

AGENDA
MORGAN COUNTY BOARD OF COUNTY COMMISSIONERS
Assembly Room, Administration Building
231 Ensign Street, Fort Morgan, CO 80701
Tuesday, May 7, 2024

To participate in the Citizen's Comment Period you must connect via Zoom Conferencing Access Information: <https://us02web.zoom.us/j/88143455214> If you cannot connect via Zoom, you may submit written public comment to morgancountybcc@co.morgan.co.us by email by 4 p.m. on Monday May 6, 2024.

To participate in Public Hearings you may connect via Zoom Conferencing Access Information: <https://us02web.zoom.us/j/881434552149> listen via phone, please dial: 1-312-626-6799, Meeting ID: 881 4345 5214

To watch and/or listen to the meeting but not participate, you may do so by connecting via Zoom Conferencing Access Information: <https://us02web.zoom.us/j/88143455214> or to listen via phone, please dial: 1-312-626-6799, Meeting 881 4345 5214

9:00 A.M.

A. WELCOME – CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL:

Commissioner Westhoff
Commissioner Arndt
Commissioner Becker

B. CITIZEN'S COMMENT PERIOD

Citizens are invited to speak to the Commissioners on agenda or non-agenda items. There is a 3 minute time limit per person, unless otherwise noted by the Chairman. Please note that no formal action will be taken on these items during this time due to the open meeting law provision; however, they may be placed on future posted agenda if action is required.

C. CONSENT AGENDA

All matters under the consent agenda are considered to be routine by the Board of County Commissioners and will be enacted with a single vote. There will be no separate discussion of these items. If discussion is deemed necessary, any Board member may ask that the item be removed from the Consent Agenda and considered separately:

1. Ratify the Board of County Commissioners approval of meeting minutes dated April 30, 2024.
2. Ratify the Board of County Commissioners approval of Road Use Agreement, Segment 1 – Colorado's Power Pathway, Public Service Company of Colorado, a Colorado corporation conducting business as Xcel Energy.

*Morgan County is committed to making its public meetings accessible to persons with disabilities. If you need special accommodations, please call (970)542-3500, extension 1410, at least 2 business days in advance of a meeting to make arrangements.

3. Ratify the Board of County Commissioners approval of Contract **2024 CNT 045**, Convergent Technologies, LLC, term of contract March 13, 2024 through March 12, 2025.
4. Ratify the Board of County Commissioners approval of Contract **2024 CNT 046**, Long Building Technologies, Inc., term of contract April 3, 2024 through August 31, 2024.
5. Ratify the Board of County Commissioners approval on assignment of debt collections to Wakefield and Associates dated April 29, 2024. Client #232447, #232931, #232214, #233220.

D. GENERAL BUSINESS AND ADMINISTRATIVE ITEMS

1. Dusty Johnson House District 63 Candidate.
2. Consideration of Approval – **Resolution 2024 BCC 19**, A Resolution approving the renewal application of an Ambulance Service License for the Morgan County Ambulance Service.
3. Consideration of Approval – **Resolution 2024 BCC 20**, A Resolution amending a Use by Special Review Permit Issued for a Confined Animal Feeding Operation for Sandy Hills Family Dairy, LLC.
4. Consideration of Approval – **PROCLAMATION** – May 2024 as Foster Care Month. (Carrie Schmeeckle)

E. COUNTY OFFICIAL AND DEPARTMENT HEAD REPORTS

5. Commissioners Calendar for week of May 3, 2024 through May 14, 2024.

F. ADJOURNMENT

*Morgan County is committed to making its public meetings accessible to persons with disabilities. If you need special accommodations, please call (970)542-3500, extension 1410, at least 2 business days in advance of a meeting to make arrangements.

**MORGAN COUNTY, COLORADO
BOARD OF COUNTY COMMISSIONERS**

RESOLUTION NO. 2024 BCC 19

**A RESOLUTION APPROVING THE RENEWAL APPLICATION OF AN
AMBULANCE SERVICE LICENSE FOR THE MORGAN COUNTY AMBULANCE
SERVICE**

WHEREAS, pursuant to C.R.S. § 25-3.5-301, no person may provide ambulance services without being licensed by the Board of County Commissioners in the Morgan County;

WHEREAS, the Morgan County Board of County Commissioners (“BOCC”), adopted Morgan County Ambulance Regulations through Resolution No. 2022 BCC 10,

WHEREAS, the BOCC reviewed and considered the renewal application of the Morgan County Ambulance Service at its meeting on May 7, 2024; and

WHEREAS, the BOCC desires to approve the renewal application of the Morgan County Ambulance Service.

NOW THEREFORE BE IT RESOLVED by the Morgan County Board of County Commissioners as follows:

1. The renewal application for an Ambulance Service License submitted by the Morgan County Ambulance Service is hereby approved and the Ambulance Service License is renewed effective upon approval of this Resolution. The County is authorized to issue any necessary vehicle permits under the License.

APPROVED this 7th day of May, 2024.

BOARD OF COUNTY COMMISSIONERS
MORGAN COUNTY, COLORADO

Mark A. Arndt, Chair

Gordon H. Westhoff, Commissioner

Jon J. Becker, Commissioner

ATTEST:
(SEAL)

Kevin Strauch, Clerk to the Board

MORGAN COUNTY AMBULANCE LICENSING INSPECTION PRE-INSPECTION CHECKLIST

Prior to inspection, the following items must be completed and returned to each county representative no less than 30 days before the date of license expiration. **NOTE: Original Documentation is REQUIRED:**

- 1. **Application** for Ambulance Service License. Applicant and Medical Director signatures must be notarized.
- 2. **Certificate of Motor Vehicle Condition Form** (completed for each vehicle and within 60 days of application submission)
In order to assure patient and crew safety, all ambulances must be manufactured by an organization registered with the National Highway Traffic Safety Administration (NHSTA) as a final stage manufacturer. 6CCR 1015-3 3.3.1H
- 3. **Certificate of Insurance** showing the required liability coverage.

(Do not send the Evidence of Insurance card that is normally kept in the glove box)
- 4. Drug List approved by the Medical Director's/sponsor for use in the field (signed and dated by Medical Director)
- 5. **List of personnel** providing ambulance service (please list all levels of state certified EMT's, the respective expiration dates and for the personnel that are ONLY ambulance drivers, please provide the drivers name and license expiration date only. No driver's license numbers please.)
- 6. **List of current ambulances** including year, make, type, patient capacity for each vehicle
- 7. **List of locations** (central & sub-station), where ambulances will be located. Attach zoning authorization if appropriate.
- 8. **Map of service area**
- 9. **Check(s) or money order(s)** for the fees to the appropriate county.

When all of the paperwork and fees are received and approved by the appropriate counties, the Ambulance Inspector will be contacted. The Inspector will contact the ambulance company to schedule the inspection.

PLEASE ALLOW 10 BUSINESS DAYS FOR APPLICATION REVIEW

MORGAN COUNTY AMBULANCE LICENSE APPLICATION

PLEASE PRINT. ORIGINAL DOCUMENTS REQUIRED. APPLICATION MUST BE NOTARIZED IN 2 PLACES.

New Application _____ Renewal Application X Date _____

Company name (Owner/parent Company) Morgan County Ambulance Service

Check on: Sole Proprietor _____ Partnership _____ Corporation _____ Other X

Address 1000 E Railroad City Fort Morgan State CO Zip Code 80701

Telephone number 970-542-3570 Fax number 970-542-3571 E-mail ambadmin@co.morgan.co.us

Doing Business As (AKA) Morgan County Ambulance Service

Address 1000 E Railroad City Fort Morgan State CO Zip Code 80701

Telephone number 970-542-3570 Fax number 970-542-3571 E-mail ambadmin@co.morgan.co.us

Manager or individual responsible for operation of service: Name Travis W. Freeman - Director

Address 1000 E Railroad City Fort Morgan State CO Zip Code 80701

Telephone number 970-542-3570 Fax number 970-542-3571 E-mail tfreeman@co.morgan.co.us

Dispatch Center

Address 801 E Beaver Avenue City Fort Morgan State CO Zip Code 80701

Telephone number 970-867-7678 Fax number N/A E-mail djmartin@co.morgan.co.us

Insurance Company Colorado Counties Casualty And Property Pool

Address See Attached City _____ State _____ Zip Code _____

Insurance Agent See Attached

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-mail _____

Attachments required to complete the application:

- Certificate of Insurance showing required insurance.
- **Drug list approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director)**
- Copies of waivers granted by CDPHE for specific skill(s) and/or medication(s)
- Geographic of the service area
- Motor Vehicle Condition form completed for each vehicle
- List of locations (central and sub-station), where ambulances will be located. Attach zoning authorization if appropriate
- List of current personnel providing service (list all levels of state certified EMT's numbers and respective expiration dates, ONLY ambulance drivers Driver's License with the respective expiration dates)
- List of current ambulances (include the year, make, type, maximum capacity for each vehicle)
- Please attach a check to each application

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge and beliefs, meets the new 6 CCR 1015-3 Rule, and contains no willful misrepresentations or falsification.
Determination that an ambulance service license has been issued based on false information constitutes grounds for license revocation and possible criminal prosecution.

Applicant's Signature [Signature] Date Signed 4/11/2024
Please print the applicant's name Travis W. Freeman Telephone 970-768-5878
Address 1000 E Railroad City Fort Morgan State CO Zip Code 80701
Telephone number 970-542-3570 Fax number 970-542-3571 E-mail ambadmin@co.morgan.co.us

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE _____ DAY OF _____, 20____, IN THE COUNTY OF _____, STATE OF COLORADO.

Signature of Notary _____ My Commission Expires _____

[SEAL]

TO BE COMPLETED BY THE MEDICAL DIRECTOR

Medical Director: Dr. Andra Malina Farcas Medical License Number: DR 0068787
Address 1000 E Railroad City Fort Morgan State CO Zip Code 80701
Telephone number 970-542-3570 Fax number 970-542-3571 E-mail jacmdface@aol.com
Facility Affiliation Morgan County Ambulance Service
Facility Address: 1000 E Railroad Fax number: 970-542-3571 E-Mail: ambadmin@co.morgan.co.us
Telephone number: _____ Fax number: _____ Email: _____

I have been granted a waiver from CDPHE for specific skill(s) or medication(s). I will provide a copy of all waivers with the application.

The following are licensing requirements of medical director.

- 1) Meet the requirements established by the Rules Pertaining to EMS Practice and Medical Director Oversight 6 CCR 1015-3, Chapter 2
- 2) Registered and Accepted as a Colorado Medical Director as defined in the 6 CCR 1015-3, Chapter 2
- 3) Provision of a medical continuous quality improvement (CQI) program that meets the newest standards of CCR (must be available to County upon request)
- 4) Ensure that the ambulance service complete a patient care report for each patient that is assessed
- 5) Ensure that the ambulance service completes and submits an agency profile
- 6) Investigate and provide written documentation of the investigation and resolution process of each complaint received from the County (Non-compliance with any of these requirements may result in suspension or revocation of ambulance service license).

I understand and accept the responsibilities of a Medical Director for Morgan County Ambulance service. I understand that non-compliance with any of these requirements may result in suspension or revocation of ambulance license.

Medical Director's Signature [Signature] Date Signed 4/11/2024

Please print Medical Director's name Dr. Andra Farcas Telephone # 623-734-0063

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 11th DAY OF April, 2024, IN THE COUNTY OF Adams, STATE OF COLORADO.

Signature of Notary [Signature] My Commission Expires 5/31/2027

[SEAL]
MELISSA MARIE RICHEY IRWIN
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20234020424
MY COMMISSION EXPIRES MAY 31, 2027

Morgan County Ambulance Inspection Checklist

Certificate of Motor Vehicle Condition Current Mileage: _____

Date of Certification: 04/10/2024 Agency's Fleet Number: 6421 (Unit 5)
VIN: 1FDWF36P83EC87721 Vehicle Owner: Morgan County Government
Make: Ford Model: F350 Year: 2003
License Plate Number: 280EUU Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

[Signature] Public Works Director
Mechanic's Signature Title Date 4/10/24
Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
Company Name Address Telephone

Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6422 (Unit 2)
 VIN: 1FDWF37P65EA15122 Vehicle Owner: Morgan County Government
 Make: Ford Model: F350 XLT SD A Year: 2005
 License Plate Number: 291-HRX Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment			
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	✓		

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[Signature] Public Works Director 4/10/24
 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6426 (Unit 3)

VIN: 1GB3K0C8XEF139330 Vehicle Owner: Morgan County Government


Make: Chevrolet Model: Silverado Year: 2014

License Plate Number: 549-OSQ Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

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Public Works Director
4/10/24

 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

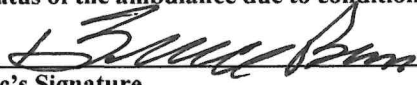
Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6428 (Unit 11)
 VIN: WD3PE7CCXFP143627 Vehicle Owner: Morgan County Government
 Make: Mercedes Model: 2500 Sprinter Year: 2015
 License Plate Number: UMQ-016 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment			
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	↓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Public Works Director
 Mechanic's Signature Title Date 4/10/24
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6429 (Unit 1)

VIN: 1GB3KZCY7JF195918 Vehicle Owner: Morgan County Government

Make: Chevrolet Model: Silverado Year: 2018

License Plate Number: WKO-310 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

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Public Works Director
4/10/24
 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560
 Company Name Address Telephone

Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

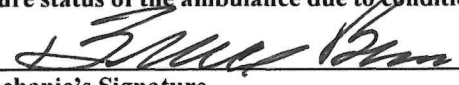
Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6430 (Unit 12)
 VIN: WD4PF0CDXKP112378 Vehicle Owner: Morgan County Government
 Make: Mercedes Model: 2500 Sprinter Year: 2019
 License Plate Number: DFI-364 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

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Public Works Director
4/10/24

 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560

 Company Name Address Telephone

Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6431 (Unit 7)

VIN: 3C7WRLCL6MG526550 Vehicle Owner: Morgan County Government

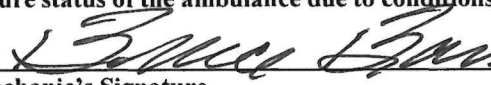
Make: Dodge Model: Ram 4600 4X4 HD Year: _____

License Plate Number: CDK-E78 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	/		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers	✓		

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Public Works Director
4/10/24

 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560

 Company Name Address Telephone

Morgan County Ambulance Inspection Checklist


Certificate of Motor Vehicle Condition Current Mileage: _____

Date of Certification: 4/10/2024 Agency's Fleet Number: 6432 (Unit 8)
 VIN: 3C7WRLCL1MG526553 Vehicle Owner: Morgan County Government
 Make: Dodge Model: Ram 4500 4X4 HD Year: 2021
 License Plate Number: CDK-E85 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	↓		
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

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Public Works Director
4/10/24

 Mechanic's Signature Title Date
 Morgan County Fleet Department 17303 MCR S Fort Morgan, CO 80701 970-542-3560

 Company Name Address Telephone

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	6422 (2)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatic endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatic magill forceps	
✓		Adult and pediatic end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatic and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatic and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatic patients with adult and pediatic ECG electrodes. Adult and pediatic pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by:


Approved by:

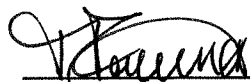
4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 6422 (2)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	



Inspected by:



Approved by:

4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 10422 (2)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

Travis W Freeman
Director: (sign and date)

Inspected by:


Approved by:

4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit # 164716 (B)	
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by: _____


Approved by: _____


4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 6476(3)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	


Inspected by: _____


Approved by: _____

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6426 (3)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencys	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Trevino W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date <u>4 / 10 / 24</u>	
For Basic and Advanced Life Support Ambulances		Unit # <u>64175 (11)</u>	
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthesia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	

JK
Inspected by:

JK
Approved by:


4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 101178(11)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	


Inspected by: _____


Approved by: _____

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 12475 (11)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date <u>4 / 10 / 24</u>	
For Basic and Advanced Life Support Ambulances		Unit # <u>6479 (1)</u>	
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portible oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by: _____


Approved by: _____

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 6479 (1)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: JRE

Approved by: JRE

Date 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6429 (1)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencys	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Trevin W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

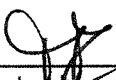
[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 1 / 24
For Basic and Advanced Life Support Ambulances		Unit #	12430 (12)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capabilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capabilities for monitoring blood pressures and fetal heart tones	

Inspected by: 

Approved by: 


4/10/24 Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 10430(12)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremity splints	
✓		Long spine board, scoop, with appropriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heel.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of various sizes per ambulance service requirements and needs per protocol	
✓		Sterile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equivalent capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartment	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: 

Approved by: 

Date: 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6430(12)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencies	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Troyis W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

Troyis W Freeman 4/10/24
Director: (sign and date)


JE
Inspected by:


JE
Approved by:

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	10431 (7)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capibilities for monitoring blood pressures and fetal heart tones	


Inspected by: _____


Approved by: _____

4/10/24
Date

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 10431(7)

Pass	Failed	Intravenous Equipment	Initial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremeti y splints	
✓		Long spine board, scoop, with apporopriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heal.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of variuos sizes per ambulance service requirements and needs per protocol	
✓		Strerile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equvalant capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartmnet	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by:

Approved by:

4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6431(7)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencys	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher	
✓		accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Travis W Freeman

Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24

Director: (sign and date)

[Signature]

Inspected by:

[Signature]

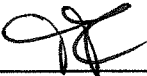
Approved by:

4/10/24

Date

Morgan County Ambulance
Minimum Equipment List

12.9.2 Minimum Equipmnet List		Date	4 / 10 / 24
For Basic and Advanced Life Support Ambulances		Unit #	6432 (8)
Pass	Failed	Ventilation and Airway Equipment	Intial
✓		Adult and pediatric endotracheal intubation equipment to include stylets and stabilization devices, endotracheal tube's uncuffed ranging from 2.0 - 5.0, and cuffed sizes from 6.0 -8.0 per medical director protocol	
✓		Laryngoscope handles with 2 sets of batteries , blades straight and curved sizes 0-4.	
✓		Adult a pediatric magill forceps	
✓		Adult and pediatric end tital CO2 detectors approved by FDA for determinig endotracheal tube placement	
✓		4- 10g IV catheters for chest decompression	
✓		Portable and house suction unit with wide bore tubing, yaunker suction tip and soft suction catheters ranging from 6 fr-14 fr	
✓		House oxygen, and two portable oxygen bottles, both with variable flow regulators	
✓		Transparent, non-rebreather oxygen masks and nasal cannulas for both pediatric and adult	
✓		CPAP with circuts	
✓		Self-inflating bag-valve masks equipped with reserviors and transparent sealing masks for adults, infants and children, with an anesthehia bag used for neonates of the following sizes: 500cc for inafants 750cc for children 1000cc for adults	
✓		Nasopharyngeal airways in adult sizes 24 fr - 32 fr.	
✓		Oropharyngeal airways in adult and pediatric and infant sizes	
Pass	Failed	Patient Assesment Equipment	
✓		Blood pressure cuff to include large adult, regular adult, child and infant sizes	
✓		Stethoscopes in house cantainer and airway kit	
✓		Penlight, or flashlight	
✓		Portable battery powered cardiac monitor/difibraltor which can also be used as an AED . Capible of recording ECG for adult and pediatric patients with adult and pediatric ECG electrodes. Adult and pediatric pacing and defibraltion capibilities, pulse oximetry and capnography .	
✓		Blood glucose measuring device	
✓		Doppler capabilities for monitoring blood pressures and fetal heart tones	

Inspected by: 

Approved by: 

Date: 4/10/24

Morgan County Ambulance
Minimum Equipment List

Page 2

Unit # 12432(48)

Pass	Failed	Intravenous Equipment	Intial
✓		Adult and pediatric intravenous solutions and administration equipment to include, 24g - 14g IV catheters, micro and macro drip sets, blood pump infusion sets, buretrol sets for pediatrics, alcohol wipes, penrose drains/tounequites, phlebotomy kits	
✓		Pediatric arm boards	
✓		Adult sternal intraosseous device	
✓		Pharmacologic agents and administration devices that fit within the medical protocols and within rule 500	
✓		Secure location for all narcotic's	
✓		Braslow tape for sizing pediatric drug calculations	
Pass	Failed	Obstetrical Equipment	
✓		Sterial OB kit to include: 4x4 dressings, umbilical tape or 2 cord clamps, scissors, bulb syringe, sterile gloves, thermal blanket, meconimum endotracheal aspirator, braslow tape , neonate stocking cap	
✓		Splinting Equipment	
✓		Traction splint	
✓		Upper and lower extremeti y splints	
✓		Long spine board, scoop, with apporopriate immobilization straps, cervical collars for adult and pediatric patients and other devices for immobilizing from the head to heal.	
Pass	Failed	Dressing Materials	
✓		Bandages - various types and sizes per agency needs and per medical protocol	
✓		Multiple dressing - occlusive, trauma of variuos sizes per ambulance service requirements and needs per protocol	
✓		Strerile burn dressings	
✓		Adhesive tape per ambulance service needs and protocol	
Pass	Failed	Miscellaneous Equipment	
✓		Trauma scissors, shears or equvalant capable of cutting clothing, belts, boots etc.	
✓		Two working flashlights	
✓		Blankets and appropriate heat source for the ambulance patient compartmnet	
✓		Copy of Protocols, pediatric drug calculation sheets	

Inspected by: 

Approved by: 

4/10/24 Date

Morgan County Ambulance
Minimum Equipment List

Page 3

Unit # 6432(8)

Pass	Failed	Communication Equipment	Initial
✓		All communication equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications	
✓		Two way communications located in both the cab and patient compartment that will enable the ambulance personnel to communicate with the following intaties:	
✓		Ambulance service dispatch Medical Control facility or a physican Receiving facilities Mutual aid agencys	
Pass	Failed	Safety Equipment	
✓		A set of three warning reflectors	
✓		One (1) ten pound (10lb) or two (2) five pound (5lb) ABC dry chemical fire extinguishers, with a minimum of one extinguisher	
		accessible from the patient compartment and the exterior	
✓		Appropriate protective restraints for patients, crew, accompanying family members and othe occupants.	
✓		Properly secured patient transport system	
✓		Triage tags <i>and kits</i> as approved by medical protocol containing:	
✓		Minimum of 20 tags (START TAGS) 2 rolls of 2" trauma tape 3 Trauma dressings 1 full set oral pharyngeal airways 1 occlusive dressing 1 Trauma scissor	
✓		Body Substance Isolation (BSI) equipment sized to fit all personnel non-sterile gloves size small - x-large (also 1 box latex free) protective eye ware non-sterle surgical masks sharps containers for the aproprate disposal and storgae of medical waste biohazards HEPA masks, which can be universal	

Walter W Freeman
Inspected by: (Print)

Supervisor: (sign and date)

[Signature] 4/10/24
Director: (sign and date)

[Signature]
Inspected by:

[Signature]
Approved by:

4/10/24
Date

**COLORADO COUNTIES CASUALTY AND PROPERTY POOL
 1/1/2024 TO 1/1/2025 CASUALTY - LAYERED PROGRAM - POLICY NUMBERS, PARTICIPATION**

Layer	Carrier	Policy Number	Limit	Retention
Primary GL, AL, POL	Ambridge (Lloyd's)	PK1041524	\$4,500,000	\$1,500,000
Law Enforcement Liability	Lexington Insurance Co.	03824686101	\$4,000,000	\$1,000,000
Excess Layer \$5M xs \$5M	Allied World Assurance Co.	03136790	\$5,000,000	

COLORADO COUNTIES CASUALTY AND PROPERTY POOL
1/1/2024 TO 1/1/2025 PROPERTY - LAYERED PROGRAM - POLICY NUMBERS, PARTICIPATION

Attachment Clause for Master Policy

Layer	Carrier	Policy Number	Participation Limit	% Participation	Authorized Signature
Primary Layer	Uws at Loyds (various) - LEAD	PW0330024, PW0330124	\$4,500,000	45%	
	CV Starr	SLSTPTY11929924	\$2,000,000	20%	
	Westchester Surplus	D38095432007	\$1,000,000	10%	
	Munich Re	R1A3PP000000601	\$1,000,000	10%	
	Allied World	031216751A	\$1,500,000	15%	
Total Excess Layer \$15M xs \$10M	UW at Loyds (various)	PW0330024	\$4,500,000	30%	
	CV Starr	SLSTPTY11929924	\$3,000,000	20%	
	Evanston (Market)	MKLV2XPR001879	\$2,500,000	17%	
	Eagle	EAGLE110568AREFWX01	\$2,000,000	13%	
	Munich Re	R1A3PP000000601	\$1,500,000	10%	
Total Excess Layer \$25M xs \$25M	Westchester Surplus Lines	D38095432007	\$1,500,000	10%	
	Spectrum	TBD	\$3,750,000	15%	
	Aspen Speciality Ins. Co.	PX00K6224	\$2,500,000	10%	
	Munich Re	78A3XP000096101	\$3,750,000	15%	
	Lexington Ins. Co.	6893563	\$5,000,000	20%	
Total Excess Layer \$50M xs \$50M	Sompo	BPD30000376001	\$2,500,000	10%	
	Westfield	XAR00018K901	\$3,750,000	15%	
	Starstone	Q87959240CSP	\$3,750,000	15%	
	RSUI Indemnity Co.	NHD928943	\$27,500,000	55%	
	Mitsui	EXP7000992	\$15,000,000	30%	
Excess Automobile Physical Damage - over the Road	Munich Re	78A3XP000096101	\$7,500,000	15%	
	Endurance	IMU10012212606	\$4,000,000 xs \$1,000,000	100%	



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Andra Malina Farcas	Aurora, CO 80045-2548

License Information

Some Physician Licensees have converted their Active Physician license to an Active Compact Physician License. This is noted below by the status label: Transferred to Compact Physician. If this status is present, then you may verify the license by searching for the license using the prefix "CDRH" and the Licensees Name on our Online Services page (<https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx>).

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0068787	Original	Physician	Active	04/28/2022	05/01/2023	04/30/2025

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

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Morgan County Ambulance Service Approved Medication and Procedure Protocols 2024

LDTx Maintenance Medications 503

Medication	EMT	EMT-IV	AEMT	EMT-I	Paramedic
Amiodarone				X	X
Antibiotics				X	X
Hospital Initiated or Supplied Blood Products					X
Colloids (non- blood components)				X	X
Crystalloids		X	X	X	X
Diltiazem					X
Dopamine					X
Epinephrine Inf.					X
Glycoprotein Inhibitors					X
Heparin					X
Insulin					X
Lidocaine				X	X
Magnesium Sulfate					X
Mannitol					X
Methylprednisolone					X
Nicardipine					X
Nitroglycerine					X
Norepinephrine					X
Octreotide					X
Potassium Chloride					X
Sodium Bicarbonate					X
Terbutaline				CTN	CTN
Thrombolytic					X
TPN				X	X
Pantoprazole					X

Medications by Level 504

Medication	EMT	EMT-IV	AEMT	EMT-I	Paramedic
Adenosine				VO	X
Albuterol	X	X	X	X	X
Amiodarone				VO	X
Aspirin	X	X	X	X	X
Ativan				X	X
Atropine				VO	X

Atrovent	X	X	X	X	X
Benadryl			X	X	X
Cal Chloride					X
Dextrose		X	X	X	X
Dopamine					X
Epinephrine	1:1,000 IM	1:1,000 IM	1:1,000 IM	X (1:10,000-VO)	X
Fentanyl			VO	X	X
Glucagon			VO	VO	X
Heparin					LDTX
Insulin					LDTX
Lidocaine			X (FOR IO)	X (FOR IO) / VO	X
Mag Sulfate				SO FOR OB	X
Morphine			VO	X	X
Narcan	X	X	X	X	X
Nitro Drip					LDTX
Nitro SL	VO PT ASST.	VO PT ASST.	X	X	X
Norepinephrine					LDTX
Nor. Saline IV		X	X	X	X
Oxygen	X	X	X	X	X
PRBC					LDTX
Neo- Spray					X
Normal Saline		X	X	X	X
Racemic Epi				X	X
Sodium Bicarb				VO	X
Solu-Medrol				X	X
Terbutaline					X
Toradol					X
TXA					X
Versed			VO	X	X
Zofran	X (ODT)	X	X	X	X
Zyprexa				VO	X


Procedures by Level 505

Procedure	EMT	EMT-IV	AEMT	EMT-I	Paramedic
AED	X	X	X	X	X
Capnography	X	X	X	X	X
Cardiac Monitor				X	X
Chest Decompression				X	X
CPAP	X	X	X	X	X

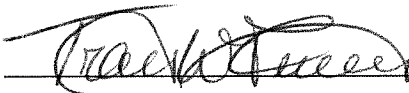
EJ Insertion			X	X	X
Pacing				X	X
IO Insertion		X	X	X	X
King Airway	X	X	X	X	X
M1 Hold	VO	VO	VO	VO	VO
Nasal Intubation					X
NG / OG tube					X
Oral Intubation				X	X
Orthostatic VS	X	X	X	X	X
IV Insertion		X	X	X	X
Pulse Ox	X	X	X	X	X
Quick Trach					X
Restraints	X	X	X	X	X
Spinal Immobilization	X	X	X	X	X
Splinting	X	X	X	X	X
Synchronized Cardioversion					X
Tourniquet	X	X	X	X	X

See MCAS Protocols for specific medication and procedure indications, contraindications, dose, etc.

Medical Advisor: Dr. Andra Farcas, MD

Medical Advisor Signature: 

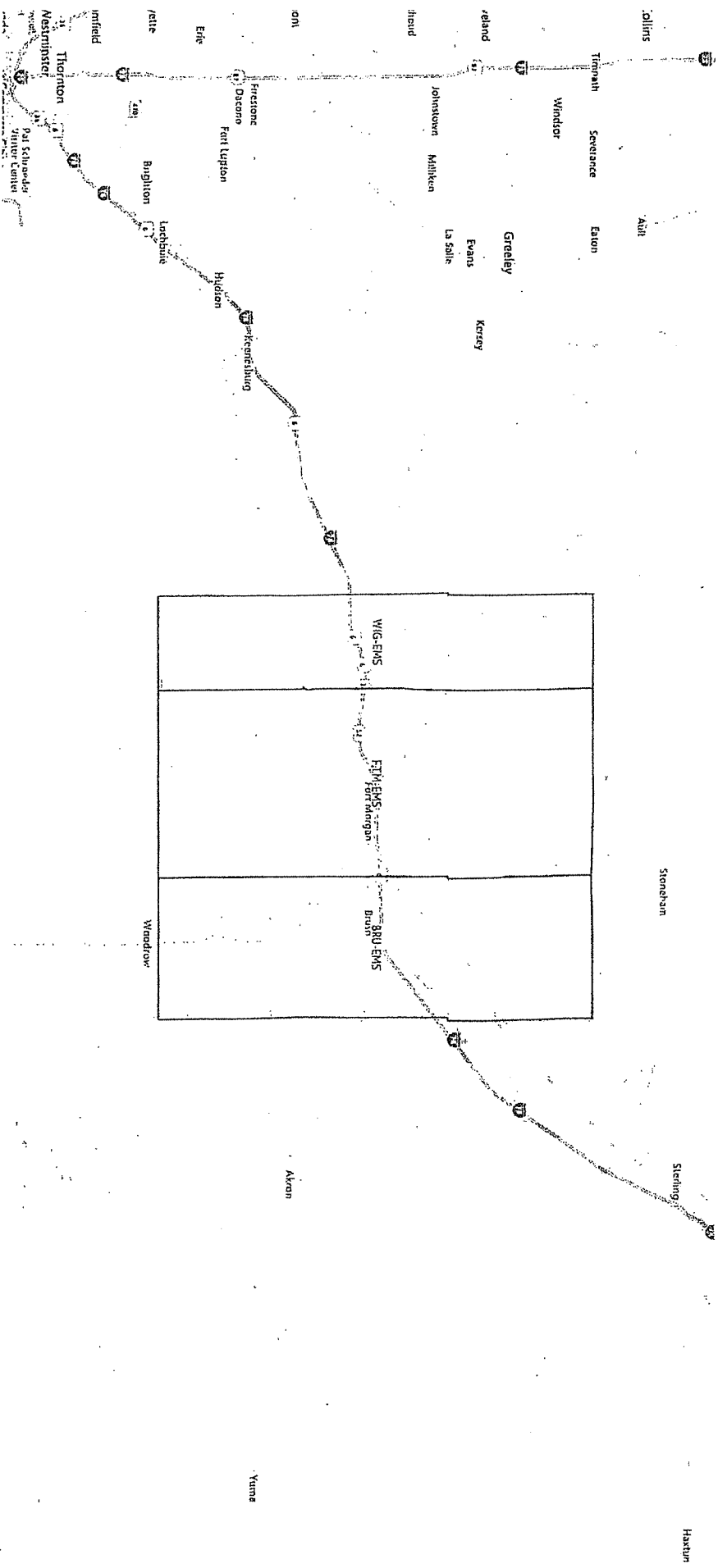
MCAS Director: Travis W. Freeman, A.A.S, FP-C, NRP

MCAS Director Signature: 

Date: April 18th, 2024

Last Name	First Name	LEVEL	DRIVERS LICENSE	CPR	STATE CERT	NATIONAL CERT	ACLS	PALS	NRP/PEPP	ABLS	BTLS/PHTLS	BLS INSTRUCTOR	CC-P / FP-C
Bailey	Travis	B	4/27/2024	2/28/2025	6/18/2024	N	N/A	N/A	N	N	N	Y	N
Baker	Sarah	B		01/01/26	06/25/24	N	N/A	N/A	N	N	N	N	N
Bera	Daniel	P	6/25/2026	5/4/2025	5/9/2024	3/31/2025	5/1/2025	5/1/2025	Y		Y	N	N
Bible	Jacob	P	5/31/2024	4/4/2024	5/6/2024	3/31/2025	4/1/2024	4/1/2024					N
Bowman	Andrew	P	5/14/2024	7/1/2024	5/21/2025	3/31/2026	7/1/2024	9/1/2024	N/A	Y	Y	N	N
Cornwell	Adam	P	7/1/2027	2/1/2026	5/1/2025	3/31/2026	5/1/2025	5/1/2025	Y	N/A	N/A	N	N
Cox	Kaylyn	B	2/11/2029	1/1/2026	2/11/2027	3/31/2025	N/A	N/A	N/A	N/A	N/A	N	N
Estrada	Miguel	B	10/13/2028	1/1/2026									N
Freeman	Travis	P	6/9/2026	7/31/2024	10/17/2024	3/31/2025	5/1/2025	5/1/2025	N/A	Y	Y	N	Y
Gerik	Alex	B	11/26/2024	10/1/2025	9/26/2025	N/A	N/A	N/A	N/A	N/A	N/A	N	N
Gibson	George	B				3/31/2025						Y	
Kinzie	Rebecca	B	03/25/28	10/01/25	08/18/25	03/31/25						Y	
Kopetzky	John	P	5/29/2024	3/1/2026	8/21/2025	3/31/2025	5/1/2025	5/1/2025	Y	N	Y	N	N
Misho	Maddeline	P			03/31/26	03/31/25	11/01/24	10/01/24					
Neugebauer	Joseph	P	7/7/2025	1/1/2025	10/6/2024	3/31/2026	5/1/2025	5/1/2025	Y	Y	Y	Y	N
Packer	Ashlee	B	12/04/24	09/01/2024	03/12/24	03/31/25							N
Ruland	Ryan	B	3/6/2027	02/29/2024	1/8/2026	3/31/2026							N
Ryan	Justin	B	4/16/2024	4/1/2024	8/7/2026	3/31/2026	11/1/2024	3/1/2025					N
Shattuck	Mary	P	06/18/27	02/26/26	04/19/25	03/31/26	10/01/25	05/01/25					
Stedelberg	Michael	B	10/2/2026	10/1/2025	1/10/2026	3/31/2026							N
Swanson	Drew	P	N/A	01/01/24	03/31/24	03/31/26	07/02/25	07/31/25			Y	Y	
Villarreal	Adrian	P	8/16/2024	1/1/2026	2/11/2024	3/31/2026	11/1/2024	3/1/2025			Y	N	N
Walker	Kalissa	B	08/20/26	01/01/26	07/16/24	03/31/25							N
Walker	Kebrri	B	08/20/26	01/01/26	06/22/24	03 / 31 / 25							N

MCAS Map



tion 1: 4 Ambulances // Located at 1000 East Railroad, Fort Morgan, CO, 80701
 tion 2: 2 Ambulances // Located at 617 Hospital Road, Brush, CO, 80723
 tion 3: 1 Ambulance // Located at 701 Central Ave, Wiggins, CO, 80654

**MORGAN COUNTY, COLORADO
BOARD OF COUNTY COMMISSIONERS**

RESOLUTION 2024 BCC 20

**A RESOLUTION AMENDING A USE BY SPECIAL REVIEW PERMIT
ISSUED FOR A CONFINED ANIMAL FEEDING OPERATION LOCATED
IN A PART OF THE NW1/4 AND THE N1/2SW1/4 OF SECTION 14 AND
IN A PART OF THE NE1/4 OF SECTION 15, ALL IN TOWNSHIP 3
NORTH, RANGE 59 WEST OF THE 6TH P.M., MORGAN COUNTY,
COLORADO AND GRANTING VESTED RIGHTS**

WHEREAS, Sandy Hills Family Dairy, LLC (the “Owner”) has operated a confined animal feeding operation (“CAFO”), more specifically a dairy, since 1993 pursuant to the Morgan County Zoning Regulations and previously as a grandfathered nonconforming use;

WHEREAS, the Owner has previously obtained a special use permit through Resolutions 93 BCC 45 and 93 BCC 60 and an amended special use permit through Resolution 2000 BCC 59 for the CAFO, which is located in a part of the NW¼ and the N½SW¼ of Section 14, Township 3 North, Range 59 West of the 6th P.M., Morgan County, Colorado and addressed as 15884 County Road 10, Fort Morgan, Colorado (the “Property”);

WHEREAS, the Owner has applied for an amendment to the amended special use permit to expand the CAFO into a part of the NE¼ of Section 15, Township 3 North, Range 59 West of the 6th P.M., Morgan County and to increase allowed animal units from 5,600 animal units to 14,245 animal units, which includes calves, dry cows, milking cows, and heifers (the “Application”). This expansion would also include installation of the heifer operations, composting, an anaerobic digester facility, an additional dairy barn, two free stalls, and exercise lots;

WHEREAS, the Owner has concurrently applied for vested rights associated with the Application for period of eight (8) years;

WHEREAS, the Owner obtained a variance to reduce the required setback from the CAFO’s proposed new boundaries to occupied structures from the Morgan County Board of Adjustment through Resolution 2023 BOA 02 recorded in Reception No. 947869 in the Morgan County records;

WHEREAS, on September 11, 2023, after holding a duly noticed public hearing, the Morgan County Planning Commission recommended that the Application be conditionally approved;

WHEREAS, on April 16, 2024, the Board of County Commissioners (“Board”) held a duly noticed public hearing on the Application;

WHEREAS, during the public hearing, the Board received testimony and evidence from the Owner, Morgan County staff and the public; and

WHEREAS, the Board desires to conditionally approve the Application.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MORGAN COUNTY, COLORADO:

1. APPROVAL

- a. The Application is hereby granted subject to the conditions and terms contained in this Resolution. This Resolution shall constitute the amended special use permit (hereinafter referred to as this “Resolution” or the “Permit”).
- b. The County approves vested rights for a period of eight (8) years from the date of approval of this Resolution. The vested rights granted herein shall not prohibit enforcement of the conditions and terms of this Permit.

2. FINDINGS OF FACT

The Board, having reviewed the application, all information provided and testimony heard, finds that:

- a. The use and its location as proposed are in conformance with the Morgan County Comprehensive Plan. Specifically:

The property is located in the southwestern planning area as defined by the Morgan County Comprehensive Plan. In this area Comprehensive Plan goals include:

- Encourage the preservation of agricultural production land to ensure continuation of this important industry. The facility is an agricultural business related to the dairy industry. The property use is necessary in Morgan County to preserve the agricultural economic base historically attributed to the area.
- b. The application documents are complete and present a clear picture of how the use is to be arranged on the site.
- c. The Site Plan conforms to the district design standards of Section 2-420 and Section 4-200 of the Morgan County Zoning Regulations.

- d. All on and off-site impacts have been satisfactorily mitigated either through agreement, public improvements, site plan requirements or other mitigation measures, with the exception of traffic impacts and potential public safety concerns related to the movement of traffic related to the CAFO operation on and off of County Road Q. To address traffic impacts and safety issues, the Owner submitted a traffic report from Keller Engineering which provided information regarding traffic counts on County Road Q. In addition, the Owner submitted a proposed traffic circulation pattern on the property at the location of the scale entrance off of County Road Q, located approximately 888 feet to the east of the intersection of County Road 10 and Q. To determine whether the proposed traffic circulation pattern mitigates the impacts on the public traffic interactions with traffic generated by the CAFO and in reliance upon the representations by the Owner and the Owner's agent through the Application and more specifically the traffic report, the County is imposing condition (c) below. However, as noted in this condition, the County finds that the circulation pattern may not alleviate and mitigate the traffic impacts and the County may exercise its continuing jurisdiction over this Permit to address traffic impacts and public safety issues in a more adequate and appropriate manner. Proposed use impacts upon existing uses and the environment are detailed in the included Nutrient Management Plan and Nuisance Plan. The Owner shall comply with all plans proposed by the Owner to mitigate any related impacts due to the operation of the CAFO and to be in compliance with this Permit.
- e. The special use proposed has been made compatible with the surrounding uses and is adequately buffered as determined by the County. A variance was granted from existing residences located within 1,320 feet of the proposed site. Other adjacent uses include pasture and dry farmland.
- f. The special use poses no or minimal risk to the public health, safety, and welfare.
- g. The amended special use proposed is located on a conforming parcel.
- h. The applicant has adequately documented a public need for the project, all pertinent technical information, adequate financial resources to implement it, and has paid all fees and review costs levied by the County for application processing and review.
- i. The applicant has demonstrated a source of water which is adequate for the proposed use in terms of quantity and reliability.

3. CONDITIONS

The approval of the amended special use is conditioned upon the following:

- a. The digester approved with this Permit may only process plant and animal materials originating from the permitted area of this SUP. No plant and animal materials originating from outside the permitted area shall be processed through the digester, until approval for such activity by the County is granted, under the applicable County regulations and requirements.
- b. The unpermitted access off of County Road Q on the northwest corner off the Owner's property in Section 15 shall be not be used unless approved by the Morgan County Road and Bridge Department. Nothing herein shall be deemed to require Morgan County Road and Bridge Department to issue a driveway permit for that access.
- c. The circulation pattern for truck delivery of silage as shown on the site plan, dated April 10, 2024, shall be implemented by the Owner during the period of silage deliveries to the Property. For the first three (3) years after the approval of this Permit, the Owner shall contact Road & Bridge Department at least two (2) days prior to the beginning of truck deliveries during silage season. The Road & Bridge Department, or its designee, should observe the traffic circulation pattern, at various times, to determine whether it is alleviating traffic and safety concerns. If the Road & Bridge Department, or its designee, determines that the circulation pattern is not being complied with or that the pattern is not alleviating the traffic and safety concerns, it shall report such observations to the Planning Department. Upon receipt of such report, the Planning Department shall set the matter for a public hearing before the Planning Commission for review and recommendation to the Board of County Commissioners and then for a public hearing before the Board of County Commissioners for a final decision. Notice for the public hearings shall be the same as required for a special use permit. Nothing in this condition should be deemed to prevent the County from observing the traffic impacts of the direct accesses from County Road Q onto the property at any time and reevaluating the traffic impacts from the operation of the CAFO, as outlined in the findings above.
- d. Any run-off should slope away from the Bijou Canal, a 60-foot setback shall be established by the Owner from the edge of the Canal for buildings and corrals to allow for maintenance of the Canal, and the Owner shall continue to be obligated to provide its ability to contain any run-off that might occur.
- e. The Owner shall be responsible for the payment of all costs and fees incurred by the County associated with this Permit pursuant to Sec. 2-160 of the Morgan County Zoning Regulations. The County shall invoice the Applicant for costs and fees and payment will be due by the Owner within thirty (30) days of the date of the invoice. Failure to pay may result in enforcement actions by the County and revocation of this Permit.

- f. All other third-party permits, approvals and authorizations required under other applicable law will be obtained prior to the commencement of any expansion of the existing CAFO under this Permit.

4. GENERAL PROVISIONS.

- a. The Board of County Commissioners retains continuing jurisdiction over this Permit to ensure compliance with this Permit and the Morgan County Zoning Regulations. County Representatives are authorized to inspect the Property at any reasonable time upon notice to the Applicant. This approval is conditioned on compliance with all information and representations contained in the Application and presented by the Owner and Owner's agent, which are incorporated into this Permit. If any representations or information presented by the Owner and Owner's agent during the public hearing or the Application are found to be erroneous, lacking a factual basis or otherwise inaccurate, the County may institute enforcement proceedings to address such representations or information and require the Owner to take measures to correct such representations or information. The County, subject to notice and hearing, may amend, add, or remove any conditions on this Permit or exercise any action provided for in the Morgan County Zoning Regulations.
- b. The Owner shall comply with all governmental and regulatory agency requirements and permits, including without limitation those promulgated for the protection of health, safety, and welfare of the inhabitants of Morgan County. Such compliance shall include without limitation compliance with the regulations of the Colorado Department of Public Health and Environment, the Colorado Department of Agriculture, and the United States Environmental Protection Agency.
- c. This Owner shall comply with all requirements, conditions and design standards set forth herein. Noncompliance shall be grounds for revocation of this permit by the Morgan County Board of Commissioners after notice and hearing.

DATED this _____ day of _____, 2024, *nunc pro tunc* April 16, 2024.

**BOARD OF COUNTY COMMISSIONERS
MORGAN COUNTY, COLORADO**

Mark A. Arndt, Chair

Jon J. Becker, Commissioner

Gordon H. Westhoff, Commissioner

ATTEST:

Kevin Strauch, Clerk to the Board



Foster Care Month Proclamation

WHEREAS, children are key to the state’s future success, prosperity and quality of life;

WHEREAS, children have a right to thrive, learn and grow;

WHEREAS, foster parents provide the love, safety and stability that young children need in order to overcome past traumatic experiences in order to reach their full potential;

WHEREAS, Colorado foster parents are caring for and nurturing more than 2,000 children and youth in foster care today;

WHEREAS, we must come together as a community to recognize the important role foster parents play in caring for children who have experienced abuse and neglect, supporting family reunification and building strong communities;

WHEREAS, there is always a need for more foster parents in order to ensure children – especially older youth, children with complex needs, and siblings - have a safe, stable home in their community;

WHEREAS, there are numerous individuals, nonprofit organizations and public servants who are dedicated to raising awareness about the needs of children and youth in foster care as well as the invaluable contribution of foster parents;

Therefore, we do hereby proclaim May 2024, Foster Care Month.

THE BOARD OF COUNTY COMMISSIONERS
MORGAN COUNTY, COLORADO

Chair Date

Commissioner Date

Commissioner Date

ATTEST:
(Seal)

County Clerk

COMMISSIONERS CALENDAR

May 3, 2024 through May 14, 2024

May 3, 2024		Daily County Business
May 6, 2024	10:00 A.M. 12:00 P.M. 1:00 P.M. 2:00 P.M.	Monthly Region 4 Opioid Council Meeting BCC Office Meeting HR Department Meeting Building Maintenance Department Meeting
May 7, 2024	9:00 A.M. 11:00 A.M.	Board of County Commissioners Meeting (Assembly Room) (Please check https://morgancounty.colorado.gov/ for meeting options.) Finance Department Meeting
May 8, 2024		Daily County Business
May 9, 2024		Daily County Business
May 10, 2024		Daily County Business
May 13, 2024	10:00 A.M. 11:00 A.M. 1:00 P.M. 2:00 P.M.	Ambulance Department Meeting HR/Finance Department Meeting Communications Department Meeting BCC Office Meeting
May 14, 2024	10:00 A.M.	County Attorney Office Hours

Unless otherwise noted, all meetings with department heads and other non-BOCC elected officials listed above may include an update on the status of the department, a general discussion of projects, any matters or concerns that the County needs to address, and activities and operations of the department.

Department meetings may be by conference call or virtual meeting upon request.

CALENDAR SUBJECT TO CHANGE DUE TO AGREEABLE CANCELLATIONS AND/OR WALK IN BUSINESS

Posted 05/03/2024 @ 4:00 P.M. by Mindi Cloyd, Administrative Services Manager

** All meetings are held in the Commissioner's Office located at 218 West Kiowa Avenue, Fort Morgan unless otherwise noted

*Any meeting or event scheduled to be held at the Commissioners' Offices (218 West Kiowa Avenue, Fort Morgan, CO) will be relocated to a site with handicapped access upon request. For special assistance for the Morgan County Board of Commissioners meeting, please notify us 48 hours before the scheduled agenda item. Please call (970)542-3500, extension 1410, to request accommodation.