                | 0        | 1         | 0        | 1         | 17           |
| Spray Painting      | 0        | 0         | 1        | 1         | 8            |
| Permit to Operate   | 2        | 7         | 1        | 1         | 63           |
| Woodstove           | 1        | 6         | 0        | 2         | 7            |
| <b>TOTAL</b>        | <b>9</b> | <b>30</b> | <b>9</b> | <b>20</b> | <b>210</b>   |
| NOV'S               | FEBRUARY | YTD       | FEBRUARY | YTD       | Annual Total |
| Warnings            | 3        | 10        | 0        | 1         | 55           |
| Citations           | 1        | 4         | 1        | 2         | 9            |
| <b>TOTAL</b>        | <b>4</b> | <b>14</b> | <b>1</b> | <b>3</b>  | <b>64</b>    |

\* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were four (4) Notice of Violations (NOV's) issued in February 2012. There were three (3) NOV Warnings and one (1) NOV Citation for the month of February 2012.

## Green-Yellow-Red Burn Code Summary (2009-10)

| November 2009 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
| 1             | 2  | 3  | 4  | 5  | 6  | 7  |
| 8             | 9  | 10 | 11 | 12 | 13 | 14 |
| 15            | 16 | 17 | 18 | 19 | 20 | 21 |
| 22            | 23 | 24 | 25 | 26 | 27 | 28 |
| 29            | 30 |    |    |    |    |    |

| December 2009 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    | 1  | 2  | 3  | 4  | 5  |
| 6             | 7  | 8  | 9  | 10 | 11 | 12 |
| 13            | 14 | 15 | 16 | 17 | 18 | 19 |
| 20            | 21 | 22 | 23 | 24 | 25 | 26 |
| 27            | 28 | 29 | 30 | 31 |    |    |

| January 2010 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa |
|              |    |    |    |    | 1  | 2  |
| 3            | 4  | 5  | 6  | 7  | 8  | 9  |
| 10           | 11 | 12 | 13 | 14 | 15 | 16 |
| 17           | 18 | 19 | 20 | 21 | 22 | 23 |
| 24           | 25 | 26 | 27 | 28 | 29 | 30 |
| 31           |    |    |    |    |    |    |

| February 2010 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               | 1  | 2  | 3  | 4  | 5  | 6  |
| 7             | 8  | 9  | 10 | 11 | 12 | 13 |
| 14            | 15 | 16 | 17 | 18 | 19 | 20 |
| 21            | 22 | 23 | 24 | 25 | 26 | 27 |
| 28            |    |    |    |    |    |    |

## Green-Yellow-Red Burn Code Summary (2010-11)

| November 2010 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               | 1  | 2  | 3  | 4  | 5  | 6  |
| 7             | 8  | 9  | 10 | 11 | 12 | 13 |
| 14            | 15 | 16 | 17 | 18 | 19 | 20 |
| 21            | 22 | 23 | 24 | 25 | 26 | 27 |
| 28            | 29 | 30 |    |    |    |    |

| December 2010 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    |    | 1  | 2  | 3  | 4  |
| 5             | 6  | 7  | 8  | 9  | 10 | 11 |
| 12            | 13 | 14 | 15 | 16 | 17 | 18 |
| 19            | 20 | 21 | 22 | 23 | 24 | 25 |
| 26            | 27 | 28 | 29 | 30 | 31 |    |

| January 2011 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa |
|              |    |    |    |    |    | 1  |
| 2            | 3  | 4  | 5  | 6  | 7  | 8  |
| 9            | 10 | 11 | 12 | 13 | 14 | 15 |
|              |    |    |    |    |    |    |
| 16           | 17 | 18 | 19 | 20 | 21 | 22 |
| 23           | 24 | 25 | 26 | 27 | 28 | 29 |
| 30           | 31 |    |    |    |    |    |

| February 2011 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    | 1  | 2  | 3  | 4  | 5  |
| 6             | 7  | 8  | 9  | 10 | 11 | 12 |
| 13            | 14 | 15 | 16 | 17 | 18 | 19 |
| 20            | 21 | 22 | 23 | 24 | 25 | 26 |
| 27            | 28 |    |    |    |    |    |

## Green-Yellow-Red Burn Code Summary (2011-12)

| November 2011 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    | 1  | 2  | 3  | 4  | 5  |
| 6             | 7  | 8  | 9  | 10 | 11 | 12 |
| 13            | 14 | 15 | 16 | 17 | 18 | 19 |
| 20            | 21 | 22 | 23 | 24 | 25 | 26 |
| 27            | 28 | 29 | 30 |    |    |    |

| December 2011 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    |    |    | 1  | 2  | 3  |
| 4             | 5  | 6  | 7  | 8  | 9  | 10 |
| 11            | 12 | 13 | 14 | 15 | 16 | 17 |
| 18            | 19 | 20 | 21 | 22 | 23 | 24 |
| 25            | 26 | 27 | 28 | 29 | 30 | 31 |

| January 2012 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | Mo | Tu | We | Th | Fr | Sa |
| 1            | 2  | 3  | 4  | 5  | 6  | 7  |
| 8            | 9  | 10 | 11 | 12 | 13 | 14 |
| 15           | 16 | 17 | 18 | 19 | 20 | 21 |
| 22           | 23 | 24 | 25 | 26 | 27 | 28 |
| 29           | 30 | 31 |    |    |    |    |

| February 2012 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | Mo | Tu | We | Th | Fr | Sa |
|               |    |    | 1  | 2  | 3  | 4  |
| 5             | 6  | 7  | 8  | 9  | 10 | 11 |
| 12            | 13 | 14 | 15 | 16 | 17 | 18 |
| 19            | 20 | 21 | 22 | 23 | 24 | 25 |
| 26            | 27 | 28 | 29 |    |    |    |



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

March 13, 2012

**TO:** District Board of Health Members

**FROM:** Joseph P. Iser, MD, DrPH, MSc  
District Health Officer

**SUBJECT:** March 2012 District Health Officer Report

## 2012-2013 Legislative Sessions

- A meeting scheduled with the NSHD was cancelled due to illness by the Division's representative. Discussions continue with various partners, including the other LHAs, the Sheriff's Office, and others.

## Budget

- The District has a proposed budget that was presented to the DBOH on March 15.
- We held a meeting with the appointed leadership of WC, Reno, and Sparks on March 13.

## Human Resources

- Evaluations continue to meet the self-imposed threshold of 85%.
- We are still recruiting for some positions, particularly in AQM.

## Communication

- DHO will continue to meet routinely or as needed with the County Manager, Washoe County Emergency Manager, Sheriff and Undersheriff, REMSA, and other groups and individuals as appropriate. Meetings have been conducted with City Council members from both cities.
- The second 1:1 meetings with DBOH members are underway.
- The draft of the Tri-Data report on EMS has not been completed. When we receive that draft we will brief you on their recommendations.
- The District's health status report is still being prepared. We will work also with the other LHAs and the NSHD to standardize an approach.

### Accreditation

- Another state wide meeting on accreditation for the four health jurisdictions was held February 29. Ongoing meetings with the other jurisdictions will continue.
- We have applied for the CDC assignee at the college graduate level mentioned last month. This assignee would be here for two years at no cost to WCHD except for our required travel. The first year would be an assignment to EHS, with the second year “policy” related, including PH accreditation.

### Washoe County and Community Activities

- DHO attended the REMSA Board of Directors meeting.
- WCHD staff met with the city managers and county representatives March 13 related to FY 13 budget.
- DHO meets regularly with the group looking at school-based health centers, led by WCSD and the oral health coalition.

### Health District Media Contacts and Outreach

#### **Health District Media Contacts: February 14, 2012 - March 12, 2012**

| <u>DATE</u> | <u>MEDIA</u>             | <u>REPORTER</u>               | <u>STORY</u>                                                                      |
|-------------|--------------------------|-------------------------------|-----------------------------------------------------------------------------------|
| 3/8/2012    | KTVN CH2 - CBS Reno      | John Potter                   | New Surgeon General Tobacco Usage Report lists Nevada Numbers - Dixon             |
| 3/8/2012    | KKOH Radio 780 AM - Reno | Ross Mitchell/<br>Monica Jaye | Health District Releases Food Inspection Scores on New Website - Macaluso         |
| 3/7/2012    | KOLO CH8 - ABC Reno      | Terri Russell                 | STD Leads County List of Communicable Diseases - Howell/Todd/Ulibarri             |
| 3/7/2012    | FOX NEWS CH 21 - Reno    | Nana Ohkawa                   | Fitness Tax Incentive Introduced in Washington, D.C. - Seals/Ulibarri             |
| 2/23/2012   | KTVN CH2 - CBS Reno      | Erin Breen                    | Food Inspection Website - Kelly/Macaluso/Ulibarri                                 |
| 2/22/2012   | KRNV CH4 - NBC Reno      | Jeff Deitch                   | Mobile Food Inspections/Food Inspection Score Website - Macaluso/Ulibarri/Wickman |
| 2/22/2012   | KOLO CH8 - ABC Reno      | Terri Russell                 | Mobile Food Inspections/Food Inspection Score Website - Macaluso/Ulibarri/Wickman |

| <u>DATE</u>                     | <u>MEDIA</u>        | <u>REPORTER</u> | <u>STORY</u>                                                                      |
|---------------------------------|---------------------|-----------------|-----------------------------------------------------------------------------------|
| 2/22/2012                       | KTVN CH2 - CBS Reno | Gene Vance      | Mobile Food Inspections/Food Inspection Score Website - Macaluso/Ulibarri/Wickman |
| Press Releases/Media Advisories |                     |                 |                                                                                   |
| 3/5/2012                        |                     | PIO Ulibarri    | STD Leads County List of Communicable Diseases                                    |
| 2/29/2011                       |                     | PIO Ulibarri    | Green, Yellow, Red Burn Code Program for 2011-12 Season Ends                      |
| 2/23/2012                       |                     | PIO Ulibarri    | Health District Releases Food Inspection Scores on New Website                    |

#### State-Wide (and Beyond) Organizational Efforts

- We have agreed with the other three health jurisdictions to meet quarterly.
- DHO will work to continue broader discussions among those same border counties for other mutual aid and program effectiveness issues. These will primarily involve the health officers, with specific program representatives involved as appropriate.
- DHO met with Richard Whitley, Director of the NSHD, regarding chronic disease funding issues.
- The LHAs are preparing a funding formula recommendation for the PHEP program to present to NSHD.

#### District Board of Health Information and Resources

- The FY 12 budget was presented to DBOH March 15.



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Joseph P. Iser, MD, DrPH, MSc  
District Health Officer  
Washoe County Health District