

CITY OF LOCKPORT FIRE DEPARTMENT



CERTIFICATE OF NEED APPLICATION

6/20/2024

Prepared by: Fire Chief Luca C.P. Quagliano

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EXHIBIT #1

Application Letter to Big Lakes Council

City of Lockport

Department of Fire

Municipal Building
One Locks Plaza
Lockport, NY 14094
Office: (716) 439 – 6611
Cell: (716) 998 – 0995
Email: LQuagliano@lockportny.gov

Luca C.P. Quagliano
Chief of Department

June 19, 2024

Big Lakes REMSCO
77 Goodell St, Suite 420
Buffalo NY 14203

Dear Council,

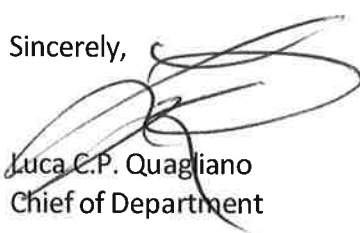
The City of Lockport administration has determined that a need does exist for the Lockport Fire Department to provide Paramedic Ambulance Services to the tax payers of the City of Lockport. The City Common Council, in December of 2022, passed resolution 121922.2 ordering the City Fire Department to take steps for approval to operate Paramedic Level Ambulance Services within the City of Lockport. In February of 2023 the New York State Department of Health, with the full support of the Western Regional Emergency Medical Advisory Committee, granted the City of Lockport Fire Department a temporary Municipal Certificate of Need (agency code 6298) to operate as a Paramedic Level Ambulance Service.

Therefore in accordance with NYS DOH Article 30, enclosed with this letter you will find the necessary documents containing the City of Lockport Fire Department's written application for a permanent Municipal Certificate of Need to continue to operate as a Paramedic Level Ambulance Service agency within the City of Lockport.

Should you require any further information or have any questions concerning this packet, I may be reached at any one of the contacts listed above.

Thank you for your consideration of this application.

Sincerely,



Luca C.P. Quagliano
Chief of Department

EXHIBIT #2

DOH Forms 3777 & 3778

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- New service (Sections A,B,C,D,F)
 Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
 Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- Ambulance
 ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service		DOH Agency Code	Federal Employer Identification Number		
Lockport, City of		6298	16-6002547		
Address		City	State	Zip	County
1 Locks Plaza		Lockport	NY	14094	Niagara
Contact Person		Title			
Luca C.P. Quagliano		Fire Chief			
Business Phone	Home Phone	Cell Phone	E-mail		
(716) 439- 6611	() -	(716) 998 - 0995	LQuagliano@lockportny.gov		
Current Organizational Sponsor Type					
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial		
<input type="checkbox"/> Volunteer Fire Department	<input checked="" type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other			
Type of Ownership					
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

City of Lockport

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

The City of Lockport Fire Department operates strictly within those boundaries identified by law as the City of Lockport.

For expansion list existing primary operating territory

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier	
NYMIR - Evans Insurance	
Agent	Business Phone
Ronald Miller	(716) 434 - 5505
Types and Limits of Coverage	<input checked="" type="checkbox"/> General Liability <input type="checkbox"/> Other General \$3,000,000 Operation \$7,000,000

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)
 EMT AEMT Critical Care Paramedic

Agency Medical Director Address City State Phone Number
 Naveen Seth MD 77 Goodell St., Suite 340 Buffalo NY (206) 714 - 8931

Agency Providing Medical Control Phone Number
 Lockport Memorial Hospital (716) 419 - 0400

System Medical Director Address City State Phone Number
 Same as Above () -

Size of Population to be Served Days of operation Hours of operation
 21,165 365 Days Per Year 24 Hours Per Day

Projected Call Volume Total 4400 Emergency 4400 Non-Emergency 0

Source of Statistics for Call volume PCR Dispatch Center Agency Call Record Other _____

Total no. of ambulances Total no. of emergency ambulance service vehicles (EASV'S) Total no. of ALS First Response vehicles
 4 0 3

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service Federal Employer Identification Number

Address City State Zip County

Contact Person Title

Business Phone Home Phone Cell Phone E-mail
 () - () - () -

Proposed Organizational Sponsor Type
 Proprietary Hospital Based Volunteer Independent Industrial
 Volunteer Fire Department Municipal/Government Other _____

Proposed Type of Ownership
 Individual Partnership Government Corporation LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

- Attachments Required
- Detailed narrative to support need or statement of purpose and intent for transfer
 - Affirmation of Fitness and Competence (DOH-3778)
 - DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
 - Financial information including funding budget and insurance
 - Primary operating territory map

Name of Owner or CEO Title
 Luca C.P. Quagliano Fire Chief

Signature Date
 06/19/2024

Notary Public affirmation and acknowledgement



FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received _____
 Date of Council Decision _____
 Approved Denied Rejected – Incomplete
 Council Chair Signature _____

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Luca C.P. Quagliano

Full Name

Signature

Date

6/19/24

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Luca C.P. Quagliano

Full Name

Signature

Date

6/19/24

Notary Public Affirmation and Acknowledgement

LISA A. BURRUANO

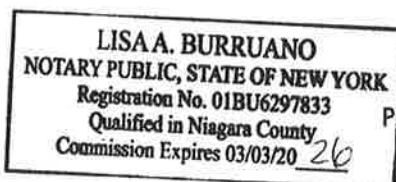
Notary Public Name

Lisa A. Burruano

Signature

Date



6-19-24



Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Lockport, City of	6298
Name of EMS Agency	NYS EMS Agency Code
City of Lockport	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Luca C.P. Quagliano	Fire Chief
Full Name of Individual	Title
1 Locks Plaza, Lockport NY 14094	
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator	
	
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

LUCA C.P. QUAGLIANO

700 Niagara Street, Lockport, NY 14094

Cell: 716-990-3879 Email: lpq1680@msn.com

PROFESSIONAL EXPERIENCE:

City of Lockport Fire Department, Lockport NY, March 2001-Present

- **Fire Chief** (*December 2021 – Present*)
 - CEO of Department
 - CFO of Department
- **Assistant Fire Chief** (*November 2020 – December 2021*)
 - First in command on assigned platoon
 - Directly assist the Fire Chief with administrative functions
 - Incident Commander at emergency scenes
- **Fire Captain** (*April 2020 – Present*)
 - Second in command on assigned platoon
 - Work out-of-rank as Assistant Fire Chief as necessary
 - Officer in charge of first due fire response engine
- **Municipal Training Officer** (*February 2012-April 2020*)
 - Coordinates, develops, and delivers all training for LFD
 - Keeps training records and provides reports for NYS
 - Assists the Fire Chief in daily administrative duties
- **Sr. Fire Investigator** (*December 2013-Present*)
 - Investigates the origin & cause of fires and provides reports thereof
- **Firefighter/Paramedic** (*March 2001-February 2012*)
 - Provided fire suppression, rescue, and hazardous materials response
 - Provided Emergency Medical Care at the Paramedic Level

New York State Office of Fire Prevention & Control, Albany NY, October 2015 – June 2020

- **State Fire Instructor**
 - Certified to deliver NYS curriculum for 20 different courses
 - Served as lead instructor or assistant instructor as needed

Mercy Flight of Western New York, Buffalo NY, June 2005-March 2010

- **Flight Paramedic**
 - Provided Emergency Medical Service via helicopter at the Paramedic Level of Care
 - Performed on-scene transports as well as inter-facility transfers

EDUCATION:

Associate in Applied Science in Fire Protection Technology

• Erie Community College, Buffalo NY, 2005

Bachelor of Science in Emergency Management (*current student*)

SUNY Empire, Saratoga Springs NY, January 2020 – Present

First Line Supervisors Training Program (FLSTP)

FDNY Fire Academy, New York NY, 2013

New York State Department of Health Paramedic Program

Niagara County Community College, Sanborn NY, 2001

High School Diploma with a major in Technology

Lockport High School, Lockport NY, 1998

NATIONAL & STATE CERTIFICATIONS:

Fire Officer - Levels 1, 2, & 3 (*level 3 is NYS Law for Fire Chief Qualification*)

Fire Investigator Level 2

Fire Instructor Level 2

Firefighter Level 2

NYS Code Enforcement Official (*non-current*)

• Incident Command System (ICS) Level 400

Safety Officer

OTHER EXPERIENCE:

Union President - Lockport Firefighters Association L963 (*July 2020 – Present*)

Niagara County Fire Investigation Unit (*February 2011-Present*)

Niagara County Technical Rescue Team (*May 2011-Present*)

Niagara County Emergency Medical Services Council Member (*January 2014-January 2020*)

Niagara County Fire Advisory Board Member (*January 2014-Present*)

Central Orleans Volunteer Ambulance (*April 2009-February 2012*)

Rapids Volunteer Fire Company (*April 2000-March 2001*)

COMMUNITY INVOLVEMENT:

Salvation Army – Emergency Pet Housing (*September 2019 – Present*)

Lockport Midget League Baseball Board Member (*January 2011-January 2016*)

EXHIBIT #3

Written Narrative



CITY OF LOCKPORT FIRE DEPARTMENT CON WRITTEN PROPOSAL

City of Lockport Fire Department History in EMS and Fire:

The first firefighting organization in Niagara County, located in the village of Lockport, began in 1820 and was named Protection Fire Company No. 1. In 1865 the village incorporated itself and became the City of Lockport. The city housed a number of local volunteer fire departments. In 1914, the volunteer companies disbanded and a paid fire department was formed. Over the last 100 years the City of Lockport Fire Department has tried to provide the highest level of fire and EMS care possible to the citizens and visitors of the City of Lockport. In keeping with that standard, the fire department began state level EMT-BLS care in 1974 and began a paid ambulance service in 1978. In 1984, the fire department became one of the first fire departments in the State to offer Advanced Life Support ambulance service. Early in 1999, 26 firefighters from the department attended the paramedic program on their off duty time and late in 1999 the department began Advanced Life Support- Paramedic level care and transport on their ambulances. Due to financial constraints beyond the control of the fire department administration, in 2014 the city downsized its firefighting staffing to a level that would not support an ambulance service. At that time, the city administration entered into an agreement with Twin City Ambulance to provide ambulance transport service to the City of Lockport. This agreement was officially in place via written contract until 2017, after which time it changed to a verbal agreement at the request of the City.

City of Lockport determination of Public Need:

In mid-2021 throughout 2022, Twin City Ambulance advised the City of Lockport that it no longer wished to continue its services for the City and that the City should begin the process of procuring an alternate ambulance provider. Due to their long standing contractual obligations to other geographical areas in Western New York, as well as haven given ample notice to the City, Twin City Ambulance slowly began reallocating their resources closer to the Niagara-Erie County line or on the very outskirts of the City of Lockport to better fulfill their obligation to those entities. By the end of 2022, their service began becoming sporadic in its response to incidents within the City of Lockport. Mutual aid ambulances had to be requested by the City over 350 times within a period of a few months. This increased ambulance response times into the 15-20 minute range on average with extreme response times exceeding 30 minutes some days. In addition, this situation severely overtaxed the volunteer entities surrounding the City of Lockport. The City of Lockport could not afford to operate this way for long.

The Common Council of the City of Lockport spent the bulk of 2022 reviewing its options for a replacement ambulance service. In early 2022, the City formed an Ad Hoc Ambulance Committee comprised of various members from the City, Fire Department, Fire Union, and the general public. This committee focused on two options for future ambulance service; hiring a commercial operator or allowing LFD to once again operate the service as it had from 1978-2014. After its first meeting, the

committee recommended to the City that they issue a Request for Proposal (RFP) for commercial ambulance services in order to evaluate any associated costs and operating arrangements. Only one agency replied to the RFP and the associated annual recurrent cost was hundreds of thousands of dollars. This coupled with the lack of appropriate 24hr coverage being proposed, ultimately guided the committee to recommend to the Common Council that the City return the LFD operated ambulance service as its best option. In response to this recommendation the Council opted to hire a consulting firm to perform a "feasibility study". The results of which were also favorable to LFD being the better option to provide the service. Ultimately, at its regular meeting held December 19, 2022, the Common Council voted and passed resolution 121922.2 ordering LFD to begin operating ambulances within the City of Lockport no earlier than the date of approval of an application for a municipal certificate of need as granted by the State Emergency Medical Council. On February 14, 2023, the New York State Department of Health with the full support of the Western Regional Emergency Medical Advisory Committee, granted the City of Lockport with a temporary Municipal Certificate of Need to operate as an Advanced Life Support First Response agency.

Since the approval from the State DOH to operate its ambulance service, the Lockport Fire Department has responded to more than 5,030 requests for EMS within City limits, as well as approximately 150 EMS mutual aid requests with an average response time of 3.5 – 4 minutes. Thus proving a public need for the service.

Area of Service:

The proposed area of service includes the territory within the boundary's identified by law as the City of Lockport. The City of Lockport has an area of 8.45 square miles and a population of approximately 21,165 as per the United States Census Bureaus 2010 census. (see Exhibit 4 Population and Maps) The Fire Department is not seeking an area expansion and it's operating territory has been unchanged for decades.

Operations:

The City of Lockport Fire Department is a career agency that operates 24 hours a day, 7 days per week, 365 days per year out of a single firehouse located at 1 Locks Plaza, Lockport NY 14094. Currently the department utilizes three ALS ambulances and one ALS-FR fire engine as part of its daily staffed compliment of EMS response vehicles. The department also has an additional engine and a ladder truck which are equipped at the BLS-FR level of care. All of the departments EMS providers follow the NYS EMS Collaborative Protocols. The current medical direction is based out of Lockport Memorial Hospital and since LFD had been an ALS-FR agency leading up to its Ambulance Muni-CON approval, the medical direction system should only have noticed a slight increase if any. Lockport Memorial Hospital has not indicated that the LFD Ambulance service has strained their system and has provided a letter of support included in this application. In 2023 the department answered a total of 4,346 incidents, of which 83% (3,607) were EMS, with an average response time of 4.35 minutes. So far in 2024 the department has answered a total of 2,071 incidents, of which 85% (1,760) have been EMS, with an average response time of 3.5 minutes.

Quality Assurance and Quality Improvement:

Since the inception of Paramedic care at the City of Lockport Fire Department in 1999, the Department has been committed to continuously improving the quality of care that it provides. The Department's Quality Assurance Plan is a systematic evaluation of each and every patient care encounter. These encounters are evaluated in order to effect positive change in patient care. These QA evaluations shall identify any deficiencies in PCR accuracy, completeness and appropriateness of patient care as set forth by the guidelines of the Department of Health and the NYS EMS Collaborative Protocols. The program also aims to ensure that patients are transported to the most appropriate destinations to ensure the highest level of care possible is provided.

The daily Patient Care Report evaluations are then reviewed quarterly by the Quality Assurance Committee, consisting of the systems Medical Director, Municipal Training Officer (Education Director), and multiple ALS providers in the department's management team. The QA Committee is tasked with identifying actual or potential problems concerning patient care and clinical performance of our EMS providers. They will then assess the cause and scope of those problems in order to develop a course of action to address the problems identified. The QA Committee will assist in implementing the recommended courses of action and monitor them to ensure effectiveness.

Staffing:

The department employs 54 people, 38 of which are Advanced Life Support Paramedics. An additional 12 employees are on track to attend the Paramedic program as soon as scheduling permits, bringing the eventual total number of Paramedics to 50. Currently the department operates with 13 people assigned to each of 4 platoons with a minimum daily staffing level of 9 people. The Fire Chief and Municipal Training Officer, whom are both certified Paramedic providers, complete the 54-member roster. The department's medical director is Dr. Naveen Seth, an emergency room physician that works for UBMD group. The department also employs an Administrative Assistant that works hand in hand with the City's third party medical billing company to collect ambulance revenue.

Vehicles, Equipment and Supplies:

The City of Lockport Fire Department currently owns four ambulances, three fire engines, and one ladder truck. All vehicles with the exception of one ambulance and one fire engine, which are reserve units, serve as front line immediate response vehicles and are in service 24 hours a day. All three ambulances and one fire engine are equipped to operate at the Paramedic Level of care at all times and the second fire engine and ladder truck operate at the BLS-FR level of care. The four ambulances range in age from 1999 – 2023. We anticipate the acquisition of an additional brand new ambulance by year end to allow the 1999 rig to be removed from reserve service. All four ambulances are equipped with power stretchers and power load systems. The ALS-FR fire engine is a 2011 Rosenbauer pumper.

The medical equipment utilized by LFD has been on hand (with appropriate updates) since the inception of our original Paramedic program in 1999. We currently own and operate four Zoll X Series Cardiac Monitor/Defibrillators capable of pacing, cardioversion, pulse oximetry, end tidal CO₂, waveform capnography, and CO-oximetry. Our system is currently utilizing i-Gel laryngeal masks in addition to endotracheal intubation utilizing the Airtraq Guided Video Intubation System for advanced airway control. We are also equipped with Arrow EZ-IO System for intraosseous vascular access.

Supplies are sub stocked at fire headquarters and are monitored and ordered/stocked by our Municipal Training Officer and Administrative Assistant. Supplies are currently being purchased on line from multiple vendors to ensure competitive pricing. Pharmaceutical supplies, medications, and narcotics are also being purchased online and delivered directly to fire headquarters. We anticipate being able to form a partnership for supplies with the recently opened Lockport Memorial Hospital in the near future.

Dispatch:

The City of Lockport Fire Department utilizes Niagara County Fire Control, who answers all cell phone based 911 calls within Niagara County, as its primary dispatching agency. However, the Lockport Police Department answers land-line based 911 calls within the City of Lockport and transfers fire and medical based calls to Niagara County Fire Control. Niagara County Fire Control has dispatched the City of Lockport for several years, including the time frame that Twin City Ambulance was in place. So the annual 911 call volume for Niagara County Dispatch has not been impacted by the initiation of LFD based ambulance services.

Funding for 2023 and 2024:

The City of Lockport Fire Department is funded by the tax base of the City of Lockport. The city has an overall annual income that equates to approximately 28 million dollars. The Fire Chief submits an operating budget every year to the City that must be approved by the Mayor and the Common Council. This budget includes EMS operations as well as continuous EMS training for all personnel.

The 2023 budget for the fire department was \$6,329,022 of which approximately \$155,000 was dedicated to EMS operations and an additional \$55,000 was dedicated to EMS training and education, including 6 seats in the Paramedic program.

The 2024 budget for the fire department was \$7,524,528 of which approximately \$114,000 was dedicated to EMS operations and an additional \$70,000 was dedicated to EMS training and education, including up to 8 seats in the Paramedic program.

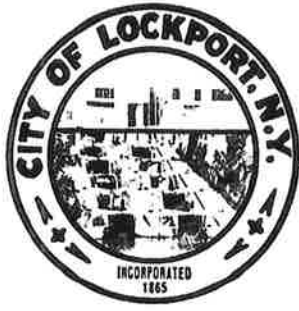
Transport service startup costs equated to approximately \$180,000 the bulk of which was used to purchase power lift stretchers and power load systems for the ambulances. However, the majority of the ALS equipment was already owned and able to be put in service due to the re-purposing of equipment from already operating as an ALS-FR agency.

Financial or Adverse Impact on Existing Services:

The Lockport Fire Department has contracted with MedEx Billing Inc. to perform the work of submitting invoices and collecting revenue for ambulance transport services. Based on the revenue collected in 2023 and the projections for 2024, the City of Lockport will not incur any additional financial strain to operate the ambulance service. 2023 ambulance revenue exceeded \$800,000, adequately covering all associated startup and overtime costs for the service. The 2024 fire department budget includes a \$1,000,000 of anticipated ambulance revenue as a conservative number. As of current reports, we are on pace to well exceed this prediction.

Closing:

It is important to remember that there has been a noticeable delay and shortage of ALS providers across Western New York. That being said, having a City owned and operated Paramedic Level Transport Service will only benefit the citizens and visitors of Lockport. Since its reimplementation on February 14, 2023, the department has received a number of complements from the community and other health care providers on the ALS transport service we have been providing. Should there be no opposition to the permanent CON we ask that the council consider forgoing the public hearing and support the Lockport Fire Departments Certificate of Need application for transport services.



CITY OF LOCKPORT, NEW YORK

LOCKPORT MUNICIPAL BUILDING

ONE LOCKS PLAZA

LOCKPORT, NY 14094

OFFICE OF CITY CLERK

Sarah K. Lanzo, City Clerk

Abbey Jo Polichette, Dep. City Clerk/Registrar of Vital Statistics

Office (716)439-6676

Fax (716)439-6702

TO: Whom it may concern

FROM: Sarah K. Lanzo, City Clerk

DATE: January 4, 2023

Please be advised, that at a regular meeting of the Common Council of the City of Lockport, NY held on December 19, 2022 the following resolution was adopted:

121922.2

By Alderman Beakman:

Whereas: The City of Lockport is a member of the Niagara County Emergency Services Mutual Aid Plan; and

Whereas, the private ambulance service that has operated within the City of Lockport has provided the City with notice that it will not be able to operate in the City fully effective February 1, 2023; and

Whereas, in conjunction with the private ambulance service, the City of Lockport has utilized said mutual aid agreements with various local fire companies in the County, and the City's need has far exceeded the local volunteer fire companies' ability to provide service to the City, which is a detriment to the citizens and visitors of the City of Lockport; and

Whereas, the City of Lockport Common Council hired Freed Maxick to perform an Audit on Ambulance Service which concluded that a City run ambulance service could operate at a long term non-net loss for the City; and

Whereas, the Mayor appointed an ad hoc committee entitled the City of Lockport Ambulance Advisory Board that studied the need and implementation for City Fire Department operated ambulances; and

Whereas, the City of Lockport Ambulance Advisory Board recommended the City begin operating a Fire Department operated ambulance service within the City; and

NOW, THEREFORE, BE IT RESOLVED THAT:

- (1) The Lockport Fire Department shall make the two ambulances in the LFD's possession fully operational, including any necessary funding for the required equipment for same, required licensing and insurance;
- (2) The City shall immediately apply for a Certificate of Need for Ambulance Services; and
- (3) The City shall commence appropriate negotiations for reimbursements and billing for ambulance services and care with appropriate insurance providers.



CITY OF LOCKPORT, NEW YORK

LOCKPORT MUNICIPAL BUILDING
ONE LOCKS PLAZA
LOCKPORT, NY 14094

OFFICE OF CITY CLERK

Sarah K. Lanzo, City Clerk
Abbey Jo Polichette, Dep. City Clerk/Registrar of Vital Statistics

Office (716)439-6676
Fax (716)439-6702

TO: Whom it may concern
FROM: Sarah K. Lanzo, City Clerk

DATE: January 4, 2023

Please be advised, that at a regular meeting of the Common Council of the City of Lockport, NY held on December 19, 2022 the following resolution was adopted:

NOW, THEREFORE, BE IT RESOLVED THAT THE FY 2023 GENERAL FUND BUDGET IS AMENDED AS FOLLOWS:

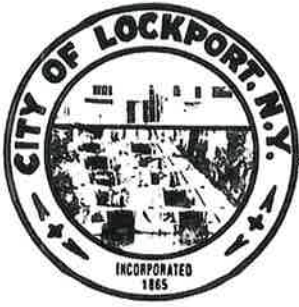
Revenue

Increase		
A.3410.31640	Ambulance Charges	\$750,107

Expenditures

Decrease		
A.1900.54775	Contingency	\$11,958
Increase		
A.3410.51010	Full Time Wages	\$46,603
A.3410.51100	Overtime	\$114,093
A.3410.58010	FICA	\$12,293
A.3410.58050	Retirement	\$39,354
A.3410.58040	Medical Insurance	\$20,954
A.3410.58020	Workers Compensation	\$3,586
A.3410.54055	Professional Services	\$178,219
A.1900.54076	Gasoline, Oil, and Fuel	\$80,000
A.1640.54300	Vehicle Maintenance	\$17,500
A.1900.54070	Insurance	\$2,620
A.3410.54115	Computer Software	\$8,100
A.3410.54515	Special Supplies	\$99,000
A.3410.54085	Clothing and Uniform	\$16,380
A.3410.54050	Equipment Maintenance	\$20,306
A.3410.52030	Motor Vehicle Equipment	\$103,057

And be it further resolved that the Mayor, subject to Corporation Counsel approval is authorized to enter into a purchasing agreement with Stryker for two (2) powered lifts and a year of annual maintenance under FSS (Federal Supply Schedule) Contract Number 36F79721D0021 for a total of: \$121,362.12.



CITY OF LOCKPORT, NEW YORK

LOCKPORT MUNICIPAL BUILDING

ONE LOCKS PLAZA

LOCKPORT, NY 14094

OFFICE OF CITY CLERK

Sarah K. Lanzo, City Clerk

Abbey Jo Polichette, Dep. City Clerk/Registrar of Vital Statistics

Office (716)439-6676

Fax (716)439-6702

TO: Whom it may concern

FROM: Sarah K. Lanzo, City Clerk

DATE: January 4, 2023

Please be advised, that at a regular meeting of the Common Council of the City of Lockport, NY held on December 19, 2022 the following resolution was adopted:

Seconded by Alderman Devine and adopted. Ayes 3; Alderman Beakman, Devine and Kantor voted yes. Nays 2. Alderman Barnard and Alderman Pasceri voted no. Alderman Folgle abstained. Mayor Roman voted in the affirmative. Motion passed.

State of New York
City of Lockport
Office of the City Clerk

I, Sarah K. Lanzo, City Clerk of said City, do hereby certify that I have compared the foregoing copy with the original proceedings of the Common Council of said City of Lockport, New York, now remaining on file and of record in this office; and that the same is a correct transcript therefrom and of the whole of said original.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said City, this 4th day of January, 2023.

SARAH K. LANZO, City Clerk
City of Lockport

Population/City Map/Employee List/Apparatus List

EXHIBIT #4

QuickFacts
 Lockport city, New York

QuickFacts provides statistics for all states and counties. Also for cities and towns with a *population of 5,000 or more*.

All Topics	Lockport city, New York
Population estimates, July 1, 2023, (V2023)	20,436
PEOPLE	
Population	
Population estimates, July 1, 2023, (V2023)	20,436
Population estimates base, April 1, 2020, (V2023)	20,872
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-2.1%
Population, Census, April 1, 2020	20,876
Population, Census, April 1, 2010	21,165
Age and Sex	
Persons under 5 years, percent	4.4%
Persons under 18 years, percent	21.9%
Persons 65 years and over, percent	15.7%
Female persons, percent	51.9%
Race and Hispanic Origin	
White alone, percent	77.3%
Black or African American alone, percent (a)	12.3%
American Indian and Alaska Native alone, percent (a)	0.3%
Asian alone, percent (a)	0.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.0%
Two or More Races, percent	8.8%
Hispanic or Latino, percent (b)	4.7%
White alone, not Hispanic or Latino, percent	75.9%
Population Characteristics	
Veterans, 2018-2022	1,045
Foreign born persons, percent, 2018-2022	3.4%
Housing	
Housing Units, July 1, 2023, (V2023)	X
Owner-occupied housing unit rate, 2018-2022	56.1%
Median value of owner-occupied housing units, 2018-2022	\$119,600
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,377
Median selected monthly owner costs -without a mortgage, 2018-2022	\$605
Median gross rent, 2018-2022	\$827
Building Permits, 2023	X
Families & Living Arrangements	
Households, 2018-2022	9,220
Persons per household, 2018-2022	2.22
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	88.1%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	4.4%
Computer and Internet Use	
Households with a computer, percent, 2018-2022	88.4%
Households with a broadband Internet subscription, percent, 2018-2022	85.7%
Education	
High school graduate or higher, percent of persons age 25 years+, 2018-2022	90.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	24.9%
Health	
With a disability, under age 65 years, percent, 2018-2022	12.0%
Persons without health insurance, under age 65 years, percent	4.7%

Economy

In civilian labor force, total, percent of population age 16 years+, 2018-2022	64.0%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	59.3%
Total accommodation and food services sales, 2017 (\$1,000) (c)	32,043
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	142,772
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	34,001
Total retail sales, 2017 (\$1,000) (c)	101,786
Total retail sales per capita, 2017 (c)	\$4,955

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2018-2022	23.4
--	------

Income & Poverty

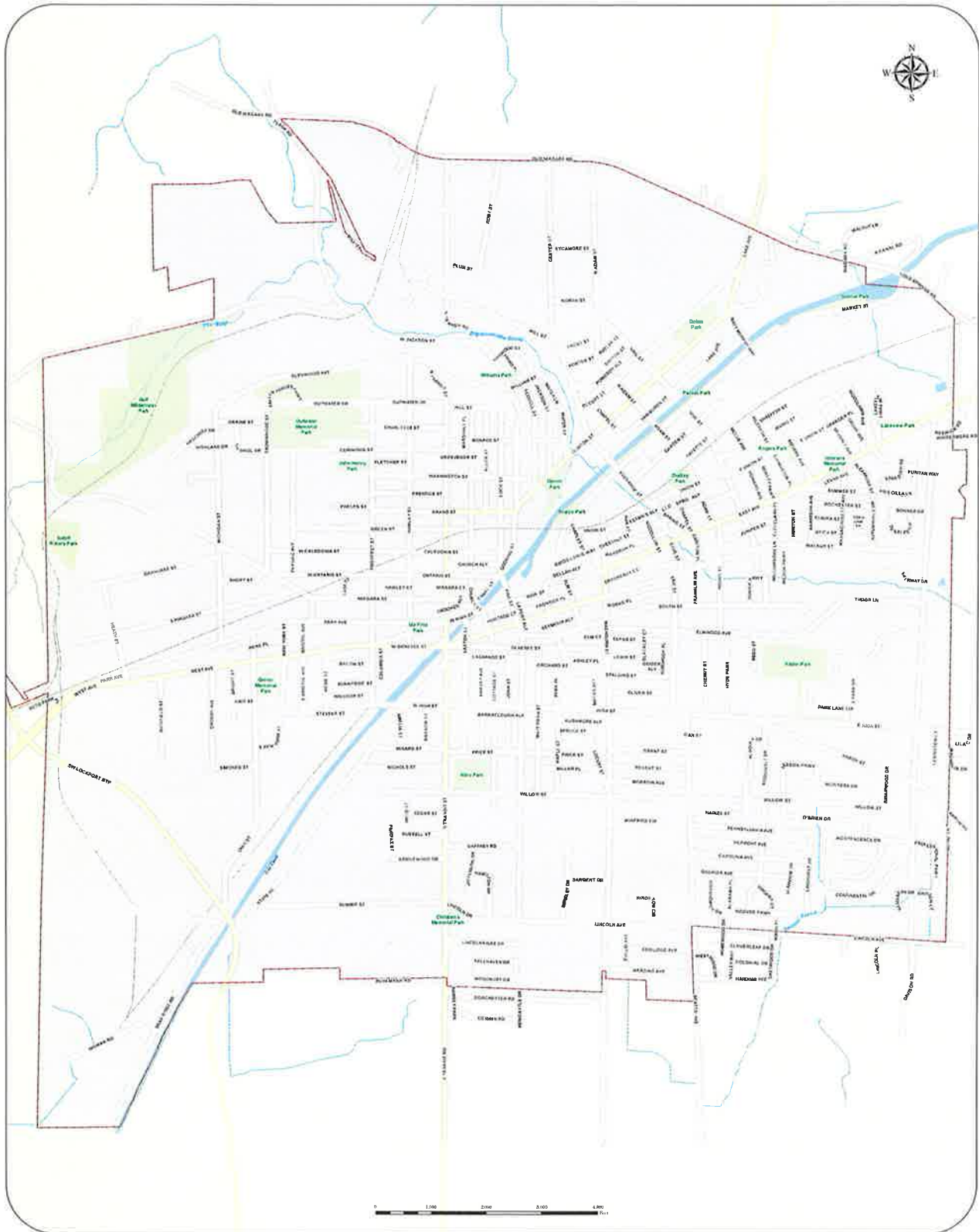
Median household income (in 2022 dollars), 2018-2022	\$56,053
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$31,877
Persons in poverty, percent	△ 16.4%

**BUSINESSES****Businesses**

Total employer establishments, 2021	X
Total employment, 2021	X
Total annual payroll, 2021 (\$1,000)	X
Total employment, percent change, 2020-2021	X
Total nonemployer establishments, 2021	X
All employer firms, Reference year 2017	480
Men-owned employer firms, Reference year 2017	292
Women-owned employer firms, Reference year 2017	87
Minority-owned employer firms, Reference year 2017	S
Nonminority-owned employer firms, Reference year 2017	373
Veteran-owned employer firms, Reference year 2017	S
Nonveteran-owned employer firms, Reference year 2017	362

**GEOGRAPHY****Geography**

Population per square mile, 2020	2,485.2
Population per square mile, 2010	2,519.7
Land area in square miles, 2020	8.40
Land area in square miles, 2010	8.40
FIPS Code	3643082



- Legend
- City of Lockport
 - Railroad
 - Street
 - Stream
 - Waterbody
 - Park



Streets of the City of Lockport



Prepared by:
Engineering Department
City of Lockport, NY
© 2020

Disclaimer: The GIS information presented in this map has been derived from data provided by various sources. The City of Lockport is not responsible for any errors or omissions in the data or for any consequences arising from the use of the information presented in this map.

Agency Name
City of Lockport Fire Department

Agency Code
6298

Date Submitted
06/01/2024

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List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Aikin	Victor	08 / 05 / 98	517070	07 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allen	Jeremy	01 / 24 / 98	463320	07 / 31 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bair	Aaron	08 / 10 / 87	347942	02 / 28 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burke	Peter	04 / 04 / 89	361974	10 / 31 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinelli	Thomas	08 / 01 / 68	223494	01 / 31 / 24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornett	Michael	12 / 20 / 83	341942	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daigler	Nathan	01 / 14 / 92	388832	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Davis	Mark	07 / 06 / 88	496710	10 / 31 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desabrais	Justin	06 / 03 / 96	422728	01 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devine	Matthew	02 / 19 / 85	356815	04 / 30 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DiCarlo	Nicholas	03 / 09 / 98	432939	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evans	Connor	02 / 15 / 96	494181	07 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisher	Sean	03 / 17 / 99	461083	04 / 30 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fredrickson	Jon	02 / 22 / 72	094245	10 / 31 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fredrickson	Jonathan	08 / 03 / 94	484589	10 / 31 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galanis	Michael	01 / 07 / 72	257834	05 / 31 / 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goodman	Samuel	11 / 15 / 90	520006	10 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Richard	02 / 28 / 89	350746	11 / 30 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haley	Robert	10 / 15 / 70	148342	01 / 31 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agency Name
City of Lockport Fire Department

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6298

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List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Harrington	Tyler	05 / 12 / 96	422729	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harris	Jacob	07 / 01 / 88	371401	05 / 31 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hildebrant	Randall	02 / 12 / 92	490010	02 / 28 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kalbfliesh	Nicholas	09 / 27 / 94	425054	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaszuba	Nicholas	01 / 14 / 93	402340	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keleher	James	03 / 19 / 66	230309	12 / 31 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keleher	Jeremiah	09 / 15 / 81	391434	09 / 30 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kuczarski	Brandon	09 / 22 / 93	401316	09 / 30 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lane	Christopher	04 / 29 / 74	250093	11 / 30 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licata	Paul	10 / 17 / 85	463639	07 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loucks	Timothy	03 / 09 / 75	186107	06 / 30 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lundquist	Timothy	07 / 01 / 90	421630	12 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MacKenzie	Aaron	08 / 08 / 95	422732	10 / 31 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mahnke	Bradley	08 / 26 / 87	376684	09 / 30 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Messer	John	12 / 07 / 95	427287	02 / 28 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicometi	Ty	09 / 16 / 04	506214	07 / 31 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niezgoda	Tanner	07 / 22 / 96	438207	02 / 28 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pytlik	James	10 / 29 / 92	421633	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quagliano	Luca	06 / 20 / 80	200883	11 / 30 / 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agency Name
City of Lockport Fire Department

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List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Radlich	Nicholas	09 / 20 / 84	355730	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roessler	John, Jr.	11 / 12 / 89	370602	02 / 28 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruchala	Chad	01 / 21 / 72	181050	09 / 30 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scapelliti	James	09 / 04 / 81	266638	11 / 30 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senn	Stephanie	04 / 28 / 97	494206	12 / 31 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spark	Caleb	02 / 07 / 97	475917	09 / 30 / 24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sukdolak	Baxter	03 / 03 / 92	494374	08 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telemin-Cruz	Rafael	02 / 17 / 97	490348	12 / 31 / 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turton	Adam	12 / 17 / 90	431898	10 / 31 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weber	Eric	09 / 05 / 79	253516	04 / 30 / 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webster	Corey	10 / 28 / 86	459037	01 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wolck	Joshua	09 / 25 / 84	346292	10 / 31 / 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wollaber	Cameron	08 / 10 / 01	517081	07 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affirmation of Compliance for Agency Recertification

If you are **adding** new vehicle(s) to your fleet or **removing** vehicles, please use:
DOH-1881 Affirmation of Compliance Submission Portal | Survey Builder (ny.gov)

Check one Ambulance Service ALS First Response Service

Current Operating Certificate Expiration Date

1 / 27 / 2025

Name of Service

NYS EMS Agency Code

City of Lockport

6298

Address

1 Locks Plaza

City

State

ZIP

Lockport

NY

14094

Contact Person

Email

Luca C.P. Quagliano

LQuagliano@lockportny.gov

Work Phone Number

Additional Phone Number

716-439-6611

716-998-0995

By completing and signing this affirmation, I certify that the vehicles listed are compliant with all requirements of the State EMS Code, Part 800. Title: CERTIFIED AMBULANCE SERVICES | New York Codes, Rules and Regulations (ny.gov)

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor Vehicles (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health Law, any deficiencies that result in violations being issued, are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate. I attest that I am an authorized officer of this NYS Certified EMS agency with authority to sign.

Name

Luca C.P. Quagliano

Signature



Title

Fire Chief

Date

6 / 19 / 2024

FOR OFFICE USE ONLY

_____ # of stickers

Sent to _____

Date ____ / ____ / ____

Rep _____

EXHIBIT #5

Call Logs & Response Times

Filter statement

Filters **Days in Dispatched** 2/14/23 to 12/31/23 **Is Locked** true **Is Active** true

City of Lockport Fire Department EMS

Transports
2,353

EMS Incident Count
3,309

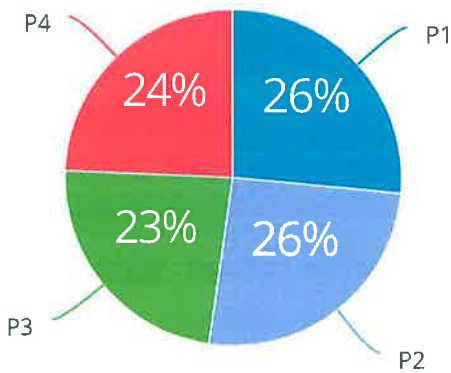
Average Travel Time
0h:4m:22s

Average Turnaround Time
37m:54s

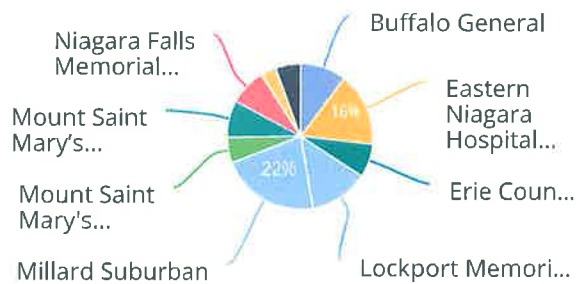
Loaded Miles

Total Loaded Miles
32,370.1

Platoon



Destination





Custom Jan 1, 2023 - Dec 31, 2023

62%

TRANSPORTS

Percentage of Patient Encounters

20%

NON TRANSPORTS

Percentage of Patient Encounters

19%

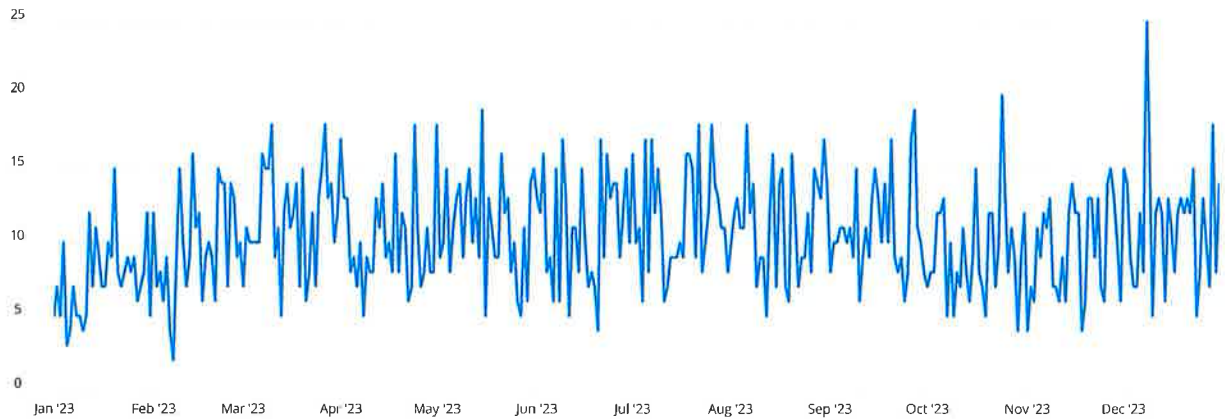
OTHER DISPOSITIONS

Percentage of Patient Encounters

3,824

RECORDS

In Selected Time Slice



	Counts												Total	
	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23		Jan '24
Assist, Agency	2	1	1			1	1		1			1		8
Assist, Public	4	4			1	1	2	3	4	1	1	4		25
Assist, Unit	3	2	5	4			1	1	1			1		18
Cancelled (No Patient Contact)	4	6	8	4	9	6	10	8	17	13	6	7		98
Cancelled (Prior to Arrival at Scene)		3	2	2	3	3	2	1	1	3	4	3		27
Cancelled on Scene/No Patient Found	7	4	12	6	11	4	6	9	7	13	6	6		91
Patient Dead on Scene - No Resuscitation Attempted (Without Transport)	6	2	4	3	4	2	3	3	3	4	2	1		37
Patient Dead on Scene - Resuscitation Attempted (Without Transport)	1	3	2	2	2	1		1	2	1	3	1		19
Patient Evaluated, No Treatment/Tra... Required	8	9	23	10	15	10	18	10	11	13	8	8		143
Patient Refused Evaluation/Ca... (With Transport)												1		1
Patient Refused Evaluation/Ca... (Without Transport)	24	34	36	40	43	47	33	62	41	43	27	33		463
Patient Treated, Released (AMA)	8	3	6	8	8	7	3	8	7	7	6	6		77
Patient Treated, Released (per protocol)	4	4	2	8	8	4	11	3	1	5	2	5		57

	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23	Jan '24	Total
Patient Treated, Transferred Care to Another EMS Professional/U..	161	93	18	8	17	15	18	15	18	11	3	8		385
Patient Treated, Transported by Law Enforcement	1		1		1			2						5
Patient Treated, Transported by Private Vehicle	1			2	1	3	3	5		1				16
Standby - No Service or Support Provided				1				1						2
Standby - Public Safety, Fire, or EMS Operational Support Provided						1								1
Transported Lights/Siren		11	10	13	14	10	18	14	11	4	8	14		127
Transported Lights/Siren, Downgraded					2									2
Transported No Lights/Siren		92	228	190	205	213	231	208	198	170	208	251		2,194
Transported No Lights/Siren, Upgraded		2	2	2	5	2	2		4	2	3	4		28
Total	234	273	360	303	349	330	362	354	327	291	287	354		3,824

Filter statement

Filters **Days in Dispatched** 1/1/24 to 6/19/24 **Is Locked** true **Is Active** true

City of Lockport Fire Department EMS

Transports
1,304

EMS Incident Count
1,774

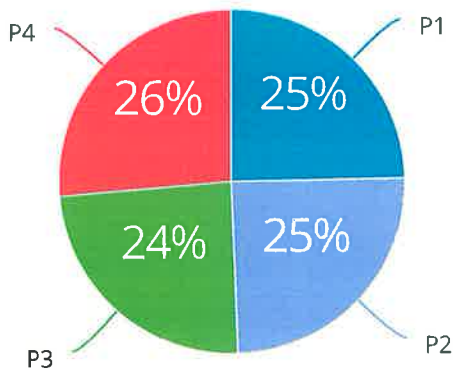
Average Travel Time
0h:3m:36s

Average Turnaround Time
36m:36s

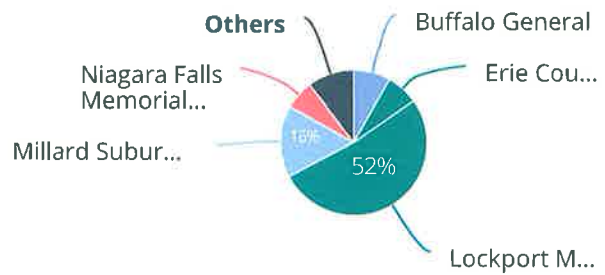
Loaded Miles

Total Loaded Miles
14,773.2

Platoon



Destination





Custom ▾ Jan 1, 2024 - Jun 19, 2024 ▾

72%

TRANSPORTS
Percentage of Patient Encounters

18%

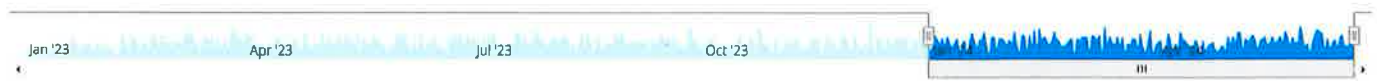
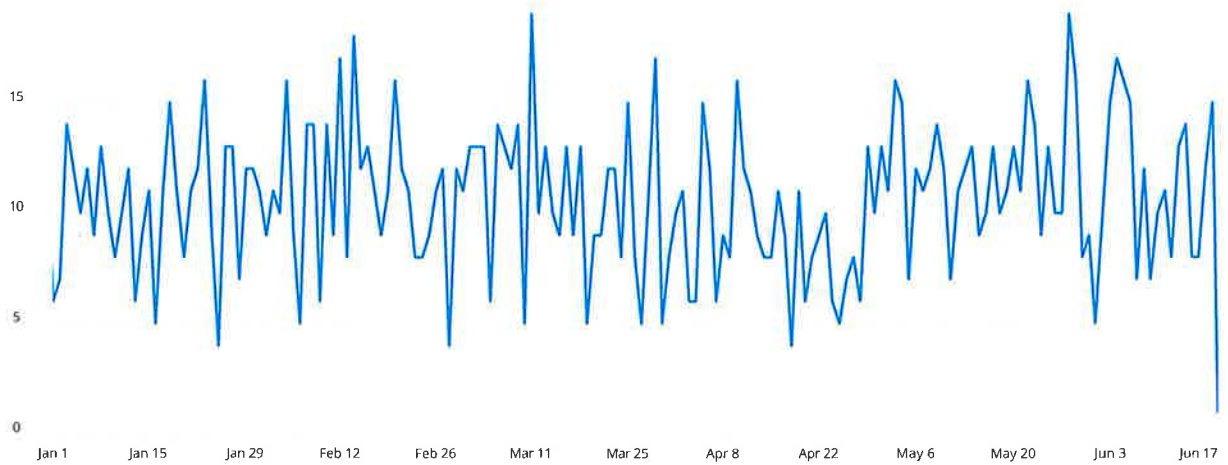
NON TRANSPORTS
Percentage of Patient Encounters

10%

OTHER DISPOSITIONS
Percentage of Patient Encounters

1,813

RECORDS
In Selected Time Slice



Counts % Rows % Columns % All

	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct '24	Nov '24	Dec '24	Jan '25	Total
Assist, Agency	2	1				1								4
Assist, Public	3	5	5	5	4									22
Assist, Unit	1			1	5									7
Cancelled (No Patient Contact)	6	3	7	5	7	6								34
Cancelled (Prior to Arrival at Scene)	1	1	3	1	3									9
Cancelled on Scene/No Patient Found	5	10	7	5	5	1								33
Patient Dead on Scene - No Resuscitation Attempted (Without Transport)	4	9	2	3	3	1								22
Patient Dead on Scene - Resuscitation Attempted (Without Transport)	2	4			3	1								10
Patient Evaluated, No Treatment/Tra.. Required	10	9	13	6	12	9								59
Patient Refused Evaluation/Ca... (Without Transport)	37	26	28	38	38	34								201
Patient Treated, Released (AMA)	10	3	9	6	11	5								44
Patient Treated, Released (per protocol)	2	2	1	3	5	1								14
Patient Treated, Transferred Care to Another EMS Professional/U..	9	10	11	2	6	5								43

Patient Treated, Transported by Law Enforcement			1											1
Patient Treated, Transported by Private Vehicle	2	1		1	1	1								6
Transported Lights/Siren	8	8	8	6	10	8								48
Transported No Lights/Siren	217	226	238	187	252	130								1,250
Transported No Lights/Siren, Upgraded		1	1	1	2	1								6
Total	319	319	334	270	367	204								1,813

EXHIBIT #6

Budget

Revenue Summary - Comparison of Estimates Revenues
Fiscal Year Ending December 31, 2023

General Fund (A)	FY 2020 Actual	FY 2021 Actual	FY 2022 Amended	FY 2023 Proposed
0000 - Undesignated Revenue				
31001 - Real Property Taxes	12,892,659	13,013,794	13,112,349	13,374,596
31051 - Gain from Sale of Tax Acquired Property	0	0	0	0
31081 - Other Payments in Lieu of Taxes (PILOT)	353,911	359,881	375,000	422,175
31090 - Interest & Penalties of Property Taxes	308,580	323,528	310,000	367,000
31091 - Interest & Penalties on Special	0	34,430	70,000	35,000
31110 - Sales & Use Tax: Pre-empted	1,983,457	2,287,535	2,279,451	2,521,382
31120 - Sales & Use Tax: County Distribution	4,277,715	4,945,264	4,896,603	5,210,812
31130 - Utilities Gross Receipt Tax	178,434	186,822	210,000	185,000
32401 - Interest & Earnings	58,437	5,666	100,000	65,000
32410 - Rental of Real Property	53,100	300	60,000	15,100
32595 - Fees for Service	227	323	692	0
32610 - Fines & Tickets	47,156	49,044	100,000	80,000
32620 - Forfeiture of Deposits	0	1,761	0	5,000
32650 - Sale of Scrap and Excess Materials	852	10,100	0	0
32660 - Sale of Real Property	0	159,585	15,000	0
32665 - Sale of Equipment	1,100	26,848	16,988	0
32680 - Insurance Recoveries	11,249	662	0	0
32701 - Refund of Prior Year Expenses	27,503	46,722	0	0
32705 - Gifts & Donations	0	0	0	0
32770 - Other Unclassified Revenue	218	65	0	0
32801.CL - Interfund Revenue From Refuse Fund	73,906	90,507	75,000	75,000
32801.FX - Interfund Revenue From Water Fund	176,639	254,113	125,000	165,000
32801.G - Interfund Revenue From Sewer Fund	170,277	160,442	215,000	170,000
30599 - Appropriated Fund Balance	0	0	618,994	846,259

Revenue Summary - Comparison of Estimates Revenues
Fiscal Year Ending December 31, 2023

General Fund (A)	FY 2020 Actual	FY 2021 Actual	FY 2022 Amended	FY 2023 Proposed
0000 - Undesignated Revenue (Continued)				
33001 - State Aid Per Capita	2,120,420	3,180,630	2,650,525	2,650,525
33005 - Mortgage Tax	253,746	350,732	300,000	350,000
34089 - Other General Government Federal Aid	15,479	428,667	0	0
34960 - Federal Emergency Disaster Assistance	0	0	0	0
35050 - Interfund Transfer for Debt Service	151,100	114,349	65,170	0
0000 - Undesignated Revenue Total	23,156,139	26,031,774	25,595,772	26,537,849
1325 - Treasurer				
31113 - Tax on Hotel Room Occupancy	3,013	4,921	1,000	6,000
31230 - Treasurer Fees	19,505	26,908	25,000	25,000
31231 - Administrative Fee - Hotel Occupancy	487	1,204	500	0
31235 - Charges for Tax Advertising and	3,960	4,310	4,000	4,000
1325 - Treasurer Total	26,965	37,344	30,500	35,000
1355 - City Assessor				
33089 - Other General Government State Aid	0	0	25,200	2,000
1355 - City Assessor Total	0	0	25,200	2,000
1410 - City Clerk				
31255 - Clerk Fees	29,734	33,706	35,000	38,000
32544 - Dog Licenses	42,536	42,848	45,000	45,000
1410 - City Clerk Total	72,270	76,554	80,000	83,000
1430 - Personnel - Civil Service				
31260 - Civil Service Exam Fees	5,323	1,565	3,500	1,500
32220 - Civil Service Fees	35,626	35,826	36,000	36,000
1430 - Personnel - Civil Service Total	40,949	37,391	39,500	37,500

Revenue Summary - Comparison of Estimates Revenues
Fiscal Year Ending December 31, 2023

General Fund (A)	FY 2020 Actual	FY 2021 Actual	FY 2022 Amended	FY 2023 Proposed
1620 - Building Maintenance				
33021 - State Aid Court Facilities Maintenance	58,460	30,677	60,000	30,000
1620 - Building Maintenance Total	58,460	30,677	60,000	30,000
3120 - Police				
31250 - Police Fees	3,996	4,410	4,000	6,000
31589 - Other Public Safety Income	42,792	80,932	48,245	50,000
31589.FFT - Other Public Safety Income DA-	1,017	0	0	0
31741 - Parking Fees: Non-taxable	3,260	3,760	3,650	3,520
32260 - Public Safety Service Fees	4,167	4,155	5,000	3,500
32610 - Fines & Tickets	69,603	52,187	70,000	70,000
32705 - Gifts & Donations	5,000	14,000	4,500	5,000
32770 - Other Unclassified Revenue	130	646	0	0
33389 - Other Public Safety State Aid	0	0	0	43,000
34389 - Other Federal Public Safety Aid	4,705	29,738	64,609	25,000
34389.DEA - Other Federal Public Safety Aid DEA	7,684	0	0	0
3120 - Police Total	142,354	189,828	200,004	206,020
3410 - Fire				
31560 - Safety Inspection Fees	315	5,252	8,000	12,000
32260 - Public Safety Service Fees	0	6,100	12,000	10,000
33389 - Other Public Safety State Aid	930	0	0	0
32705 - Gifts and Donations	0	10,000	10,000	0
34389 - Other Federal Public Safety Aid	0	86,758	0	0
3410 - Fire Total	1,245	108,110	30,000	22,000
3620 - Code and Safety Inspection				
31570 - Charges on Unsafe Properties	32,475	19,475	40,000	20,000
32501 - Business Licenses	64,400	99,200	85,000	100,000

Revenue Summary - Comparison of Estimates Revenues
Fiscal Year Ending December 31, 2023

General Fund (A)	FY 2020 Actual	FY 2021 Actual	FY 2022 Amended	FY 2023 Proposed
3620 - Code and Safety Inspection (Continued)				
32555 - Building Permits	56,401	79,473	90,000	100,000
32595 - Fees for Service	0	0	1,000	0
33989 - Other Home and Community Services	94,640	23,430	23,430	0
3620 - Code and Safety Inspection Total	247,916	221,578	239,430	220,000
5110 - Street Maintenance				
32705 - Gifts & Donations	0	0	0	0
33510 - Highway Maintenance State Aid	92,515	92,515	92,515	92,515
5110 - Street Maintenance Total	92,515	92,515	92,515	92,515
6410 - Tourism				
31113 - Tax on Hotel Room Occupancy	66,505	116,392	85,000	145,000
6410 - Tourism Total	66,505	116,392	85,000	145,000
7140 - Playgrounds and Recreation Centers				
32001 - Parks and Recreation Charges	0	0	4,575	6,000
32705 - Gifts and Donations	0	900	0	0
32025 - Special Recreation Facility Charges	532	2,575	2,500	0
33820 - Youth Program State Aid	0	0	18,386	18,386
7140 - Playgrounds and Recreation Centers Total	532	3,475	25,461	24,386
7180 - Community Pool				
32001 - Parks and Recreation Charges	0	5,711	7,000	7,000
32012 - Recreation Concessions	0	121	1,000	1,200
32025 - Special Recreation Facility Charges	0	180	2,000	350
7180 - Community Pool Total	0	6,012	10,000	8,550

Revenue Summary - Comparison of Estimates Revenues
Fiscal Year Ending December 31, 2023

General Fund (A)	FY 2020 Actual	FY 2021 Actual	FY 2022 Amended	FY 2023 Proposed
7185 Marina				
32001 - Parks and Recreation Charges	0	735	1,500	1,000
32012 - Recreation Concessions	0	5,753	5,000	8,000
32025 - Special Recreation Facility Charges	0	1,291	800	3,500
7185 - Marina Total	0	7,779	7,300	12,500
8021 Community Development				
32170 - Community Development Fees	7,536	33,532	8,000	5,500
8021 Community Development Total	7,536	33,532	8,000	5,500
8510 - Community Beautification				
32705 - Gifts & Donations	33,467	234	15,030	1,000
32705.HH - Gifts & Donations Hometown Hero	0	0	2,250	0
32705.JHP - Gifts & Donations John Henry Park	205	150	180	0
32705.VB - Gifts & Donations Veterans Bricks	50	100	300	0
8510 - Community Beautification Total	33,722	484	17,760	1,000
9901 - Interfund Transfer				
35031.H - Interfund Transfer From Capital	7,590	89,820	0	0
9901 - Interfund Transfer Total	7,590	89,820	0	0
General Fund Grand Total:	23,954,698	27,083,265	26,546,443	27,462,820

Account	Account Description	2023 Adopted
Fund A - General Fund		
REVENUE		
Department 3410 - Fire		
<i>Intergovernmental Charges</i>		
32260	Public Safety Service Fees	10,000.00
	<i>Intergovernmental Charges Totals</i>	\$10,000.00
<i>Departmental Income</i>		
31560	Safety Inspection Fees	12,000.00
	<i>Departmental Income Totals</i>	\$12,000.00
	Department 3410 - Fire Totals	\$22,000.00
	REVENUE TOTALS	\$22,000.00
EXPENSE		
Department 3410 - Fire		
<i>Personal Services</i>		
51010	Full Time Wages	3,138,380.00
51100	Overtime	250,000.00
51120	Longevity	23,100.00
51130	Out of Grade	10,000.00
51150	Holiday Pay	65,000.00
51170	Additional & Other Compensation	25,000.00
51175	Education & Training Incentives	187,823.00
51185	Allowances	48,750.00
	<i>Personal Services Totals</i>	\$3,748,053.00
<i>Equipment and Capital Outlay</i>		
52010	Office Equipment	1,700.00
52015	Technical Equipment	21,200.00
52070	Public Safety Equipment	38,107.00
	<i>Equipment and Capital Outlay Totals</i>	\$61,007.00
<i>Contractual</i>		
54003	Office Furniture	1,400.00
54005	Office Supplies	2,610.00
54030	Small Tools	1,976.00
54035	Training and Education	76,925.00
54040	Assoc/Membership Dues	2,461.00
54041	Publications	1,000.00
54045	Travel Related Costs	1,720.00
54050	Equip. Maintenance/Repair	17,380.00
54055	Professional Services	5,000.00
54065	Equipment Rental / Lease	9,240.00
54083	Misc. Support Services	9,000.00
54085	Clothing and Uniforms	74,343.00

<u>Account</u>	<u>Account Description</u>	<u>2023 Adopted</u>
Fund A - General Fund		
EXPENSE		
Department 3410 - Fire		
<i>Contractual</i>		
54115	Computer Licenses & Software	23,000.00
54500	Medical Fees and Services	51,000.00
54515	Special Supplies	8,000.00
54605	Telephone Services	6,000.00
	<i>Contractual Totals</i>	<u>\$291,055.00</u>
<i>Employee Benefits</i>		
58010	FICA	292,865.00
58020	Workers Compensation	181,068.00
58040	Hospital & Medical Insurance	763,063.00
58050	Retirement	991,911.00
	<i>Employee Benefits Totals</i>	<u>\$2,228,907.00</u>
	Department 3410 - Fire Totals	<u>\$6,329,022.00</u>
	EXPENSE TOTALS	<u>\$6,329,022.00</u>
Fund A - General Fund Totals		
	REVENUE TOTALS	\$22,000.00
	EXPENSE TOTALS	\$6,329,022.00
Fund A - General Fund Totals (\$6,307,022.00)		
Net Grand Totals		
	REVENUE GRAND TOTALS	\$22,000.00
	EXPENSE GRAND TOTALS	\$6,329,022.00
Net Grand Totals <u>(\$6,307,022.00)</u>		

Account	Account Description	2020 Actual Amount	2021 Actual Amount	2022 Actual Amount	2023 Amended Budget	2024 Mayor Recommended
Fund A - General Fund						
REVENUE						
Department 0000 - Undesignated Revenue						
<i>Real Property Taxes and Tax Items</i>						
31001	Real Property Taxes	12,892,658.62	13,013,794.38	13,371,407.76	13,283,557.00	13,482,810.00
31002	Allowance for Uncollectible	.00	.00	.00	.00	(100,000.00)
31051	Gain from Sale of Tax Acquired Property	.00	.00	356,537.58	.00	.00
31081	Other Payments in Lieu of Taxes (PILOT)	353,911.24	359,880.71	373,280.90	422,175.00	362,333.00
31090	Interest & Penalties of Property Taxes	308,579.54	323,528.45	330,730.39	367,000.00	330,000.00
31091	Interest & Penalties on Special Assessments	.00	34,430.37	29,936.58	35,000.00	35,000.00
<i>Real Property Taxes and Tax Items Totals</i>		\$13,555,149.40	\$13,731,633.91	\$14,461,893.21	\$14,107,732.00	\$14,110,143.00
<i>Nonproperty Tax Items</i>						
31110	Sales & Use Tax: Pre-empted	1,983,457.11	2,287,535.36	2,613,146.02	2,590,129.00	2,654,289.00
31120	Sales & Use Tax: County Distribution	4,277,714.97	4,945,264.31	5,225,949.28	5,327,058.00	5,430,319.00
31130	Utilities Gross Receipt Tax	178,434.42	186,822.37	226,672.96	185,000.00	225,000.00
<i>Nonproperty Tax Items Totals</i>		\$6,439,606.50	\$7,419,622.04	\$8,065,768.26	\$8,102,187.00	\$8,309,608.00
<i>Intergovernmental Charges</i>						
32801.CL	Interfund Revenue From Refuse Fund	73,906.00	90,507.00	75,000.00	75,000.00	75,000.00
32801.FX	Interfund Revenue From Water Fund	176,639.00	254,113.00	125,000.00	165,000.00	125,000.00
32801.G	Interfund Revenue From Sewer Fund	170,277.00	160,442.00	215,000.00	170,000.00	120,000.00
<i>Intergovernmental Charges Totals</i>		\$420,822.00	\$505,062.00	\$415,000.00	\$410,000.00	\$320,000.00
<i>Departmental Income</i>						
32595	Fees for Service	226.91	323.36	753.05	.00	.00
<i>Departmental Income Totals</i>		\$226.91	\$323.36	\$753.05	\$0.00	\$0.00
<i>Use of Money and Property</i>						
32401	Interest & Earnings	58,436.73	5,666.00	195,683.97	665,000.00	700,000.00
32410	Rental of Real Property	53,100.00	300.00	300.00	15,100.00	.00
<i>Use of Money and Property Totals</i>		\$111,536.73	\$5,966.00	\$195,983.97	\$680,100.00	\$700,000.00
<i>Fines and Forfeitures</i>						
32610	Fines & Tickets	47,156.00	49,044.32	66,634.05	80,000.00	68,000.00
<i>Fines and Forfeitures Totals</i>		\$47,156.00	\$49,044.32	\$66,634.05	\$80,000.00	\$68,000.00
<i>Sale of Property and Compensation for Loss</i>						
32650	Sale of Scrap and Excess Materials	825.41	1,760.96	4,322.08	5,000.00	5,000.00
32660	Sale of Real Property	.00	10,100.00	200.00	.00	.00
32665	Sale of Equipment	1,100.00	159,585.00	54,405.00	.00	.00
32680	Insurance Recoveries	11,249.19	26,848.47	17,670.79	31,000.00	.00
32690	Other Compensation for Loss	.00	662.30	.00	.00	.00
<i>Sale of Property and Compensation for Loss Totals</i>		\$13,174.60	\$198,956.73	\$76,597.87	\$36,000.00	\$5,000.00
<i>Miscellaneous</i>						
30599	Appropriated Fund Balance	.00	.00	.00	1,257,470.26	715,123.00
32701	Refund of Prior Year Expenses	27,502.84	46,722.13	12,627.68	.00	.00

Account	Account Description	2020 Actual Amount	2021 Actual Amount	2022 Actual Amount	2023 Amended Budget	2024 Mayor Recommended
Fund A - General Fund						
REVENUE						
Department 0000 - Undesignated Revenue						
<i>Miscellaneous</i>						
32770	Other Unclassified Revenue	218.19	65.37	(3,693.34)	23,937.00	.00
35788	Other Sources Leases	.00	.00	572,210.00	.00	.00
<i>Miscellaneous Totals</i>		\$27,721.03	\$46,787.50	\$581,144.34	\$1,281,407.26	\$715,123.00
<i>State Aid</i>						
33001	State Aid Per Capita	2,120,420.00	3,180,630.00	2,650,525.00	2,650,525.00	2,650,525.00
33005	Mortgage Tax	253,746.30	350,732.37	388,895.29	350,000.00	400,000.00
<i>State Aid Totals</i>		\$2,374,166.30	\$3,531,362.37	\$3,039,420.29	\$3,000,525.00	\$3,050,525.00
<i>Federal Aid</i>						
34089	Other General Government Federal Aid	.00	428,667.23	426,298.12	.00	.00
34960	Federal Emergency Disaster Assistance	15,479.45	.00	464.16	.00	.00
<i>Federal Aid Totals</i>		\$15,479.45	\$428,667.23	\$426,762.28	\$0.00	\$0.00
<i>Interfund Transfers</i>						
35031.H	Interfund Transfer From Capital	.00	.00	20,600.00	.00	.00
35050	Interfund Transfer for Debt Service	151,100.00	114,349.00	65,170.00	.00	.00
<i>Interfund Transfers Totals</i>		\$151,100.00	\$114,349.00	\$85,770.00	\$0.00	\$0.00
Department 0000 - Undesignated Revenue Totals		\$23,156,138.92	\$26,031,774.46	\$27,415,727.32	\$27,697,951.26	\$27,278,399.00
Department 1325 - Treasurer						
<i>Nonproperty Tax Items</i>						
31113	Tax on Hotel Room Occupancy	3,013.42	4,921.45	6,833.98	6,000.00	9,000.00
<i>Nonproperty Tax Items Totals</i>		\$3,013.42	\$4,921.45	\$6,833.98	\$6,000.00	\$9,000.00
<i>Departmental Income</i>						
31230	Treasurer Fees	19,505.00	26,907.65	20,902.00	25,000.00	25,000.00
31231	Administrative Fee - Hotel Occupancy Tax	486.81	1,204.47	52.28	.00	.00
31235	Charges for Tax Advertising and Expenses	3,960.00	4,310.00	17,224.00	4,000.00	15,000.00
<i>Departmental Income Totals</i>		\$23,951.81	\$32,422.12	\$38,178.28	\$29,000.00	\$40,000.00
Department 1325 - Treasurer Totals		\$26,965.23	\$37,343.57	\$45,012.26	\$35,000.00	\$49,000.00
Department 1355 - City Assessor						
<i>State Aid</i>						
33089	Other General Government State Aid	.00	.00	471.28	28,000.00	2,000.00
<i>State Aid Totals</i>		\$0.00	\$0.00	\$471.28	\$28,000.00	\$2,000.00
Department 1355 - City Assessor Totals		\$0.00	\$0.00	\$471.28	\$28,000.00	\$2,000.00
Department 1410 - City Clerk						
<i>Departmental Income</i>						
31255	Clerk Fees	29,733.71	33,705.98	34,361.21	38,000.00	38,000.00
<i>Departmental Income Totals</i>		\$29,733.71	\$33,705.98	\$34,361.21	\$38,000.00	\$38,000.00

Account	Account Description	2020 Actual Amount	2021 Actual Amount	2022 Actual Amount	2023 Amended Budget	2024 Mayor Recommended
Fund A - General Fund						
REVENUE						
Department 1410 - City Clerk						
<i>Licenses and Permits</i>						
32544	Dog Licenses	42,536.00	42,848.00	37,920.00	45,000.00	.00
	<i>Licenses and Permits Totals</i>	\$42,536.00	\$42,848.00	\$37,920.00	\$45,000.00	\$0.00
	Department 1410 - City Clerk Totals	\$72,269.71	\$76,553.98	\$72,281.21	\$83,000.00	\$38,000.00
Department 1430 - Personnel - Civil Service						
<i>Intergovernmental Charges</i>						
32220	Civil Service Fees	35,626.14	35,826.00	35,951.40	36,000.00	36,000.00
	<i>Intergovernmental Charges Totals</i>	\$35,626.14	\$35,826.00	\$35,951.40	\$36,000.00	\$36,000.00
<i>Departmental Income</i>						
31260	Civil Service Exam Fees	5,323.00	1,565.00	2,408.00	1,500.00	2,500.00
	<i>Departmental Income Totals</i>	\$5,323.00	\$1,565.00	\$2,408.00	\$1,500.00	\$2,500.00
	Department 1430 - Personnel - Civil Service Totals	\$40,949.14	\$37,391.00	\$38,359.40	\$37,500.00	\$38,500.00
Department 1620 - Building Maintenance						
<i>State Aid</i>						
33021	State Aid Court Facilities Maintenance	58,460.00	30,677.00	32,129.00	30,000.00	32,130.00
	<i>State Aid Totals</i>	\$58,460.00	\$30,677.00	\$32,129.00	\$30,000.00	\$32,130.00
	Department 1620 - Building Maintenance Totals	\$58,460.00	\$30,677.00	\$32,129.00	\$30,000.00	\$32,130.00
Department 3120 - Police						
<i>Intergovernmental Charges</i>						
32260	Public Safety Service Fees	4,166.99	4,154.59	3,975.39	3,500.00	4,000.00
	<i>Intergovernmental Charges Totals</i>	\$4,166.99	\$4,154.59	\$3,975.39	\$3,500.00	\$4,000.00
<i>Departmental Income</i>						
31250	Police Fees	3,996.20	4,410.00	7,975.35	6,000.00	8,000.00
31589	Other Public Safety Income	42,792.00	32,500.00	71,158.59	56,063.00	65,000.00
31589.FFM	Other Public Safety Income Manhattan DA-Assets Forfeiture	.00	52,652.00	.00	.00	52,652.00
31589.FFT	Other Public Safety Income DA-Assets Forfeiture	1,017.48	(4,220.25)	925.37	.00	.00
31741	Parking Fees: Non-taxable	3,260.00	3,760.00	2,180.00	3,520.00	2,000.00
	<i>Departmental Income Totals</i>	\$51,065.68	\$89,101.75	\$82,239.31	\$65,583.00	\$127,652.00
<i>Fines and Forfeitures</i>						
32610	Fines & Tickets	69,603.00	52,187.00	32,585.00	70,000.00	38,000.00
	<i>Fines and Forfeitures Totals</i>	\$69,603.00	\$52,187.00	\$32,585.00	\$70,000.00	\$38,000.00
<i>Miscellaneous</i>						
32705	Gifts & Donations	5,000.00	14,000.00	3,000.00	5,000.00	3,000.00
32770	Other Unclassified Revenue	129.55	646.38	3,919.21	.00	81,830.00
	<i>Miscellaneous Totals</i>	\$5,129.55	\$14,646.38	\$6,919.21	\$5,000.00	\$84,830.00

Account	Account Description	2020 Actual Amount	2021 Actual Amount	2022 Actual Amount	2023 Amended Budget	2024 Mayor Recommended
Fund A - General Fund						
REVENUE						
Department 3120 - Police						
<i>State Aid</i>						
33389	Other Public Safety State Aid	.00	.00	.00	43,000.00	43,000.00
	<i>State Aid Totals</i>	\$0.00	\$0.00	\$0.00	\$43,000.00	\$43,000.00
<i>Federal Aid</i>						
34389	Other Federal Public Safety Aid	4,704.96	4,785.27	32,571.03	25,000.00	25,000.00
34389.DEA	Other Federal Public Safety Aid DEA Funds	7,683.96	(2,930.24)	.00	.00	.00
34389.DEAT	Other Federal Public Safety Aid DEA Treasury Funds	.00	23,942.05	5,174.26	.00	.00
	<i>Federal Aid Totals</i>	\$12,388.92	\$25,797.08	\$37,745.29	\$25,000.00	\$25,000.00
	Department 3120 - Police Totals	\$142,354.14	\$185,886.80	\$163,464.20	\$212,083.00	\$322,482.00
Department 3410 - Fire						
<i>Intergovernmental Charges</i>						
32260	Public Safety Service Fees	.00	6,100.00	10,317.00	10,000.00	15,000.00
	<i>Intergovernmental Charges Totals</i>	\$0.00	\$6,100.00	\$10,317.00	\$10,000.00	\$15,000.00
<i>Departmental Income</i>						
31560	Safety Inspection Fees	315.00	4,325.00	6,700.00	12,000.00	7,000.00
31589	Other Public Safety Income	.00	327.25	.00	.00	.00
31640	Ambulance Charges	930.27	600.00	.00	550,107.00	1,025,786.00
	<i>Departmental Income Totals</i>	\$1,245.27	\$5,252.25	\$6,700.00	\$562,107.00	\$1,032,786.00
<i>Sale of Property and Compensation for Loss</i>						
32665	Sale of Equipment	.00	.00	318.98	.00	.00
	<i>Sale of Property and Compensation for Loss Totals</i>	\$0.00	\$0.00	\$318.98	\$0.00	\$0.00
<i>Miscellaneous</i>						
32705	Gifts & Donations	.00	10,000.00	10,000.00	.00	.00
	<i>Miscellaneous Totals</i>	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$0.00
<i>State Aid</i>						
33389	Other Public Safety State Aid	.00	.00	10,450.00	.00	.00
	<i>State Aid Totals</i>	\$0.00	\$0.00	\$10,450.00	\$0.00	\$0.00
<i>Federal Aid</i>						
34389	Other Federal Public Safety Aid	.00	86,757.86	.00	.00	.00
	<i>Federal Aid Totals</i>	\$0.00	\$86,757.86	\$0.00	\$0.00	\$0.00
	Department 3410 - Fire Totals	\$1,245.27	\$108,110.11	\$37,785.98	\$572,107.00	\$1,047,786.00

Account	Account Description	2020 Actual Amount	2021 Actual Amount	2022 Actual Amount	2023 Amended Budget	2024 Mayor Recommended
Fund A - General Fund						
REVENUE						
Department 3510 - Control of Dogs						
<i>Licenses and Permits</i>						
32544	Dog Licenses	.00	.00	.00	.00	45,000.00
	<i>Licenses and Permits Totals</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00
	Department 3510 - Control of Dogs Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00
Department 3620 - Code & Safety Inspection						
<i>Departmental Income</i>						
31570	Charges on Unsafe Properties	32,475.00	19,475.00	13,315.00	20,000.00	40,000.00
	<i>Departmental Income Totals</i>	\$32,475.00	\$19,475.00	\$13,315.00	\$20,000.00	\$40,000.00
<i>Licenses and Permits</i>						
32501	Business Licenses	64,400.00	99,200.00	96,522.00	100,000.00	100,000.00
32555	Building Permits	56,401.30	79,473.16	96,146.00	115,000.00	150,000.00
	<i>Licenses and Permits Totals</i>	\$120,801.30	\$178,673.16	\$192,668.00	\$215,000.00	\$250,000.00
<i>Fines and Forfeitures</i>						
32610	Fines & Tickets	.00	.00	8,230.00	.00	.00
	<i>Fines and Forfeitures Totals</i>	\$0.00	\$0.00	\$8,230.00	\$0.00	\$0.00
<i>State Aid</i>						
33989	Other Home and Community Services State Aid	94,640.00	23,430.00	25,240.00	.00	.00
	<i>State Aid Totals</i>	\$94,640.00	\$23,430.00	\$25,240.00	\$0.00	\$0.00
	Department 3620 - Code & Safety Inspection Totals	\$247,916.30	\$221,578.16	\$239,453.00	\$235,000.00	\$290,000.00
Department 5110 - Street Maintenance						
<i>State Aid</i>						
33510	Highway Maintenance State Aid	92,515.13	92,515.15	92,515.16	92,515.00	92,515.00
	<i>State Aid Totals</i>	\$92,515.13	\$92,515.15	\$92,515.16	\$92,515.00	\$92,515.00
	Department 5110 - Street Maintenance Totals	\$92,515.13	\$92,515.15	\$92,515.16	\$92,515.00	\$92,515.00
Department 6410 - Tourism						
<i>Nonproperty Tax Items</i>						
31113	Tax on Hotel Room Occupancy	66,504.51	116,392.31	130,838.84	145,000.00	150,000.00
	<i>Nonproperty Tax Items Totals</i>	\$66,504.51	\$116,392.31	\$130,838.84	\$145,000.00	\$150,000.00
	Department 6410 - Tourism Totals	\$66,504.51	\$116,392.31	\$130,838.84	\$145,000.00	\$150,000.00
Department 7110 - Parks						
<i>Miscellaneous</i>						
32705	Gifts & Donations	.00	.00	.00	32,913.00	.00
32705.AP	Gifts & Donations Altro Park Renovation	.00	.00	.00	3,100.00	.00
	<i>Miscellaneous Totals</i>	\$0.00	\$0.00	\$0.00	\$36,013.00	\$0.00
	Department 7110 - Parks Totals	\$0.00	\$0.00	\$0.00	\$36,013.00	\$0.00

Account	Account Description	2020 Actual Amount	2021 Actual Amount	2022 Actual Amount	2023 Amended Budget	2024 Mayor Recommended
Fund A - General Fund						
REVENUE						
Department 7140 - Playgound and Recreation Centers						
<i>Departmental Income</i>						
32001	Parks and Recreation Charges	.00	.00	3,075.00	.00	.00
32025	Special Recreation Facility Charges	531.80	2,575.30	5,891.75	6,000.00	8,000.00
<i>Departmental Income Totals</i>		<u>\$531.80</u>	<u>\$2,575.30</u>	<u>\$8,966.75</u>	<u>\$6,000.00</u>	<u>\$8,000.00</u>
<i>Miscellaneous</i>						
32705.SR	Gifts & Donations Summer Rec Program	.00	900.00	.00	.00	.00
<i>Miscellaneous Totals</i>		<u>\$0.00</u>	<u>\$900.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
<i>State Aid</i>						
33820	Youth Program State Aid	.00	.00	18,000.00	18,386.00	18,500.00
<i>State Aid Totals</i>		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$18,000.00</u>	<u>\$18,386.00</u>	<u>\$18,500.00</u>
Department 7140 - Playgound and Recreation Centers Totals		<u>\$531.80</u>	<u>\$3,475.30</u>	<u>\$26,966.75</u>	<u>\$24,386.00</u>	<u>\$26,500.00</u>
Department 7180 - Community Pool						
<i>Departmental Income</i>						
32001	Parks and Recreation Charges	.00	5,711.00	4,892.00	7,000.00	7,000.00
32012	Recreation Concessions	.00	121.00	1,223.00	1,200.00	1,200.00
32025	Special Recreation Facility Charges	.00	180.00	.00	350.00	350.00
<i>Departmental Income Totals</i>		<u>\$0.00</u>	<u>\$6,012.00</u>	<u>\$6,115.00</u>	<u>\$8,550.00</u>	<u>\$8,550.00</u>
Department 7180 - Community Pool Totals		<u>\$0.00</u>	<u>\$6,012.00</u>	<u>\$6,115.00</u>	<u>\$8,550.00</u>	<u>\$8,550.00</u>
Department 7185 - Marina						
<i>Departmental Income</i>						
32001	Parks and Recreation Charges	.00	734.75	748.50	1,000.00	1,000.00
32012	Recreation Concessions	.00	5,752.98	11,221.85	8,000.00	12,000.00
32025	Special Recreation Facility Charges	.00	1,291.25	2,624.00	3,500.00	2,500.00
<i>Departmental Income Totals</i>		<u>\$0.00</u>	<u>\$7,778.98</u>	<u>\$14,594.35</u>	<u>\$12,500.00</u>	<u>\$15,500.00</u>
Department 7185 - Marina Totals		<u>\$0.00</u>	<u>\$7,778.98</u>	<u>\$14,594.35</u>	<u>\$12,500.00</u>	<u>\$15,500.00</u>
Department 8021 - Community Development						
<i>Departmental Income</i>						
32170	Community Development Fees	7,535.56	33,532.47	.00	76,680.00	2,000.00
<i>Departmental Income Totals</i>		<u>\$7,535.56</u>	<u>\$33,532.47</u>	<u>\$0.00</u>	<u>\$76,680.00</u>	<u>\$2,000.00</u>
Department 8021 - Community Development Totals		<u>\$7,535.56</u>	<u>\$33,532.47</u>	<u>\$0.00</u>	<u>\$76,680.00</u>	<u>\$2,000.00</u>
Department 8510 - Community Beautification						
<i>Miscellaneous</i>						
32705	Gifts & Donations	33,467.00	233.53	16,002.31	1,600.00	.00
32705.JHP	Gifts & Donations John Henry Park	205.00	150.00	125.00	.00	.00
32705.VB	Gifts & Donations Veterans Bricks	50.00	100.00	.00	.00	.00
<i>Miscellaneous Totals</i>		<u>\$33,722.00</u>	<u>\$483.53</u>	<u>\$16,127.31</u>	<u>\$1,600.00</u>	<u>\$0.00</u>
Department 8510 - Community Beautification Totals		<u>\$33,722.00</u>	<u>\$483.53</u>	<u>\$16,127.31</u>	<u>\$1,600.00</u>	<u>\$0.00</u>

<u>Account</u>	<u>Account Description</u>	<u>2020 Actual Amount</u>	<u>2021 Actual Amount</u>	<u>2022 Actual Amount</u>	<u>2023 Amended Budget</u>	<u>2024 Mayor Recommended</u>
Fund A - General Fund						
	REVENUE					
	Department 9901 - Interfund Transfer					
	<i>Interfund Transfers</i>					
35031.H	Interfund Transfer From Capital	7,590.13	89,820.00	.00	10,548.00	.00
	<i>Interfund Transfers Totals</i>	<u>\$7,590.13</u>	<u>\$89,820.00</u>	<u>\$0.00</u>	<u>\$10,548.00</u>	<u>\$0.00</u>
	Department 9901 - Interfund Transfer Totals	<u>\$7,590.13</u>	<u>\$89,820.00</u>	<u>\$0.00</u>	<u>\$10,548.00</u>	<u>\$0.00</u>
	REVENUE TOTALS	<u>\$23,954,697.84</u>	<u>\$27,079,324.82</u>	<u>\$28,331,841.06</u>	<u>\$29,338,433.26</u>	<u>\$29,438,362.00</u>

Account	Account Description	2024 Adopted
Fund A - General Fund		
REVENUE		
Department 3410 - Fire		
<i>Intergovernmental Charges</i>		
32260	Public Safety Service Fees	15,000.00
	<i>Intergovernmental Charges Totals</i>	\$15,000.00
<i>Departmental Income</i>		
31560	Safety Inspection Fees	7,000.00
31640	Ambulance Charges	991,420.00
	<i>Departmental Income Totals</i>	\$998,420.00
	Department 3410 - Fire Totals	\$1,013,420.00
	REVENUE TOTALS	\$1,013,420.00
EXPENSE		
Department 3410 - Fire		
<i>Personal Services</i>		
51010	Full Time Wages	3,410,402.00
51100	Overtime	500,000.00
51120	Longevity	20,800.00
51130	Out of Grade	10,000.00
51150	Holiday Pay	65,000.00
51170	Additional & Other Compensation	19,000.00
51175	Education & Training Incentives	235,831.00
51185	Allowances	53,625.00
	<i>Personal Services Totals</i>	\$4,314,658.00
<i>Equipment and Capital Outlay</i>		
52010	Office Equipment	3,600.00
52015	Technical Equipment	36,530.00
52070	Public Safety Equipment	55,082.00
	<i>Equipment and Capital Outlay Totals</i>	\$95,212.00
<i>Contractual</i>		
54003	Office Furniture	2,875.00
54005	Office Supplies	2,240.00
54030	Small Tools	3,288.00
54035	Training and Education	113,475.00
54040	Assoc./Membership Dues	2,461.00
54041	Publications	1,000.00
54045	Travel Related Costs	1,720.00
54050	Equip. Maintenance/Repair	26,363.00
54055	Professional Services	80,900.00
54083	Misc. Support Services	9,500.00
54085	Clothing and Uniforms	81,830.00

Account	Account Description	2024 Adopted
Fund A - General Fund		
EXPENSE		
Department 3410 - Fire		
<i>Contractual</i>		
54115	Computer Licenses & Software	33,700.00
54500	Medical Fees and Services	109,900.00
54515	Special Supplies	11,000.00
54520	Chemicals	2,625.00
54605	Telephone Services	6,000.00
	<i>Contractual Totals</i>	<u>\$488,877.00</u>
<i>Employee Benefits</i>		
58010	FICA	330,224.00
58020	Workers Compensation	178,650.00
58040	Hospital & Medical Insurance	950,025.00
58050	Retirement	1,166,882.00
	<i>Employee Benefits Totals</i>	<u>\$2,625,781.00</u>
	Department 3410 - Fire Totals	<u>\$7,524,528.00</u>
	EXPENSE TOTALS	<u>\$7,524,528.00</u>
Fund A - General Fund Totals		
	REVENUE TOTALS	\$1,013,420.00
	EXPENSE TOTALS	\$7,524,528.00
Fund A - General Fund Totals (\$6,511,108.00)		
Net Grand Totals		
	REVENUE GRAND TOTALS	\$1,013,420.00
	EXPENSE GRAND TOTALS	\$7,524,528.00
Net Grand Totals (\$6,511,108.00)		

EXHIBIT #7

Letters of Endorsement

City of Lockport

Department of Fire

Municipal Building
One Locks Plaza
Lockport, NY 14094
Office: (716) 439 – 6611
Cell: (716) 998 – 0995
Email: LQuagliano@lockportny.gov

Luca C.P. Quagliano
Chief of Department

May 10, 2024

****SAMPLE of LETTER OF SUPPORT REQUEST****

Dear Mr./Mrs. XXXXXX:

On December 19, 2022 the City of Lockport Common Council passed resolution 121922.2 ordering the City of Lockport Fire Department to take the necessary steps to be allowed by the New York State Department of Health to provide Ambulance Services to the City of Lockport. Prior to this, Twin City Ambulance was providing transport services for the City of Lockport. Due to their own reasoning and lack of an existing contract with the City of Lockport, in early-2022, they provided notice to the City of their wish to terminate their services as soon as possible.

As a result of the notification by Twin City Ambulance to terminate its services the City of Lockport did two things; 1) in April of 2022, the City of Lockport advertised a Request for Proposal (RFP) for Ambulance Services 2) Hired a private firm to provide a feasibility study of the return of LFD operated ambulance services. The only response received from the RFP was from Mercy EMS and the options they provided would not adequately provide the coverage the City of Lockport needed and also came with a financial obligation that was not present under the previous agreement with Twin City Ambulance. The independent feasibility study produced a cost of operations analysis and provided projected revenue data if the return of ambulance service to LFD was chosen. Upon comparing the two options, the Common Council opted to reinstate LFD operated ambulance services and we began operating on February 14, 2023.

The Western Regional Emergency Medical Advisory Committee has granted the City of Lockport Fire Department with a temporary Certificate of Need to provide Ambulance Services. The application process requires LFD to obtain a permanent CON within two years of the start of the operation. That application requires the provider to demonstrate a “public need” which is defined by policy 93-10 of the NYS Public Health Law as:

The demonstrated absence, reduced availability or inadequate level of care in ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.

In addition to demonstrating public need, the CON application process requires letters of endorsement from public safety entities and local healthcare institutions showing support for the intended Ambulance Services. In that letter we ask that you place it on your organizations letterhead, refer to the understanding of the definition of “public need” and be signed by the CEO of your organization. We have attached a sample letter of endorsement for your reference. We ask that you please submit your letter of support by June 1st to the address on this letterhead. If you have any questions or concerns please feel free to contact me anytime.

Sincerely,

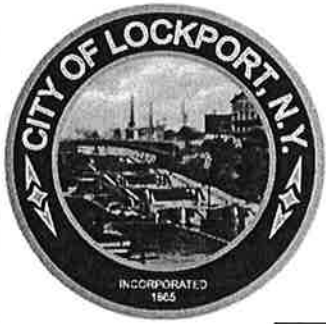
Luca C.P. Quagliano
Chief of Department

City of Lockport Fire Department CON Letters of Support List

The New York State Department of Health Bureau of Emergency Medical Services requires CON applicants to solicit letters of endorsement from EMS agencies, Medical Directors, County EMS organizations, Hospitals, and municipalities in the operating and surrounding areas. The following is a list of agencies and individuals that received solicitation letters from the City of Lockport Fire Department:

John Lombardi – Mayor City of Lockport
Mark Crocker – Supervisor Town of Lockport
Jonathan Schultz – Niagara County Fire Coordinator
Paul Gurnett – Chairman Niagara County Fire Advisory Board
Kyle LaRuffa – President Niagara County Fire Chiefs Association
Marc Kasprzak – Director of Communications Niagara County
Derek Caldwell – Chief South Lockport Fire Company
Michael Moore – Rapids Fire Company
Jonathan McKnight – Wrights Corners Fire Company
Nicholas Baes – Terry's Corners Fire Company
Roland Graham – Gasport Chemical Hose Fire Company
Shawn McIntyre – Cambria Fire Company
Roland Graham – Tri Town Ambulance Company
Dr. Naveen Seth – Systems Medical Director Lockport Fire Department
Bryan Brauner – CEO Twin City Ambulance
Michael Gugliuzza – Director of Operations Mercy EMS
Charles Morello – President Lockport Board of Fire Commissioners
Deborah Holiday – Chief Administrator Lockport Memorial Hospital
Tim Frost – Regional Director American Medical Response Ambulance
Dr. Chad Shepard – Niagara County EMS Coordinator
Sheriff Michael Filicetti – Niagara County Sheriff
Tom Eggert – Niagara County EMS
Dr. Mathis Calvin III – Superintendent Lockport School District

All of the organizations listed above received their letter via certified return receipt USPS mail. The organizations that did respond are in support of the City of Lockport Fire Departments Ambulance Service program. Those entities that did *not* respond shall be deemed as not in opposition to the Lockport Fire Departments Ambulance Service as no document stating otherwise was received from them.



LOCKPORT MUNICIPAL BUILDING
ONE LOCKS PLAZA
LOCKPORT, NEW YORK 14094
PHONE (716) 439-6665
FAX (716) 439-6668

JOHN LOMBARDI, III
MAYOR

May 15, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Sincerely yours,

John Lombardi III
Mayor

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mark Crocker
 Town of Lockport
 6560 Dysinger Rd
 Lockport, N.Y. 14094



9590 9402 7364 2028 1963 54

2. Article Number (Transfer from service label)

7014 2120 0003 2166 6182

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery (00)

**NIAGARA COUNTY FIRE COORDINATOR &
EMERGENCY SERVICES OFFICE**

5574 Niagara Street Ext.
P.O. Box 496
Lockport, New York 14095-0496
Phone: (716) 438-3171
Fax: (716) 438-3173



JONATHAN SCHULTZ
Fire Coordinator
Director of Emergency Services
jonathan.schultz@niagaracounty.com

DANIEL LEVEN
Deputy Fire Coordinator
daniel.leven@niagaracounty.com

May 22, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Department's application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need."

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

A handwritten signature in black ink, appearing to read "Jonathan Schultz", is written over a horizontal line.

Jonathan Schultz, CEM
Niagara County Fire Coordinator
Director of Emergency Services

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Jonathan Schultz
5594 Niagara St ext
PO Box 496
Lockport N.Y. 14094



9590 9402 7364 2028 1963 85

2. Article Number (Transfer from service label)

7014 2120 0003 2166 6205

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jonathan Schultz

- Agent
- Addressee

B. Received by (Printed Name)


C. Date of Delivery

5/15/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature X <i>Robert 1097</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p><i>Paul Gurnett 5574 Niagara St ext PO Box 496 Lockport NY 14094</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>5/15/24</i></p>																
 9590 9402 7364 2028 1963 92	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>2. Article Number (Transfer from service label) 7014 2120 0003 2166 6212</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (over 500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Mail Restricted Delivery		<input type="checkbox"/> (over 500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
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<input type="checkbox"/> Mail Restricted Delivery																		
<input type="checkbox"/> (over 500)																		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Kyle LaRuffa
2888 Coomer Rd
Newfane, NY 14108



9590 9402 7364 2028 1963 47

2. Article Number (Transfer from service label)

7014 2120 0003 2166 6175

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy LaRuffa*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/17/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Marc Kasprzak
5574 Niagara St ext
PO Box 496
Lockport, NY 14094



9590 9402 7364 2028 1964 08

2. Article Number (Transfer from service label)

7014 2120 0003 2166 6229

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]* 1097

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/15/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery (00)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



South Lockport Fire Company, Inc.

5666 South Transit Road
Lockport, NY 14094-6352
Hall #1 434-4626 Hall #2 434-3886
Fax Numbers Hall #1 438-5



May 24th, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.


It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

Todd Gehm

Fire Chief

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																			
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																			
<p>1. Article Addressed to:</p> <p>Derek Caldwell South Lockport Fire Co 5666 South Transit Rd Lockport, N.Y. 14094</p>  <p>9590 9402 7364 2028 1962 86</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																			
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0001 8149 9864</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery		<input type="checkbox"/> Registered Mail	
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<input type="checkbox"/> Insured Mail																				
<input type="checkbox"/> Mail Restricted Delivery																				
<input type="checkbox"/> Registered Mail																				

Rapids Volunteer Fire Company

E-Mail Address: general@rapidsvfc.com

Website: www.rapidsvfc.com

ADMINISTRATIVE OFFICERS

Anthony Rook; *President*
Joseph Fries; *Vice President*
Laverne Bowen; *Treasurer*
Monica Rook; *Recording Secretary*
Hannah Edwards; *Corresponding Secretary*
Kyle Dean; *Board of Director*
Wendy Hollenbeck; *Board of Director*
Scott Reynolds; *Board of Director*

FIREMATIC OFFICERS

Michael Moore; *Chief*
Adam Wick; *Deputy Chief*
Bradley Ast; *Assistant Chief*
Brent Ast; *EMS Captain*



MAILING ADDRESS:

7195 Plank Road
Lockport, New York 14094

FIRE STATION #1

7195 Plank Road
(716) 434-4502
(716) 434-4347 Fax

FIRE STATION #2

6131 Old Beattie Road
(716) 434-6506

5/19/2024

Chief Luca Quagliano,
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

Michael Moore
Chief of Department

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mike Moore
Rapids Fire Co.
7195 Plank Rd
Lockport, NY 14094



9590 9402 7364 2028 1962 93

2. Article Number (Transfer from service label)

7014 2120 0003 2166 6144

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

B.P. Ast

C. Date of Delivery


5/17/24

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature <i>X Bontz Reid</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Jonathan McKnight Wrights Cornerfire Co. 4043 Lake Ave Lockport, NY 14094</p>  <p style="text-align: center;">9590 9402 7364 2028 1963 09</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="font-size: 1.2em; text-align: center;">7014 2120 0003 2166 6151</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p style="font-size: 0.8em; margin-left: 20px;"> <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (00) </p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													



Terry's Corners Volunteer Fire Co. Inc.
7801 Chestnut Ridge Rd
Gasport, NY 14067



Serving Royalton and Lockport Since 1949

05/16/2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief,


This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a permanent Certificate of Need to operate their ambulance in the City of Lockport.

It is to our understanding the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "Public Need" as was provide to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy the that requirement for "Public Need"

Our Organization would like to go on record that we support the application of the city of Lockport for a permanent Certificate of Need to operate ambulance service in the City of Lockport.

Respectfully,

Nicholas Baes
Fire Chief
Terry's Corners Vol Fire Co Inc.
7801 Chestnut Ridge Rd
Gasport, NY 14067
(716) 523-1924

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Nicholas Baes</i></p>															
<p>1. Article Addressed to:</p> <p><i>Nicholas Baes Terry's Corners fire Co. 7841 Chestnut Ridge Rd Gasport, NY. 14067</i></p>  <p>9590 9402 7364 2028 1963 16</p>	<p>B. Received by (Printed Name)</p> <p><i>NICHOLAS BAES</i></p>	<p>C. Date of Delivery</p> <p><i>5/15</i></p>														
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0003 2166 6168</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table> <p><input type="checkbox"/> Mail Restricted Delivery</p>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®															
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<input type="checkbox"/> Insured Mail																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>														



GASPORT CHEMICAL HOSE CO.

Vol. Fire Dept.
8412 STATE ST., BOX ~~375~~, GASPORT, NEW YORK 14067

May 31, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

Roland Graham
Chief

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ronald Graham
Gasport fire CO
8412 State St
Gasport, NY 14067



9590 9402 7364 2028 1962 79

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9857

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Ronald Graham

C. Date of Delivery

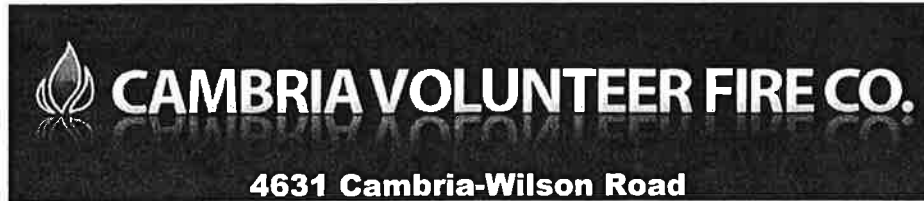
5/20/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery
(0)



Lockport, New York 14094-9738
(716) 434-8948 Phone
(716) 434-3468 Fax

May 16, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, New York 14094


Dear Chief Quagliano,


This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully supports the fire departments application for an Ambulance Service CON. We further understand New York State Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of Lockport Fire Department for a Permanent Certificate of Need to operate ambulance services in the City of Lockport.

Respectfully,


Shawn M. McIntyre
Chief


Christopher J. Lute
President

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Shawn McIntyre
Cambria fire Co
4631 Cambria Wilson Rd
Lockport, N.Y. 14094



9590 9402 7364 2028 1962 62

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9840

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ola Wagon*

- Agent
- 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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery
(D)

Tri-Town Ambulance Service, Inc.

P.O. Box 393 • Gasport, NY 14067 • Ph. 716-735-7000 • FAX 716-735-6132

May 31, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".


Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,



Roland Graham
President



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p>Roland Graham Tri-Town Ambulance 8935 Ridge Rd PO Box 393 Glasport, NY 14667</p>  <p>9590 9402 7364 2028 1962 55</p>	<p>B. Received by (Printed Name)</p> <p></p>	<p>C. Date of Delivery</p> <p>5/20/24</p>												
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0001 8149 9833</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™													
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery													
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<input type="checkbox"/> Collect on Delivery Restricted Delivery														

May 27, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

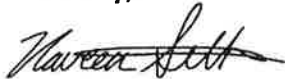
This letter is in response to the request by the City of Lockport Fire Department (LFD) for a letter of support to obtain a Certificate of Need (CON) to operate Ambulance Services in the City of Lockport.

It is my understanding that the City's Administration, Common Council and WREMAC fully support the Fire Department's application for an Ambulance Service CON. I further understand New York State Public Health Law definition of "public need" as was provided to me in the solicitation letter from the LFD. I believe that the circumstances exist to satisfy that requirement for "public need."

As the medical director of the LFD, as well as an emergency medicine physician working in the Lockport Memorial Hospital Emergency Department, I had seen first-hand the variability in quality provided by agencies in the area and heard from patients the struggles getting quality prehospital medical care in the area. Since the return of LFD operated ambulance services in February 2023, I have seen an improvement in the quality of care coming into the Emergency Department and the number of complaints by patients regarding their prehospital care.

I would like to go on record that I fully support that application of the City of Lockport Fire Department for a Permanent Certificate of Need to continue to provide high quality, timely care and operate Ambulance Services in the City of Lockport.

Sincerely,



Naveen Seth, MD
City of Lockport Fire Department
Medical Director

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Dr Naveen Seth
5932 Corinne Lane
Clarence Center, NY 14032



9590 9402 7364 2028 1962 48

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9826

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Naveen Seth

C. Date of Delivery

5/15

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Mail Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS Tracking®

Tracking Number:

70220410000181499819

Copy

Add to Informed Delivery (<https://informedd>)

7022 0410 0000 1814 9981 9

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here 
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To <i>Twin City Ambulance</i>	
Street and Apt. No., P.O. Box No. <i>Brian Bauer</i>	
City, State, ZIP+4® <i>555 Commerce Dr Buffalo NY 14228</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Latest Update

Your item was delivered to an individual at the address at 11:07 am on May 15, 2024 in BUFFALO, NY 14228.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual

BUFFALO, NY 14228

May 15, 2024, 11:07 am

[See All Tracking History](#)

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Feedback

[Track Another Package](#)

MAILING ADDRESS/HEADQUARTERS

Flying Tigers - Buffalo Airport
100 Amherst Villa Road
Buffalo, New York 14225-1432
P 716.626.5808
F 716.626.4106
TTD 1.800.662.1220
WWW.MERCYFLIGHT.ORG

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John Kruse, DO
Christopher T. Tanski, M.D.

AIR MEDICAL OPERATIONS

Buffalo, NY - Flying Tigers - Buffalo Airport
Olean, NY - Olean General Hospital
Batavia, NY - Genesee County Airport

GROUND OPERATIONS

Genesee County / Niagara County
Erie County - Town of Concord and Village of Springville

May 31, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council, and WREMAC fully support the Fire Department's application for an Ambulance Service CON. We further understand the NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record in support of the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,



Scott Wooton, CPA
Executive Vice President
Mercy Flight Inc.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Michael Bugliuzza
Mercury Ems
100 Amherst Villa Rd
Buffalo, N.Y. 14225



9590 9402 7364 2028 1962 24

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9802

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

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

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Mail Restricted Delivery (DD)

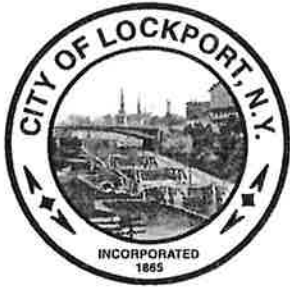
Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery



CITY OF LOCKPORT

One Locks Plaza
Lockport, New York 14094
(716) 439-6676
www.lockportny.gov

May 16, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

President Charles Morello
City of Lockport Board of Fire Commissioners

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Charles Morello
City of Lockport
1 Locks Plaza
Lockport, N.Y. 14094
c/o Clerks Office



9590 9402 7364 2028 1962 17

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9796

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

SARAL LAWRENCE

C. Date of Delivery

5/13/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

May 23, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano:

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,



Susan Brooks, Vice President Patient Care Services

May 23, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano:

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,



Kyle Donovan, Vice President Operations
Mount St. Mary's Hospital

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Deborah Holiday
Lockport Memorial Hosp.
6001 Shiner Rd
Lockport, NY 14094



9590 9402 7364 2028 1962 00

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9789

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *[Handwritten Signature]*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery



5/15/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail
 Mail Restricted Delivery (00)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>Tim frost American Medical Response 481 William Gaiter Parkway Buffalo, N.Y. 14215</p>  <p>9590 9402 7364 2028 1961 94</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0001 8149 9772</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (O)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Mail		<input type="checkbox"/> Mail Restricted Delivery (O)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																		
<input type="checkbox"/> Mail																		
<input type="checkbox"/> Mail Restricted Delivery (O)																		

NIAGARA COUNTY EMS COUNCIL

5574 Niagara Street Ext.
P.O. Box 496
Lockport, New York 14095-0496
Phone: (716) 438-3171
Fax: (716) 438-3173

May 29, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Department's application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need."

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,



CHAD SHEPHERD

DNP, FNP, EMT-P, EMT-T

Chairman

Niagara County EMS Council

chad.shepherd@niagaracounty.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Dr Chad Shepard
MC EMS Coordinator
5574 Niagara St ext
PO Box 496
Lockport, N.Y. 14094



9590 9402 7364 2028 1964 15

2. Article Number (Transfer from service label)

7014 2120 0003 2166 6236

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Roberto #1047*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/3/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Full Restricted Delivery



**OFFICE OF THE SHERIFF
COUNTY OF NIAGARA**

5526 Niagara Street Ext.
P.O Box 496
Lockport, New York 14095-0496

Michael J. Filicetti
Sheriff

Michael P. Dunn
Undersheriff

(716) 438-3370

May 16, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Departments application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need".

The Niagara County Sheriff's Office would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

Michael J. Filicetti
Sheriff

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Sheriff Michael Filicetti
5526 Niagara St ext
PO Box 496
Lockport, NY 14094



9590 9402 7364 2028 1964 22

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9765

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert W 10/17*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/15/24

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation

Restricted Delivery

Niagara County Emergency Medical Services

5574 Niagara Street Ext.
P.O. Box 496
Lockport, New York 14095-0496
Phone: (716) 438-3171
Fax: (716) 438-3173



Thomas Eggert
EMS Operations Manager
thomas.eggert@niagaracounty.com

Dr. John McNamara
Medical Director
johnmcna@buffalo.edu

May 28, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

Dear Chief Quagliano,

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Department's application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need."

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,

Thomas Eggert
Niagara County EMS Operations Manager

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Tom Eggert
Niagara County Ems
5574 Niagara St ext
PO Box 406
Lockport, NY 14094



9590 9402 7364 2028 1964 60

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9758

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Robinson #1047

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/15/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)



May 23, 2024

Chief Luca Quagliano
City of Lockport Fire Department
1 Locks Plaza
Lockport, NY 14094

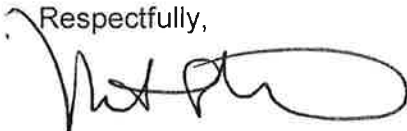
Dear Chief Quagliano;

This letter is in response to the request by the City of Lockport Fire Department for a letter of support to obtain a Certificate of Need to operate Ambulance Services in the City of Lockport.

It is our understanding that the City's Administration, Common Council and WREMAC fully support the Fire Department's application for an Ambulance Service CON. We further understand NYS Public Health Law definition of "public need" as was provided to us in the solicitation letter from the City of Lockport Fire Department. We believe that the circumstances exist to satisfy that requirement for "public need."

Our organization would like to go on record that we support the application of the City of Lockport Fire Department for a Permanent Certificate of Need to operate Ambulance Services in the City of Lockport.

Respectfully,



Dr. Mathis A. Calvin, III
Superintendent of Schools
Lockport

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Superintendent Calvin
Lockport City School District
30 Beattie Ave
Lockport, NY 14094



9590 9402 7364 2028 1961 87

2. Article Number (Transfer from service label)

7022 0410 0001 8149 9895

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Wieland*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/20/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery
(D)

EXHIBIT #8

LFD EMS Policies

EMS Operations

507.1 PURPOSE AND SCOPE

To establish a standard operating procedure for the organization and deployment of given fire department resources for responding to medical emergencies. This policy shall apply to all personnel.

507.1.1 DEFINITIONS

Advanced Life Support (ALS). Definitive acute pre-hospital medical care provided by advanced emergency medical technicians working under New York State Department of Health/Regionally (WREMAC) approved protocols and a medical director.

Advanced Life Support First Response Service. A municipal or agency sponsored service engaged in providing emergency medical services to sick, disabled or injured persons, without the use of an ambulance. This type of service requires an ambulance to be requested in addition to itself.

Ambulance Service. A municipal or agency sponsored service engaged in providing emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle (ambulance) to facilities providing hospital services.

Basic Life Support (BLS). The minimally acceptable statewide treatment standards for adult and pediatric basic life support used by the Emergency Medical Technician (EMT) or by the Advanced Emergency Medical Technician (AEMT).

Crew. A team of two (2) or more EMT's.

Emergency Medical Technician (EMT). A person certified as a pre-hospital care provider pursuant to Part 800 of the New York State Emergency Medical Service Code. There are four (4) levels of EMT recognized by NYS: Basic, Advanced, Critical Care, and Paramedic.

Electronic Patient Care Report (ePCR). Report produced for every patient treated by the agency that describes the patient condition and care rendered. This report is forwarded to the hospital that the patient is transported to. Referred to as Electronic Healthcare Record (EHR) by ESO.

ESO. Software utilized by LFD to produce patient care reports.

Lead Technician. An EMT assigned as part of an ambulance crew who assumes the role of crew leader/primary care provider. He/she is responsible for the vehicle and/all patients cared for by the crew for the duration of their shift. He/she is responsible for the completion of a patient care report for each patient. The Lead Technician designation will be assigned by the Duty Officer at the start of the shift.

Out-of-Town Transport. When an ambulance transports a patient to a hospital other than Lockport Memorial Hospital, and staffing levels for the shift are such that the crews absence causes the overall staffing level to fall below nine (9) personnel, the Duty Officer shall call in off-duty personnel to back fill those positions until the ambulance/crew returns to the City.

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Unit. A vehicle used to transport a crew.

507.2 TYPE OF EMERGENCY MEDICAL CARE PROVIDED

The City of Lockport Fire Department (LFD) is licensed and authorized by the New York State Department of Health (NYS DOH) to operate an ALS First Response service (0381) as well as an ALS Ambulance Transport Service (6298).

507.3 LEVEL OF EMERGENCY MEDICAL CARE PROVIDED

LFD shall provide Basic Life Support (BLS) care at a minimum and Advanced Life Support (ALS) care whenever staffing and resources allow.

507.4 AREA OF OPERATION

The NYS DOH certifications held by LFD authorizes the Department to treat and transport patients within our primary operating territory that are the geographical boundaries known as the City of Lockport.

The Niagara County Mutual Aid Agreement, of which LFD is a participating member, allows LFD to respond outside of our primary operating territory, upon the authorized request of other participating municipalities.

The Niagara County Mutual Aid Agreement also allows other participating municipalities to respond to and operate within the City of Lockport to receive, treat, and/or transport patients as may be necessary or required.

507.5 AMBULANCES AND STAFFING

The City of Lockport Fire Department operates ambulance vehicles. All are equipped to the NYS minimum part 800 basic life support level. Three (3) are equipped to the advanced life support, paramedic level of care. These three (3) are housed at LFD headquarters and are considered front line/in-service response vehicles.

The City of Lockport Fire Department is a Advanced Life Support agency. Absent sufficient reasoning, ambulances shall be equipped and staffed in such a way to ensure they operate at the Paramedic Level of Care at all times.

City of Lockport ambulances will transport patients to a given hospital based on patient treatment needs, NYS & Regional Protocols, and/or patient choice.

507.5.1 AMBULANCE DEPLOYMENT(S)

The ALS level ambulances kept at fire headquarters shall be utilized in a Primary (first run), Secondary (second run), and Subsequent (third run) mode of response for emergency medical services (EMS) incidents.

The Primary ambulance shall respond to all first run EMS incidents, motor vehicle accidents with injuries (only), as well as all alarms of fire.

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The Secondary ambulance shall only respond in the instances where the Primary ambulance is already engaged in service or when multiple incidents initiate simultaneously.

(When, and only when, staffing levels for a given shift are 11 personnel or greater, the Secondary ambulance will respond to alarms of fire whenever the Primary ambulance is unavailable.)

The Subsequent (3rd) ambulance shall only respond in the instances where the Primary & Secondary ambulances are already engaged in service and if staffing levels permit as described in subsection 507.5.2.

507.5.2 AMBULANCE STAFFING

An ambulance shall be staffed with a minimum of two (2) personnel at all times. Absent sufficient reasoning, at least one (1) crew member shall be a NYS certified Paramedic or Critical Care.

PRIMARY Ambulance: Two personnel shall be assigned, one shall be designated as the Lead Technician. This person shall not be crossed staffed on fire apparatus and will respond to fire incidents with the ambulance. This person's initial responsibility at fire incidents shall be to render medical care to fire victims as needed. Upon completion of that task, or if no need exists, this person shall then report to the Incident Commander for their next assignment.

SECONDARY Ambulance: This unit shall be staffed at all times without exception. Two personnel shall be assigned, one shall be designated as the Lead Technician. Both personnel will be crossed staffed on fire apparatus as well. Personnel assigned to this unit shall fulfill whichever role (ems/fire) is required of them first based on incident type.

SUBSEQUENT (3rd) Ambulance: Two personnel shall be assigned, one shall be designated as the Lead Technician. Both personnel will be crossed staffed on fire apparatus as well. Personnel assigned to this unit shall fulfill whichever role (ems/fire) is required of them first based on incident type.

The subsequent (3rd) unit shall only be staffed in the following instances:

- Out-of-Town Transport is initiated and back-fill personnel have reported for duty.
- Eleven (11) personnel (*or more*) are on duty.

RESERVE Ambulance: This unit shall only be staffed if it is moved out of reserve status to take the place of one of the frontline units.

507.6 EMS CREW CONDUCT/RESPONSIBILITIES

Pursuant to the Health Insurance Portability and Accountability Act, EMS crews shall maintain strict confidence regarding patient information including (but not limited to) the names, addresses, nature of injuries or illnesses, treatments, and conditions of all patients.

EMS crews shall complete and sign an electronic pre-hospital care report (ePCR/EHR) within the ESO platform for all EMS calls. This includes incidents that are canceled enroute, incidents in

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which a patient has left the scene or can't be found, or any other applicable instance dictated by protocol or the department medical director.

Crews shall complete all ePCR's prior to being dismissed from duty at a shifts completion. Reports may not remain in the system for revisiting or finishing at a later date/time.

EMS Crews shall ensure that ePCR information is given to the facility receiving the patient or to a mutual aid agency that assumes care of an LFD patient.

EMS Crews shall ensure that a Refusal of Treatment Signature is obtained from a patient whenever applicable.

All EMT's shall treat patients in accordance with both the applicable NYS/WREMAC Basic and Advanced Life Support adult and pediatric protocols.

All LFD EMT's shall also adhere to the procedures contained within the following separate policies:

- LFD Exposure Control Plan
- LFD PCR Quality Assurance Program
- LFD Guidelines for reporting:
 - (a) Crimes
 - (b) Child Abuse
 - (c) Patient Abuse
 - (d) Domestic Violence
- LFD Guidelines for dealing with the following conditions:
 - (a) Patient can't be located
 - (b) Entry can't be gained
 - (c) Patient seeks to be treated elsewhere
 - (d) Treating minors
 - (e) Treating patients with psychiatric problems
 - (f) Patient refuses evaluation, stabilization, and/or transport
 - (g) Patients in asystole and/or obvious death
 - (h) Do Not Resuscitate (DNR) Orders

507.7 EMS MUTUAL AID

The City of Lockport Fire Department is an active participant in the Niagara County Emergency Services Mutual Aid Plan. As such, LFD will adhere to the procedures & provisions contained within it as it applies to EMS.

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507.7.1 MUTUAL AID - GIVEN

LFD shall respond to requests for aid anytime resources allow. The Duty Officer shall have discretion to deny a mutual aid response if they deem LFD incapable due to low resources or when LFD is otherwise engaged. A mutual aid request shall be considered a request, not a mandate. However, absent sufficient reasoning, requests for aid shall not be denied.

LFD has the ability to perform various roles upon arrival at an EMS incident. The LFD crew should ascertain from the requesting agency what role we are to provide and accommodate the request to the best of our ability. It is permissible for LFD crews to perform as an intercept if the requesting agency needs a technician or ALS care only.

507.7.2 MUTUAL AID - RECEIVED

In instances where LFD resources are otherwise engaged in other emergency responses and unable to respond to an additional alarm, the Duty Officer shall request (via dispatch) outside resources to respond following the Niagara County Emergency Services Mutual Aid Plan. As a rule, "the next closest available" resource with the appropriate level of care should be requested, not a specific agency.

Instances where LFD ambulances are not available to immediately respond, an LFD engine company (if available) shall respond and initiate care while awaiting mutual aid resources.

507.7.3 MUTUAL AID - VARIANCES

1.) If an ambulance becomes available after an EMS mutual aid request has already been made:

A. If the mutual aid resource has not yet begun to respond, the LFD ambulance shall respond and the mutual aid request canceled.

B. If the mutual aid resource has already begun to respond but is not yet on scene, an LFD ambulance shall also respond to the scene. The mutual aid resource shall be allowed to continue and crews can determine their need once on scene.

C. If the mutual aid resource has already arrived on scene and initiated patient care; the LFD Duty Officer shall ascertain via radio if they require a higher level of EMT or assistance from LFD in anyway. If yes, the LFD unit shall respond. If no, the mutual aid resource shall be allowed to complete the incident on their own, and no LFD response is required.

2.) If only an LFD ALS-FR Engine becomes available after an EMS mutual aid request has already been made:

A. If the mutual aid resource has not yet begun to respond, the LFD ALS-FR unit shall respond in addition to the mutual aid resource.

B. If the mutual aid resource has already begun to respond but is not yet on scene, the LFD ALS-FR unit shall also respond in addition to the mutual aid resource.

C. If the mutual aid resource has already arrived on scene and initiated patient care; the LFD Duty Officer shall ascertain via radio if they require a higher level of EMT or assistance from LFD in

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anyway. If yes, the LFD ALS-FR unit shall respond. If no, the mutual aid resource shall be allowed to complete the incident on their own, and no LFD response is required.

3.) If an LFD BLS-FR Engine becomes available after an EMS mutual aid request has already been made:

A. If the mutual aid resource has not yet begun to respond, the LFD BLS-FR unit shall respond in addition to the mutual aid resource.

B. If the mutual aid resource has already begun to respond but is not yet on scene, the LFD BLS-FR unit shall also respond in addition to the mutual aid resource.

C. If the mutual aid resource has already arrived on scene and initiated patient care; the LFD Duty Officer shall ascertain via radio if they require assistance from LFD in anyway. If yes, the LFD BLS-FR unit shall respond. If no, the mutual aid resource shall be allowed to complete the incident on their own, and no LFD response is required.

Duty Officers shall have discretion to choose between an ALS-FR or BLS-FR unit based on patient information provided by dispatch and per the EMD coding.

507.8 CHAIN OF COMMAND

LFD employees shall utilize the chain of command at EMS incidents. However, the EMS provider listed as Lead Technician shall have the ultimate decision making authority for the patient at an EMS incident. This may not be an LFD officer. If an LFD officer is on scene, they shall not interfere with patient care decisions unless they are an equally or higher certified EMT and the decision being considered by the lead technician is believed to be detrimental to the patient or LFD crews/resources. In the event a dispute arises and can not be resolved quickly, the LFD officer (if equally or higher certified) shall have the authority to assume responsibility of the patients care and remove (or reassign) the lead technician from the incident. Disputes on scene shall be conducted professionally with the patients care being of utmost importance.

507.9 MISCELLANEOUS PROVISIONS

This policy shall make Chief's Directive from 6/17/2023 entitled "use of third ambulance" null & void.

The Lead Technician shall have the authority to hand down patient care to a lower level of EMT in instances that are permissible per protocol.

City of Lockport Fire Department Quality Improvement Program

(Original February 2023)

Purpose:

Establish a Quality Improvement (QI) program and create defined roles and responsibilities as required by NYS Law. It will outline the program requirements, chain of command and recommended review guidelines. The QI program shall monitor and evaluate the quality and appropriateness of the medical care provided and pursue opportunities to improve patient care and to resolve identified problems.

Scope:

This guideline applies to all City of Lockport Fire Department personnel. The Quality Improvement program will monitor and evaluate the quality and appropriateness of all medical care provided by Lockport Fire Department personnel.

Definitions:

Quality Improvement (QI) Program: The standard established by the New York State Department of Health, Public Health (PBH) CHAPTER 45, ARTICLE 30, § 3006. It requires every ambulance service and advanced life support first response (ALS-FR) service to participate in a quality improvement program.

Quality Improvement: A system of continuously improving the medical care provided in a system by defining and measuring health care processes and using the objective data to plan and carry out opportunities for improvement within the process.

Quality Improvement Actions: CI activities are tasks that are designed to measure and evaluate the performance of the EMS system and its providers. These activities include such things as the retrospective review of patient care reports, the review of key performance indicators, the handling of customer complaints related to patient care, and ensuring that providers are adhering to documentation requirements.

Medical Review Committee: A group that will consist of a minimum 5 members with at least 3 members who do not participate in providing patient care for Lockport Fire Department. At least one shall be a physician and the others may be providers with a minimum certification level of EMT-Basic.

Roles:

- A. Chief of the Department shall have the authority to appoint or remove medical review committee members and the Quality Improvement Administrator. The Chief may offer guidance for committee focus.
- B. Medical Director shall offer clinical guidance and committee guidance. The Medical Director may review patient care reports in addition to what is referred for review by the committee.
- C. Controlled Substance Agent shall operate independently of the QI committee conducting an independent audit of controlled substance administrations in accordance with the Controlled Substance Plan. The controlled substance agent shall notify the Quality Improvement Administrator of any identified deviations from protocol or documentation issues.
- D. Quality Improvement Administrator shall be a Paramedic and hold the rank of Lieutenant or higher. The QI Administrator will meet with the Medical Director and the Chief of the Department to report on committee activities. The Quality Improvement Administrator shall report directly to the Medical Director and Chief of the Department.

- E. Committee EMS Provider shall review assigned patient care reports, provide patient care and documentation feedback to Lockport Fire Department providers. The Committee EMS Provider shall report directly to the Quality Improvement Administrator.

Responsibilities:

- A. Review the care provided by the City of Lockport Fire Department, as documented in prehospital care reports and other materials. The committee shall have the authority to use such information to review and to recommend to the Chief of the Department changes in administrative policies and procedures, as may be necessary, and shall notify the Chief of the Department of significant deficiencies.
- B. Periodically review the credentials and performance of all persons providing emergency medical care on behalf of the Lockport Fire Department.
- C. Periodically review information concerning compliance with the standard of care procedures and protocols, grievances filed with Lockport Fire Department by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients.
- D. The quality improvement program shall also include participation in the department's prehospital care reporting system and the provision of continuing education programs to address areas in which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols.
- E. The Committee EMS provider shall notify the Quality Improvement Administrator of all policy or protocol deviations and all DOH reportable incidents.
- F. The controlled substance agent shall notify the Quality Improvement Administrator of any identified deviations from protocol or documentation issues.

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STAKEHOLDERS AND THEIR RESPONSIBILITIES

I. Agency

- a. The City of Lockport Fire Department shall be designated as an Emergency Medical Services ALS-FR and ALS transporting agency.
- b. The designated controlled substances Agent for the City of Lockport shall be Timothy M. Loucks, EMT-P.
- c. The designated agency Medical Director shall be Naveen B. Seth, M.D.
- d. The designated controlled substance supplier(s) shall be Bound Tree Medical.

II. Controlled Substances Agent

- a. The Agent shall be a member of the Lockport fire Department, designated by the Chief of the Department (Agency CEO).
- b. The Agent shall possess a valid New York State EMT-Critical Care or EMT-Paramedic certification.
- c. The Agent shall survey actions to be taken in the event of theft, loss, diversion, or security breach and shall immediately notify the Duty Officer and the agency Medical Director. In writing, he shall supply both the agency CEO and the agency Medical Director with an investigative report of his findings.
- d. The Agent shall direct the record keeping of the purchase, storage, stock distribution, administration, destruction, and other records pertaining to the controlled substances.
- e. The Agent shall establish a Quality Assurance Plan for the administration of controlled substances and will maintain accurate records for all incidents where medications are dispensed.

III. Medical Director

- a. Naveen B Seth, M.D., agency Medical Director, shall be responsible for the administration of the controlled substances in accordance with all applicable state, federal, and agency policies, procedures, rules, and regulations. He shall maintain and administer a quality assurance program for the administration of the controlled substances.

IV. EMT-Critical Care / EMT-Paramedic

- a. Agency members who are NYS DOH certified as either EMT-Critical Care (EMT-CC) or EMT-Paramedic (EMT-P) (henceforth collectively referred to as CS providers) shall report all discoveries relating, but not limited to, damage, spoilage, expiration, destruction, loss, or inaccurate quantities of controlled substances, to the Duty Officer and the Agent.
- b. All CS providers shall complete all required documentation related to the use, administration and/or inventory of all controlled substances.
- c. All CS providers shall be responsible for the completion of the Controlled Substances Accountability Log and LFD ALS-FR Med Inventory Form. Sub-stock will be logged using the LFD Controlled Substance Audit Form. The LFD Controlled Substance Audit Form, and the LFD Controlled Substance Administration Log will be used to record waste, spoilage, destruction, excess, loss, etc. In addition, all medications administered, including

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- controlled substances, shall be completely and accurately recorded on the electronic Pre-hospital Care Report (e-PCR).
- d. CS providers shall maintain a limited access to all controlled substances. They shall administer controlled substances pursuant to the direction of the agency Medical Director (via offline medical control) or online medical control in accordance with the collaborative protocols issued and approved by the NYS Department of Health.
 - e. At shift change (twice daily), the transfer of controlled substances and container keys (where needed) shall be made for the in service ALS assigned fire engines, (hereafter collectively referred to as ALS-FR vehicles), and in-service ALS ambulances. Keys to these locked controlled substance containers shall be worn by each respective on-duty CS provider. The off-going shift CS providers shall transfer their respective set of controlled substance keys to the appropriate on-coming CS providers. Both off-going and on-coming CS providers shall perform a physical controlled substance inspection and shall sign the LFD Controlled Substance Accountability Log. During the inspection, the controlled substances will be inventoried and inspected for intact containers and seal caps. The door of the electronically controlled substances vault and cabinets shall be closed, and verified to be locked and secured once the medications are returned to the same.
 - f. The on-coming CS provider, and a secondary LFD member of any level of care (to serve as a witness to the presence and count of the CS medication) will ensure the accurate count of controlled substances is recorded on the LFD ALS-FR or ALS Ambulance Med Inventory Form as appropriate. Together, the CS provider and witness will sign in the appropriate places on that form.
 - g. Routine monthly Thursday Check Out procedures shall follow that of the twice daily inspections described above (sections e and f) with the following additional steps:
 1. CS providers shall access controlled substances on ALS-FR vehicles and ALS ambulances when equipped and available at Fire Headquarters.
 2. The inspection process will additionally include identifying the next controlled substance to expire on each vehicle and noting that date on the LFD ALS-FR or ALS Ambulance Med Inventory Form.
 3. A secondary LFD member shall be present at the time of inspection of all ALS vehicles to serve as a witness. Together, the CS provider and witness will sign in the appropriate places on each form. The entry into the Controlled Substances Accountability Log will reflect "Checkout" in the comments sections and the witness will then initial and write their badge number in that same section.
 - h. In the instance that the off-going CS provider is being replaced by an on-coming LFD provider whose EMT certification prohibits the administration of controlled substances, the portion of this operational plan titled Authority for

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Emergency Alternative Storage Method located in this document shall be followed.

- i. CS providers shall always comply with the verbal and/or standing orders for the administration of controlled substances and shall not deviate from these orders.
- j. The administration of controlled substances shall be accomplished in compliance with NYS Department of Health Collaborative protocols, either from approved standing orders from the agency Medical Director or after receiving verbal direction from the on-line medical control physician. When verbal orders are received, the CS provider shall document the order in writing and repeat the physician's orders back to him or her to verify accuracy. In addition, the medical control physician's name and the exact time the orders were received shall be documented on all required reports.
- k. All CS providers who receive verbal orders from the on-line medical control physician shall question any orders that are unclear or seem inappropriate.

OBTAINING A SUPPLY OF CONTROLLED SUBSTANCES

- I. The source of the controlled substances used by the City of Lockport Fire Department (the Agency) shall be Bound Tree Medical.
- II. The Agency has established verified Controlled Substance Ordering System accounts through both entities to participate in, associate with, and abide by the provisions of the DEA, BNE, and Western Regional Emergency Medical Advisory Committee (WREMAC) for the purpose of obtaining controlled substances.
- III. Midazolam (Versed), morphine, fentanyl, and ketamine are the controlled substances utilized by the Agency. These medications are consistent with current WREMAC Collaborative protocols and are approved for use by the system Medical Director.

SECURING CONTROLLED SUBSTANCES

- I. The controlled substance stock location for use by the Agency shall be Bound Tree Medical.
- II. The Agency's controlled substance vehicle sub-stock location shall only be:
 - a. Primary vehicle locations shall be the agency's active ALS ambulances and ALS-FR fire engines.
 - b. The Agency's two (2) fire engines (E6, E8) shall only be utilized as ALS-FR vehicles on a temporary basis when agency ALS ambulances or Engine 7 are unavailable for use due to mechanical or unforeseen circumstances.
 - c. Due to the addition of ambulance service, increased call volume, and use of controlled substances, an in-house supply sub-stock has become necessary. Controlled substance purchase on a one-for-one replacement is no longer feasible. A reasonable sub-stock of controlled substances shall be maintained in an administrative area of the department. The sub-stock

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- shall be kept in a keyed metal lock box, mounted in a designated locked, substantially-built, metal cabinet or locker or an electronically controlled access vault that is made of metal, substantial in construction, that is permanently fixed to the department's structure in such a way that moving the cabinet/vault would require significant effort.
- d. The keyed metal lock box or electronically controlled vault shall be used for the sole purpose of storing supply-stock items, located in an independent location, and be labeled as "Supply Only" on the exterior of the lock box.
 - e. The sub-stock will be inventoried and logged on a monthly basis, and will be considered reportable inventory on the semi-annual DOH form 3848 reports, and all transfers in and out will be reflected in the appropriate locations of those reports.
 - f. Access to this sub-stock shall be restricted to the agency CEO, Agent, and Alternate Agent. There shall be no other location for controlled substance stock or sub-stock used by the Agency, with the following exception:

Controlled substances no longer suitable for administration or expiring within one month prior to expiration date, or currently expired, shall be kept on-site at Fire Headquarters until disposed of by the ARK Rx Returns Solutions company of Bronx, NY, (NYS reverse distributor registration number 0200377, in compliance with NYS DOH requirements set forth in NYCRR Title 10, Part 80, Section 80.51, and preferred destruction method of the Regional DEA Office) following this approved Plan.
 - g. The controlled substances deemed not suitable for administration or expiring shall be referred to as "waste sub-stock."
 - h. The waste sub-stock shall be considered part of agency sub-stock, and follow all of the same reporting and security requirements.
 - i. Waste sub-stock shall be kept in a keyed metal lock box, mounted in a designated locked, substantially-built, metal cabinet or locker that is permanently fixed to the department's structure in such a way that moving the cabinet would require significant effort.
 - j. The keyed metal lock box shall be used for the sole purpose of storing waste-stock items, located in an independent location, and be labeled as "For Reverse Distributor Only" on the exterior of the lock box.
 - k. The double locked waste sub-stock shall be accessible only to the controlled substance Agent. Waste sub-stock shall be made available for inspection by the CEO, Medical Director, and licensing/governing entities as requested/required.
 - l. The transfer of controlled substances to and from waste sub-stock shall be recorded in the CS Agent Waste Sub-Stock & Disposal Worksheets, and requires a witness signature for each transfer including those to ARK Rx Returns Solutions.
 - m. Visual inspection audits, documented on a Controlled Substance Accountability Log: Waste Sub-Stock, will be conducted monthly while controlled substances are in waste sub-stock. Periods of "No Waste sub-stock" will be reflected on the respective monthly audit sheet.

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n. The waste sub-stock will be considered reportable inventory on the semi-annual DOH form 3848 reports, and all transfers in and out will be reflected in the appropriate locations of those reports.

III. The Agency's assigned controlled substances sub-stock shall be secured in the agency ALS vehicles using a double locking system.

IV. The controlled atmosphere of the passenger compartment of ALS-FR vehicles and ambulances, and the heated cabinet on Engine 8 in which these medications will be stored, will protect the controlled substances from possible damage resulting from environmental changes. When not in use, these fire engines are housed in apparatus bays that are heated in the winter. Additionally, when not in use as a primary ALS vehicle, all ALS equipment shall be physically removed from that respective vehicle to be stored in a climate-controlled area of the department.

V. ALS Vehicle Controlled Substance Security

A. ALS Ambulances

1. The locking system for controlled substances secure in all ambulances is built-in by the manufacturer. The vehicle's patient transport compartment has a dedicated EMS equipment cabinet that has locking cabinet doors. The controlled substances shall be held inside a locked container within the locked vehicle cabinet. This shall serve as the controlled substance sub-stock location for ambulances. The keys for these locks are independent from any other locking passenger compartment doors

B. ALS-FR Vehicles

1. The fire engine's passenger compartment has a dedicated EMS cabinet built in by the manufacturer. That cabinet houses a metal key locked box, or electronically controlled metal vault. A smaller container holding the controlled substances shall be secured by a keyed padlock within the metal box/vault if the vehicle is not supplied with an EMS cabinet lock. This shall serve as the controlled substance sub-stock location for ALS-FR fire engines. The keys for these locks are independent from any other locking passenger compartment doors.

2. Controlled substances shall not be stored in a fire engine when it is not being utilized as an ALS-FR vehicle if conditions are not met in the Authority for Emergency Alternative Storage Method section.

VI. When a controlled substance is administered, the CS provider administering the medication shall accurately complete the E-PCR, the LFD Controlled Substance Audit Form and the LFD Controlled Substance Administration Log.

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On these forms, the personnel shall indicate in the appropriate space provided, the following information:

- a. The controlled substance administered;
- b. The incident number;
- c. The time and date;
- d. The patient's name;
- e. The dosage administered;
- f. The route of administration;
- g. The amount of any medication destroyed or wasted;
- h. The name and signature of the witness for any medication destroyed or wasted;
- i. The LFD Controlled Substance Audit Form Control Number;
- j. The name of the EMT-CC or EMT-P that administered the controlled substance;
- k. The name of the ordering Physician or "standing order".

- IV. There shall be no stock of controlled substances at the City of Lockport Fire Headquarters except for the supply sub-stock and waste sub-stock as previously stated. Controlled substances will be replenished by reasonable allotments as made available from Bound Tree Medical. The agency Medical Director shall be authorized to execute the ordering, obtaining, and delivery of CS to the agency on behalf of the agency. The only LFD ALS personnel authorized to execute replenishment of controlled substances shall be the agency Agent as per the DEA form 222, CSOS e-222 form ordering system, and Power of Attorney requirements. All controlled substance replenishing shall be in accordance with Bound Tree Medical purchasing protocol and will be recorded in the Controlled Substances Agent Inventory Worksheet.
- V. If an excess of controlled substance remains after an administration, the CS provider shall destroy this excess controlled substance. This destruction of the excess controlled substance shall be witnessed by at least one other LFD crewmember or hospital staff limited to a physician or registered nurse. This destruction shall make the controlled substance unrecoverable by diluting the excess medication when mixing it with water in a wash sink or toilet either at Fire Headquarters or at the receiving hospital that the patient was transported to. This destruction of a controlled substance shall be documented on the e-PCR, the LFD Controlled Substance Audit Form, and the LFD Controlled Substance Administration Log with the witness' signature in place as called for on the required documents.
- VI. Section V events listed above shall be the only routine on-site destruction of controlled substances. All other required destruction shall be conducted through ARK Rx Returns Solutions. The destruction of waste sub-stock shall be completed at a time that is financially conducive, but at no time shall the waste sub-stock hold more than two hundred mg of morphine, two thousand mcg of fentanyl, or one hundred mg of midazolam, or one thousand mg of

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ketamine. Nor shall any vial in the waste sub-stock be held for a period exceeding two years.

ALS RESPONSE VEHICLES

- I. An LFD Controlled Substance Accountability Log entry shall be completed twice daily at shift change (07:00 hrs. and 17:00 hrs.) by the off-going and on-coming CS providers.
- II. The keys necessary to access the controlled substances container for each in-service ALS vehicle shall remain in control of the respective on-duty CS providers. These keys shall be on a ring that is physically secured to the CS providers. No other person shall have access to these keys unless the assigned CS provider requires assistance accessing medications during a call.
- III. The controlled substance access keys shall be physically transferred at shift change from the off-going to the on-coming CS provider. These keys are different from the keys used to access other areas in fire engine passenger compartments.
- IV. One and only one set of master keys to the electronically controlled substances cabinet shall be held by the agency CEO (Chief of the Department) or MTO (Municipal Training Officer).
- V. One and only one set of master keys to the fire engine EMS cabinets and all controlled substance containers (other than electronically controlled vaults), emergency alternate storage location, and waste sub-stock location shall be held by the Agent.
- VI. Any loss of controlled substance keys shall be immediately reported to the Duty Officer and Agent.

ADMINISTRATION OF CONTROLLED SUBSTANCES

- I. The City of Lockport shall maintain a current copy of approved WREMAC Collaborative protocols. The collaborative protocols shall serve as standing orders approved by the system Medical Director and the NYS Department of Health.
- II. Written documentation acknowledging receipt of all pertinent agency policies and collaborative protocols by each authorized member of the department holding appropriate NYS DOH certification shall be maintained by the LFD Municipal Training Officer (MTO).
- III. As these collaborative protocols are subject to review and update from time to time by the WREMAC, a copy of the most current edition of those collaborative protocols approved for use by LFD will be available for review upon request.

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AUTHORITY FOR EMERGENCY ALTERNATIVE STORAGE METHOD

- I. In the unlikely event that the off-going CS provider is replaced by an on-coming ALS personnel whose EMT certification prohibits the administration of controlled substances, the off-going CS provider shall note the drop in service level in the comments section of the LFD Controlled Substances Accountability Log and assure that the active ALS vehicle's controlled substances are secure inside the electronically controlled substances cabinet within that ALS vehicle. The keys shall then be handed directly to the Duty Officer.
- II. The Duty Officer shall secure those keys until such a time that they are passed to the on-coming Duty Officer. When the fire engine or ambulance is again staffed by a CS provider, the Duty Officer will pass that set of keys to the on-coming CS provider. The LFD ALS-FR or ALS Ambulance Med Inventory Form and LFD Controlled Substances Accountability log shall be completed as usual.
 - a. Occasionally, The LFD ALS-FR vehicles and ALS ambulances will require servicing that will take them out of the direct control of the department for unspecified time periods. In these instances, and at times otherwise directed by the Chief of the Department, Municipal Training Officer, Duty Officer (or Agent in their absence), the controlled substances shall be removed from the vehicle and stored in a keyed, padlocked container within a designated electronically controlled storage vault or a metal lock box, mounted in a designated locked, substantially-built, metal cabinet or locker that is permanently fixed to the department's structure in such a way that moving the cabinet would require significant effort.
 - b. The off-going CS provider and the on-coming Duty Officer shall both complete and sign the LFD Controlled Substances Accountability Log. The movement of the controlled substances will be noted in the comments section of that form.
 - c. Together, they shall then remove the locked controlled substance case from the electronically locked compartment in the affected fire engine and place it temporarily in the designated electronically controlled vault, or locked box within the designated locked, substantially-built, metal storage cabinet at Fire Headquarters.
 - d. The controlled substance keys shall be secured by the Duty Officer for the balance of the shift. Upon the next shift change, the off-going Duty Officer shall transfer the keys to the on-coming Duty Officer. That transfer of keys shall include a complete physical inspection of the affected controlled substances, and documentation of the transfer via the LFD Controlled Substances Accountability Log.
- III. When the affected ALS vehicle returns to LFD control, the on-coming Duty Officer and the oncoming CS provider shall together remove the locked controlled substance case from the locked box inside the designated locked,

LFD Controlled Substances Operational Plan

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substantially-built metal storage cabinet and place it back inside the affected ALS vehicle. Both shall complete and sign the LFD Controlled Substances Accountability Log and note the return in the comments section.

SECURITY, INSPECTION, AND ENVIRONMENTAL SAFEGUARDING

- I. Controlled substance security shall be maintained by all members of the Agency.
- II. Controlled substance inventory and inspections shall be completed twice daily at each shift change (07:00 hrs. and 17:00 hrs.).
- III. CS providers shall immediately report all discoveries of damage, spoilage, loss, excessive sub-stock, or non-scheduled destruction of controlled substances to the Duty Officer and the Agent.
- IV. CS providers shall complete all required documentation related to the use, administration, waste, or inventory of all controlled substances to ensure their security.
- V. Pursuant to only those duty-related agency functions associated with controlled substances, all CS providers shall have and maintain limited access to them.

LOSS, DIVERSION OR THEFT OF CONTROLLED SUBSTANCES

- I. All applicable local, state, and federal rules and regulations pertaining to the loss, diversion, or theft of controlled substances shall be stringently observed.
- II. It shall be the duty and responsibility of every member of the Agency to immediately report any loss, diversion, or theft of all controlled substances to the Duty Officer and the Agent. This shall be accomplished by completing and submitting a copy of the LFD Controlled Substance Audit Form and the LFD Controlled Substances Special Incident/Loss Report.
- III. These forms maintain a record of all controlled substances wasted, lost, destroyed, spoiled, or found to be in excess of the specified sub-stock.
- IV. In the event of loss, diversion, or theft, actions that shall be taken include:
 - a. Immediately report the occurrence to the Duty Officer and the Agent.
 - b. In addition to the stated form, as soon as possible following the discovery, the discoverer and reporter shall complete the LFD Controlled Substances Special Incident/Loss Report. The form shall be completed by the CS provider making the discovery and ANY involved party/witness prior to leaving at the end of that duty period.
 - c. The Agent shall conduct a thorough investigation with his findings reported in writing to the agency Medical Director, the NYS DOH where applicable, and the Chief of the Fire Department.
 - d. Depending on the circumstances involved, other agencies to be notified may include, but not be limited to, the Lockport Police Department, the City of Lockport Corporation Counsel, and the Drug Enforcement Agency (DEA).

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QUALITY ASSURANCE PLAN

- I. The administration of controlled substances shall be supervised by the agency Quality Assurance (QA) Controlled Substance Sub-Committee (QA CS sub-committee).
- II. The QA CS sub-committee shall consist of the agency Medical Director, the Agent and three (3) other approved LFD members certified by NYS as either EMT-Critical Care or EMT-Paramedic.
- III. The QA CS sub-committee shall be responsible for the quarterly review and evaluation of all Pre-hospital Care Reports and related records and documentation, for advanced life support (ALS) treatments involving the administration of controlled substances.
- IV. These QA evaluations are intended to identify any deficiencies in controlled substance administration or record-keeping, determine the causes, and report those findings to the agency CEO, and Medical Director. The CEO and Medical Director shall then decide the appropriate method of intervention including: the need for remedial training, education, or testing; preceptorship; limitations of functions; temporary removal of patient care privileges; or permanent suspension.
- V. The responsibilities of the QA CS sub-committee shall not replace the function of the WREMAC E-PCR Quality Improvement Program.

REQUIRED POLICIES AND PROCEDURES

- I. The Agency shall notify the agency Medical Director and the NYS Department of Health for any change in the membership of, employment of, or contractual relationship with the designated controlled substance Agent.
- II. The Agent shall be responsible for completing and submitting the Controlled Substance Semi-Annual Report for EMS Agencies.
- III. The LFD MTO shall maintain all records pertaining to controlled substances. Access to these controlled substance records shall be limited to the MTO, the Agent, the agency CEO, and the agency Medical Director.
- IV. The LFD MTO shall be responsible for the periodic classroom review of all departmental controlled substance policies and procedures with all agency members. The review of these controlled substance policies and procedures shall be conducted at least yearly and whenever requested by the QA CS sub-committee.
- V. Annual training in LFD / ENH controlled substance policies, documents, and procedures shall include:
 - a. Review of the LFD / ENH Controlled Substance Operational Plan.
 - b. Reporting the loss, diversion, theft, destruction, spoilage, or waste of controlled substances using the LFD Controlled Substance Audit Form, LFD Controlled Substance Administration Log, and the LFD Controlled Substances Special Incident/Loss Report.
 - c. The safeguarding, handling, reporting, and accounting of controlled substances.

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- d. Proper completion and submission of all records required by the NYS Department of Health.
- e. Review of policy regarding limited access to and protection of controlled substance sub-stock locations.
- f. Review of WREMAC Advanced Life Support Collaborative Protocols.
- g. Maintaining accurate controlled substance inventory records, LFD ALS-FR or ALS Ambulance Med Inventory Form, and the LFD Controlled Substance Accountability Log.
- h. Proper completion and submission of the LFD Controlled Substance Audit Form and the LFD Controlled Substance Administration Log.

DOCUMENTATION AND RECORD KEEPING

- I. The LFD MTO shall maintain all records pertaining to controlled substances. Access to these controlled substance records shall be limited to the MTO, the Agent, the agency Medical Director, and the agency CEO.
 - a. Accurate records regarding the administration, loss, diversion, theft, destruction, spoilage, or waste of controlled substances using the LFD Controlled Substance Audit Form and the LFD Controlled Administration Log of all medications shall be maintained.
 - b. CS providers shall be responsible for the completion of the following records: the twice daily LFD ALS-FR or ALS Ambulance Med Inventory Form, LFD Controlled Substance Accountability Log, the LFD Controlled Substance Audit Form, and the LFD Controlled Substance Administration Log as needed.
 - c. The administration or use of controlled substances shall be documented on the E-PCR as required.
- II. The Agent shall be responsible for completing and submitting the Controlled Substance Semi-Annual Report for EMS Agencies.
- III. The distribution and inventory of the controlled substance sub-stock shall be accurately recorded by the CS providers.
- IV. All CS providers shall be provided a copy of this LFD-ENH Controlled Substance Operational Plan.
 - a. The LFD MTO shall distribute the copies of the Plan.
 - b. All CS providers shall sign an affidavit indicating this Plan was received.

LFD Controlled Substances Operational Plan

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Attached Documents

Included in the copies of this Plan shall also be the following documents:

- * ALS-FR Med Inventory Form
- * ALS Ambulance Med Inventory Form
- * Controlled Substances Accountability Log
- * Controlled Substance Administration Log
- * Controlled Substance Agent Inventory Worksheet
- * Controlled Substance Agent Waste Sub-Stock & Disposal Worksheet
- * Controlled Substance Accountability Log: Waste Sub-Stock
- * Controlled Substances Audit Form
- * Monthly Controlled Substances Monthly Audit Form
- * Controlled Substances Special Incident/Loss Report
- * Quality Assurance Report
- * NYS DOH form 3848: Controlled Substance Semi-Annual Report for EMS Agencies.

EXHIBIT #9

Niagara County Mutual Aid Plan

*NIAGARA COUNTY
EMERGENCY SERVICES
MUTUAL AID PLAN*



*Jonathan Schultz
Fire Coordinator &
Director of Emergency Services*

NIAGARA COUNTY MUTUAL AID PLAN

RECOMMENDED FOR ADOPTION BY THE ADVISORY BOARD

DATE: MAY 16, 1963

SUBMITTED BY THE COORDINATOR

DATE: MAY 16, 1963

ADOPTED BY THE NIAGARA COUNTY BOARD OF SUPERVISORS

DATE: JUNE 24, 1963

ADMITTED TO STATE FIRE MOBILIZATION AND MUTUAL AID PLAN BY THE STATE BUREAU OF FIRE MOBILIZATION AND CONTROL

DATE: SEPTEMBER 13, 1963

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: DECEMBER 5, 1972

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: DECEMBER 16, 1982

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: NOVEMBER 7, 1984

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: JUNE 2, 1987

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: JULY 20, 1988

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: SEPTEMBER 3, 1996

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: MARCH 15, 2005

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: NOVEMBER 21, 2006

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: JULY 27, 2010

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: FEBRUARY 19, 2013

REWRITTEN AND AMENDMENTS APPROVED BY NIAGARA COUNTY LEGISLATURE

DATE: MARCH 10, 2020

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OBJECTIVE

A. DEFINITION OF MUTUAL AID

MUTUAL AID IS ORGANIZED, SUPERVISED, COORDINATED, COOPERATIVE, RECIPROCAL ASSISTANCE IN WHICH PERSONNEL, EQUIPMENT AND PHYSICAL FACILITIES OF ALL PARTICIPATING FIRE DEPARTMENTS, REGARDLESS OF TYPE OR SIZE, ARE UTILIZED FOR FIRE OR OTHER EMERGENCIES IN WHICH THE SERVICES OF FIREFIGHTERS WOULD BE USED THROUGHOUT THE COUNTY OF NIAGARA AND ADJACENT AREAS UTILIZING THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AND TH EINCIDENT COMMAND SYSTEM (ICS).

COUNTY MUTUAL AID PLAN: A PLAN ESTABLISHED THROUGH THE COOPERATIVE EFFORTS OF FIRE GROUPS, FIRE PERSONNEL OF AUTHORITY WITHIN THE COUNTY AND COUNTY FIRE OFFICERS, AND ADOPTED BY THE NIAGARA COUNTY LEGISLATURE. INDIVIDUAL FIRE OFFICERS AND ASSOCIATION OFFICERS JOIN TO CREATE, DEVELOP AND SUPPORT THIS PLAN. THIS PLAN IS AUTHORIZED UNDER SECTIONS 209 AND 209J, GENERAL MUNICIPAL LAW, AND UNDER SECTION 225A, COUNTY LAW. THIS PLAN IS ADMINISTERED BY THE COUNTY FIRE COORDINATOR.

B. AMENDMENTS

AMENDMENTS TO THIS PLAN MAY BE MADE PERIODICALLY, AND WILL FOLLOW THIS PROCEDURE:

1. PREPARED BY THE COUNTY FIRE COORDINATOR AND THE FIRE ADVISORY BOARD.
2. RECOMMENDED BY THE COUNTY FIRE ADVISORY BOARD.
3. SUBMITTED BY THE COUNTY FIRE COORDINATOR TO THE NIAGARA COUNTY LEGISLATURE.
4. ADOPTED BY THE NIAGARA COUNTY LEGISLATURE.

C. ANNUAL REVIEW

EACH YEAR THIS PLAN SHALL BE REVIEWED BY THE COUNTY FIRE COORDINATOR AND CORRECTIONS AND CHANGES PROCESSED, WITH ANY UPDATES TO THE PLAN TO BE FORWARDED TO THE OFFICE OF FIRE PREVENTION AND CONTROL.

PARTICIPATION

A. EXTENT AND LIMIT OF PARTICIPATION BY FIRE DEPARTMENTS

ALL CITIES, TOWNS, VILLAGES, AND FIRE DISTRICTS IN NIAGARA COUNTY MAY FULLY PARTICIPATE IN THIS PLAN. THESE DEPARTMENTS PRESENTLY ARE AS FOLLOWS:

ADAMS	BARKER	BERGHOLZ
CAMBRIA	FRONTIER	GASPORT
HARTLAND	LEWISTON #1	LEWISTON #2
CITY OF LOCKPORT	MIDDLEPORT	MILLER HOSE
NIAGARA ACTIVE HOSE	CITY OF NIAGARA FALLS	CITY OF NORTH TONAWANDA
NIAGARA FALLS AIR RESERVE STATION	OLCOTT	PEKIN
RANSOMVILLE	RAPIDS	ST. JOHNSBURG
SANBORN	SHAWNEE	SOUTH LOCKPORT
SOUTH WILSON	TERRY'S CORNERS	UPPER MOUNTAIN
WENDELVILLE	WILSON	WOLCOTSVILLE
WRIGHTS CORNERS	YOUNGSTOWN	TRI-TOWN AMBULANCE
TRI- COMMUNITY AMBULANCE	NIAGARA COUNTY SHERIFF'S OFFICE ERT EMS UNIT	

PARTICIPATION (continued)

B. EXTENT AND LIMIT OF PARTICIPATION WITH COUNTIES OF ORLEANS, GENESEE AND ERIE AND THE PROVINCE OF ONTARIO.

THERE IS NO FORMAL AGREEMENT WITH THESE COUNTIES. LOCAL RECIPROCAL ASSISTANCE, IF ANY, IS IN ACCORDANCE WITH SECTION 209-1 OF THE GENERAL MUNICIPAL LAW. MUTUAL AID WITH THE PROVINCE OF ONTARIO IS PURSUANT TO THE INTERNATIONAL JOINT COMMISSION CROSS BORDER AGREEMENT. ALL REQUESTS FOR ASSISTANCE WILL BE ROUTED THROUGH THE CONTROL CENTER.

C. EXTENT AND LIMIT OF PARTICIPATION WITH ADJACENT COUNTIES

MUTUAL AID IS PROVIDED TO AND RECEIVED FROM ORLEANS, GENESEE, ERIE COUNTY AND THE PROVINCE OF ONTARIO THROUGH THEIR RESPECTIVE COUNTY NIAGARA COUNTY FIRES, UNDER DIRECTION OF THEIR COUNTY FIRE COORDINATORS OR LEGALLY APPOINTED DEPUTIES.

D. ENTERING AND PARTICIPATION IN THE PLAN

ANY DULY ESTABLISHED FIRE COMPANY , FIRE DEPARTMENT OR AMBULANCE SERVICE MAY PARTICIPATE IN THIS PLAN BY FILING A COPY OF A RESOLUTION (ENCLOSURE "A") ADOPTED BY THE FIRE COMPANY , FIRE DEPARTMENT , AMBULANCE SERVICE OR HAZARDOUS MATERIAL DEPARTMENT IN THE OFFICE OF THE COUNTY FIRE COORDINATOR. SUCH RESOLUTION SHALL STATE THAT SUCH FIRE COMPANY , FIRE DEPARTMENT OR AMBULANCE SERVICE ELECTS TO PARTICIPATE IN THE NIAGARA COUNTY EMERGENCY SERVICES MUTUAL AID PLAN AND WILL COMPLY WITH THE PROVISIONS OF SUCH PLAN. THE RESOLUTION SHALL STATE THAT THE FIRE COMPANY, FIRE DEPARTMENT OR AMBULANCE SERVICE SHALL RECOGNIZE A CALL FOR ASSISTANCE FROM ANOTHER FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE OR HAZARDOUS MATERIAL DEPARTMENT THROUGH THE CONTROL CENTER.

THERE SHALL ALSO BE FILED WITH THE COUNTY FIRE COORDINATOR A COPY OF A RESOLUTION (ENCLOSURE "B") ADOPTED BY THE LEGISLATIVE BODY OF EACH PARTICIPATING CITY AND VILLAGE OR BY THE TOWN BOARD OR OTHER GOVERNING BOARD HAVING JURISDICTION OVER THE FIRE DEPARTMENT, THE BOARD OF FIRE COMMISSIONERS OF EACH PARTICIPATING FIRE DISTRICT, OR THE TOWN BOARD OF EACH TOWN IN RELATION TO PARTICIPATING FIRE COMPANIES SERVING TERRITORIES OUTSIDE OF CITIES, VILLAGES AND FIRE DISTRICTS OR IN RELATION TO A TOWN FIRE DEPARTMENT. A SIGNED COPY OF THE INTERNATIONAL JOINT COMMISSION CROSS BORDER AGREEMENT SHALL ALSO REMAIN ON FILE WITH THE COUNTY FIRE COORDINATORS OFFICE.

SUCH RESOLUTION SHALL STATE ANY RESTRICTIONS THAT EXIST AGAINST "OUTSIDE SERVICE" BY THE FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE OR HAZARDOUS MATERIAL DEPARTMENT OF THE MUNICIPALITY OR DISTRICT WITHIN THE MEANING OF SECTION 209 OF THE GENERAL MUNICIPAL LAW, WHICH WOULD EFFECT THE POWER OF SUCH FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE OR HAZARDOUS MATERIAL DEPARTMENT TO PARTICIPATE IN THE NIAGARA COUNTY EMERGENCY SERVICES MUTUAL AID PLAN.

VILLAGES: RESOLUTION TO BE ADOPTED BY THE BOARD OF FIRE COMMISSIONERS, IF ANY; IF NOT, BY THE VILLAGE BOARD (ENCLOSURE "B").

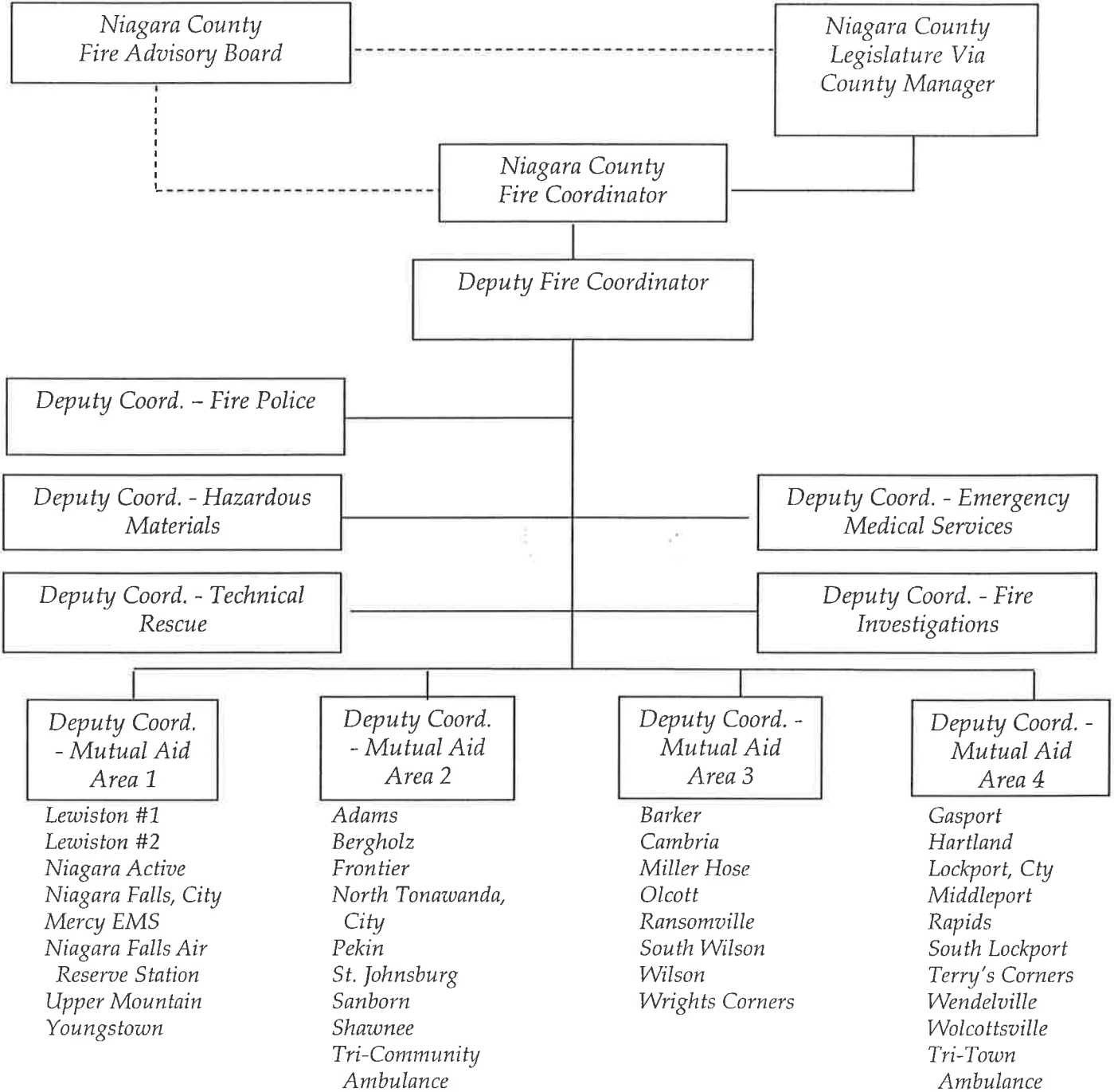
FIRE DISTRICTS: RESOLUTION TO BE ADOPTED BY THE BOARD OF FIRE COMMISSIONERS.

TOWNS: RESOLUTION TO BE ADOPTED BY THE TOWN BOARD OF TOWNS IN RELATION TO FIRE COMPANIES SERVING TERRITORY OUTSIDE CITIES, VILLAGES AND FIRE DISTRICTS, OR IN RELATION TO TOWN FIRE DEPARTMENTS. SUCH FIRE COMPANIES ARE THOSE WHICH HAVE THEIR HEADQUARTERS OUTSIDE CITIES, VILLAGES AND FIRE DISTRICTS, OR ARE LOCATED IN FIRE PROTECTION OR FIRE ALARM DISTRICTS.

AMBULANCE SERVICES: RESOLUTION TO BE ADOPTED BY THE GOVERNING BODY OR BOARD OF DIRECTORS.

HAZARDOUS MATERIAL DEPARTMENT RESOLUTION TO BE ADOPTED BY THE TOWN BOARD

DESIGNATION OF PERSONNEL



Advisory: -----

Direct Authority: _____

PARTICIPATION (continued)

IF THE OUTSIDE SERVICE ACTIVITIES OF A PARTICIPATING FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE, HAZARDOUS MATERIAL TEAM, ARE RESTRICTED PURSUANT TO SECTION 209 OF THE GENERAL MUNICIPAL LAW, NOTICE OF ANY RESTRICTION SHALL BE GIVEN PROMPTLY TO THE FIRE COORDINATOR.

ANY SUCH RESTRICTION IMPOSED BY THE LEGISLATIVE BODY OF A CITY, VILLAGE, OR TOWN OR BY THE BOARD OF FIRE COMMISSIONERS SHALL TAKE EFFECT IN ACCORDANCE WITH RESOLUTION IMPOSING THE RESTRICTION, UPON NOTIFICATION OF THE FIRE COORDINATOR.

FIRE COMPANIES AND FIRE DEPARTMENTS SHALL RECEIVE THREE (3) COPIES OF RESOLUTIONS TO BE ADOPTED, ONE (1) FOR THE COMPANY FILES, ONE (1) FOR THE TOWN BOARD OR OTHER GOVERNING BODIES FOR THEIR APPROVAL, AND ONE (1) COPY TO BE SENT TO THE COUNTY FIRE COORDINATOR.

WITHDRAWAL FROM THE PLAN

A. ANY FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE OR HAZARDOUS MATERIAL TEAM MAY ELECT TO WITHDRAW FROM THIS PLAN BY ADOPTING A RESOLUTION TO SUCH EFFECT. SUCH WITHDRAWAL SHALL BECOME EFFECTIVE THIRTY (30) DAYS AFTER FILING OF SUCH NOTICE WITH THE FIRE COORDINATOR AND A RESOLUTION FROM THE VILLAGE, TOWN, FIRE BOARD OR GOVERNING BODY.

B. ANY FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE OR HAZARDOUS MATERIAL TEAM WITHDRAWING FROM THIS PLAN, UPON THE EFFECTIVE DATE, SHALL SURRENDER AND RETURN TO THE COORDINATOR ALL COUNTY-OWNED EQUIPMENT. SUCH WITHDRAWAL SHALL REMAIN IN EFFECT UNTIL REINSTATEMENT BY RESOLUTION AS DEFINED BY SECTION 209 OF THE GENERAL MUNICIPAL LAW.

C. WITHDRAWAL FROM THIS PLAN WILL RESULT IN THE SUSPENSION OF MUTUAL AID PURSUANT TO THIS PLAN TO THE FIRE COMPANY, FIRE DEPARTMENT, AMBULANCE SERVICE OR HAZARDOUS MATERIAL TEAM TAKING SUCH ACTION. ALL RADIO IDENTIFIERS AND CALL SIGNS ISSUED TO SUCH FIRE COMPANY, FIRE DEPARTMENT OR AMBULANCE SERVICE ARE CANCELED ON THE EFFECTIVE DATE OF WITHDRAWAL.

FIRE ADVISORY BOARD

#225A COUNTY LAW

~2. A COUNTY FIRE ADVISORY BOARD SHALL CONSIST OF NOT LESS THAN FIVE (5) NOR MORE THAN TWENTY-FIVE (25) MEMBERS, EACH OF WHOM SHALL BE APPOINTED BY THE NIAGARA COUNTY LEGISLATURE FOR A TERM OF NOT TO EXCEED ONE YEAR, TWO YEARS, OR THREE YEARS. SUCH TERMS OF OFFICE NEED NOT BE THE SAME FOR ALL MEMBERS. IT SHALL BE THE DUTY OF SUCH BOARD TO COOPERATE WITH THE OFFICE OF FIRE PREVENTION AND CONTROL IN EFFECTUATING THE PURPOSES FOR WHICH THE DIVISION WAS ESTABLISHED IN RELATION TO SUCH PROGRAMS FOR FIRE TRAINING AND MUTUAL AID; TO ACT AS AN ADVISORY BOARD TO THE NIAGARA COUNTY LEGISLATURE AND TO THE COUNTY FIRE COORDINATOR, IF ANY, IN CONNECTION WITH THE PARTICIPATION IN SUCH PROGRAMS FOR FIRE TRAINING AND MUTUAL AID IN CONNECTION WITH THE COUNTY ESTABLISHMENT AND MAINTENANCE OF A COUNTY FIRE TRAINING SCHOOL AND MUTUAL AID PROGRAMS IN CASES OF FIRE AND OTHER EMERGENCIES IN

WHICH THE SERVICES OF FIREFIGHTERS AND/OR EMS PERSONNEL WOULD BE USED; TO PERFORM SUCH OTHER DUTIES AS THE NIAGARA COUNTY LEGISLATURE MAY PRESCRIBE IN RELATION TO FIRE TRAINING AND MUTUAL AID WOULD BE USED. THE MEMBERS OF SUCH BOARD SHALL BE COUNTY OFFICERS, AND SHALL SERVE WITHOUT COMPENSATION.

A. PREFACE

UNDER AUTHORITY OF THE LAWS OF THE STATE OF NEW YORK, THE NIAGARA COUNTY LEGISLATURE, BY RESOLUTION DATED AUGUST 28, 1950, ESTABLISHED A BOARD KNOWN AS THE "ADVISORY BOARD."

B. THE OBJECTIVES OF THE BOARD ARE AS FOLLOWS

1. ADVISE THE NIAGARA COUNTY LEGISLATURE AND THE COORDINATOR IN MATTERS PERTAINING TO THE FIRE SERVICE AND PUBLIC SAFETY IN THE COUNTY OF NIAGARA.

2. PROMOTE MORE EFFICIENT FIRE AND EMERGENCY SERVICE WITHIN THE COUNTY OF NIAGARA THROUGH MEANS OF MUTUAL ASSISTANCE AGREEMENTS, TRAINING, COMMUNICATIONS, FIRE PREVENTION AND FIRE EXTINGUISHMENT.

C. SUCCESSFUL OPERATION OF THE FIRE ADVISORY BOARD, IN EXECUTING ITS OBJECTIVES, REQUIRES CERTAIN RULES AND REGULATIONS, WHICH ARE HEREBY STATED AND TO BE ADOPTED BY THE NIAGARA COUNTY LEGISLATURE.

1. MEMBERSHIP:

a. THE BOARD SHALL CONSIST OF NOT LESS THAN FIVE (5) NOR MORE THAN TWENTY-ONE MEMBERS APPOINTED BY THE NIAGARA COUNTY LEGISLATURE.

b. MEMBERS SO APPOINTED SHALL BE COUNTY OFFICERS SERVING WITHOUT COMPENSATION AND SHALL BE APPOINTED FOR THE TERM OF ONE (1) YEAR, BEGINNING JANUARY 1ST AND ENDING DECEMBER 31ST OF EACH YEAR.

c. MEMBERS APPOINTED TO THE ADVISORY BOARD SHOULD BE REPRESENTATIVE OF EMERGENCY SERVICES THROUGHOUT THE COUNTY OF NIAGARA AND THE GOVERNING BODIES OF THE COUNTY AND THE POLITICAL SUBDIVISIONS THEREOF, NAMELY:

- | | |
|--|----------------------------|
| (1) NIAGARA COUNTY LEGISLATURE | FIVE (5) MEMBERS |
| (2) CITY OF NIAGARA FALLS | TWO (2) MEMBERS |
| (3) CITY OF NORTH TONAWANDA | TWO (2) MEMBERS |
| (4) CITY OF LOCKPORT | TWO (2) MEMBERS |
| (5) CHIEFS ASSOCIATION | FIVE (5) MEMBERS |
| (6) NIAGARA COUNTY VOLUNTEER FIREMEN'S ASSOCIATION | FIVE (5) MEMBERS |
| (7) NIAGARA COUNTY EMERGENCY SERVICES | FOUR (4) AREA COORDINATORS |

FIRE ADVISORY BOARD (continued)

- d. APPOINTEES SHOULD, WHEREVER POSSIBLE, BE ACTIVE MEMBERS OF THEIR FIRE COMPANY AND ABOVE-MENTIONED ORGANIZATIONS.
- e. EX-OFFICIO MEMBERS SHALL BE APPOINTED TO THE FIRE ADVISORY BOARD, REPRESENTATIVE OF SUCH SERVICES AND BODIES AS THE NIAGARA COUNTY LEGISLATURE MAY WISH TO APPOINT. EX-OFFICIO MEMBERS SHOULD HAVE ALL PRIVILEGES OF MEMBERS, EXCEPT VOTING.
- f. THE COUNTY FIRE COORDINATOR IS AN EX-OFFICIO MEMBER OF THE FIRE ADVISORY BOARD. THE DEPUTY FIRE COORDINATOR AND THE DEPUTY COUNTY TEAM FIRE COORDINATORS SHOULD BE APPOINTED EX-OFFICIO MEMBERS OF THE BOARD.

2. MEETINGS:

- a. REGULAR MEETINGS OF THE FIRE ADVISORY BOARD SHALL BE HELD EVERY OTHER MONTH OPPOSITE OF THE NIAGARA COUNTY FIRE CHIEF'S ASSOCIATION MEETINGS AND SUBJECT TO SPECIAL MEETINGS CALLED BY THE CHAIRMAN OF THE BOARD. MEETINGS SHALL BE HELD ON THE THIRD THURSDAY OF THE MONTH AT 7:30 P.M.
- b. THE DECEMBER MEETING SHALL BE DESIGNATED AS THE ANNUAL AND ORGANIZATIONAL MEETING FOR THE ELECTION OF OFFICERS.
- c. SPECIAL MEETINGS SHALL BE CALLED WHEN DEEMED NECESSARY BY THE CHAIRMAN, OR UPON THE REQUEST OF FIVE (5) OR MORE MEMBERS.
- d. AT ALL MEETINGS, A MAJORITY OF MEMBERS OF THIS BOARD SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF OFFICIAL BUSINESS OF THE BOARD.

3. OFFICERS:

- a. EACH YEAR, AT THE ANNUAL MEETING, THE BOARD SHALL ELECT A CHAIRMAN, VICE-CHAIRMAN, AND SECRETARY. IN THE ABSENCE OF AN ELECTED SECRETARY, THE FIRE COORDINATOR'S OFFICE MAY PROVIDE CLERICAL SUPPORT. THE OFFICERS SO ELECTED SHALL SERVE FOR ONE (1) YEAR.

4. DUTIES OF OFFICERS:

a. CHAIRMAN:

THE CHAIRMAN SHALL PRESIDE OVER ALL MEETINGS OF THE BOARD. HE/SHE SHALL APPOINT, IF NECESSARY, THE FOLLOWING STANDING COMMITTEES EACH YEAR: COMMUNICATIONS, TRAINING AND PUBLIC RELATIONS. HE/SHE SHALL BE AN EX-OFFICIO MEMBER OF ALL COMMITTEES.

FIRE ADVISORY BOARD (continued)

b. VICE-CHAIRMAN:

THE VICE-CHAIRMAN SHALL ASSIST THE CHAIRMAN IN THE DISCHARGE OF HIS/HER DUTIES AND PERFORM ALL DUTIES OF THE CHAIRMAN IN HIS/HER ABSENCE OR DISABILITY.

c. SECRETARY:

THE SECRETARY SHALL MAINTAIN A RECORD OF ALL PROCEEDINGS OF THE BOARD, AND SHALL NOTIFY THE CLERK OF THE NIAGARA COUNTY LEGISLATURE, ALL MEMBERS OF THE FIRE ADVISORY BOARD AND REPRESENTATIVES OF THE NYS OFFICE OF FIRE PREVENTION AND CONTROL OF ALL REGULAR AND SPECIAL MEETINGS.

5. COMMITTEES:

- a. IT SHALL BE THE DUTY OF ALL COMMITTEES, BOTH STANDING AND SPECIAL, TO ATTEND ALL MATTERS PERTAINING TO THEM AND REPORT AT MEETINGS WHEN DIRECTED.

6. DUTIES OF THE FIRE ADVISORY BOARD:

- a. IT SHALL BE THE DUTY OF THE MEMBERS OF THE FIRE ADVISORY BOARD TO:
- (1) ATTEND ALL MEETINGS OF THE BOARD OR BE DULY EXCUSED.
 - (2) RECEIVE AND CONSIDER ALL PROPER MATTERS RELATING TO THE FIRE AND EMERGENCY SERVICE IN THE COUNTY OF NIAGARA AND THEIR RECOMMENDATIONS TO THE NIAGARA COUNTY LEGISLATURE OR THE COUNTY FIRE COORDINATOR.
 - (3) PROMOTE EFFICIENT FIRE AND EMERGENCY SERVICE IN THE COUNTY OF NIAGARA THROUGH EDUCATION AND TRAINING OF ALL CONCERNED.
 - (4) ASSIST AND/OR ADVISE THE COUNTY FIRE COORDINATOR IN THE DISCHARGE OF HIS DUTIES FOR THE PROMOTION AND WELFARE OF THE MUTUAL AID PLAN.
 - (5) COOPERATE WITH THE OFFICE OF FIRE PREVENTION AND CONTROL IN RELATION TO PROGRAMS FOR FIRE TRAINING AND MUTUAL AID.

APPOINTMENT OF THE FIRE COORDINATOR

COUNTY FIRE COORDINATOR:

ADMINISTRATOR OF THE NIAGARA COUNTY MUTUAL AID PLAN. HE/SHE IS LIAISON OFFICER BETWEEN THE NIAGARA COUNTY LEGISLATURE AND THE COUNTY FIRE ADVISORY BOARD, AND THE FIREFIGHTING FORCES OF THE COUNTY, AND THE OFFICE OF FIRE PREVENTION AND CONTROL, AND OTHER STATE AGENCIES INVOLVED IN EMERGENCY RESPONSE.

#225A COUNTY LAW

~3. IF THE OFFICE OF COUNTY FIRE COORDINATOR IS CREATED IN ANY COUNTY, THE COUNTY MANAGER THEREOF SHALL APPOINT A COUNTY FIRE COORDINATOR.

IN THE EVENT NO CURRENT CIVIL SERVICE LIST EXISTS, ALL PROVISIONAL APPOINTMENTS SHALL BE RECOMMENDED BY THE FIRE ADVISORY BOARD FOR CONFIRMATION BY THE COUNTY MANAGER.

IN THE EVENT THAT A CIVIL SERVICE LIST EXISTS, APPOINTMENT RECOMMENDATION SHALL BE MADE BY THE FIRE ADVISORY BOARD PURSUANT TO CIVIL SERVICE LAW FOR CONFIRMATION BY THE COUNTY MANAGER.

IT SHALL BE COUNTY FIRE COORDINATOR'S DUTY TO ADMINISTER THE COUNTY PROGRAMS FOR FIRE TRAINING AND MUTUAL AID IN CASES OF FIRE AND OTHER EMERGENCIES IN WHICH THE SERVICES OF FIREFIGHTERS AND/OR EMT'S WOULD BE USED; TO ACT AS A LIAISON OFFICER BETWEEN THE NIAGARA COUNTY LEGISLATURE AND THE COUNTY FIRE ADVISORY BOARD AND THE EMERGENCY RESPONDERS IN THE COUNTY AND THE OFFICERS AND GOVERNING BOARDS OR BODIES THEREOF; AND TO PERFORM SUCH OTHER DUTIES AS THE NIAGARA COUNTY LEGISLATURE SHALL PRESCRIBE. THE COUNTY FIRE COORDINATOR SHALL BE A COUNTY OFFICER AND THE AMOUNT OF HIS/HER COMPENSATION, IF ANY, SHALL BE FIXED BY THE NIAGARA COUNTY LEGISLATURE.

THE POSITION OF FULL-TIME FIRE COORDINATOR WAS ESTABLISHED IN NIAGARA COUNTY BY RESOLUTION EFFECTIVE OCTOBER 5, 1969. ALL APPOINTMENTS TO THIS POSITION WILL BE BY THE NIAGARA COUNTY LEGISLATURE, UPON RECOMMENDATIONS PRESENTED BY THE FIRE ADVISORY BOARD.

A. THE DUTIES OF THE FIRE COORDINATOR WILL BE AS FOLLOWS: CAR 32

1. SUPERVISES THE COUNTY'S ADMINISTRATION OF THE STATE FIRE TRAINING PROGRAM, AND ANY AND ALL TRAINING PROGRAMS DEVELOPED BY THE STATE OR BY HIS/HER OFFICE THROUGHOUT THE COUNTY.

2. SELECTS AND ESTABLISHES LOCATIONS FOR COURSES.

3. PUBLICIZES COURSES WITH DEPUTY COUNTY FIRE COORDINATORS (MUTUAL AID) AND ENCOURAGES ENROLLMENT.

4. SUPERVISES THE COUNTY MUTUAL AID PLAN AND IS RESPONSIBLE FOR THE EFFICIENT OPERATION OF THE PLAN FOR INTRA-COUNTY AND INTER-COUNTY PURPOSES AT FIRES OR WHERE THE SERVICES OF FIREFIGHTERS AND/OR EMT'S ARE USED.

5. SUPERVISES AND COORDINATES THE RESPONSE AND ACTIVITIES OF THE EMERGENCY

TRANSPORTATION VEHICLES IN NIAGARA COUNTY INCLUDING, BUT NOT LIMITED TO, AMBULANCES AND RESCUE VEHICLES.

6. SERVES AS EMERGENCY MEDICAL SERVICES COORDINATOR AND SUPERVISES THE RESOURCES OF THE EMS SYSTEM OF NIAGARA COUNTY. THIS WOULD INCLUDE, BUT NOT BE LIMITED TO, TRAINING, TRANSPORTATION, COMMUNICATIONS, EQUIPMENT, PERSONNEL, AND SUPPLIES.

7. HAS AN ADVISORY ROLE IN THE OPERATION OF THE RADIO SYSTEM. THE COMMUNICATION AND ITS EMPLOYEES ARE SUPERVISED AND RUN BY THE NIAGARA COUNTY SHERIFF'S OFFICE.

8. ACTS AS LIAISON OFFICER BETWEEN THE FIRE SERVICE OF NIAGARA COUNTY AND THE OFFICE OF FIRE PREVENTION AND CONTROL.

9. MAY APPOINT AND REMOVE THE DEPUTY COUNTY FIRE COORDINATORS IN ACCORDANCE WITH SECTION 401 OF THE COUNTY LAW, WITH APPROVAL OF THE NIAGARA COUNTY LEGISLATURE.

10. SUPERVISES INSTRUCTION BY THE COUNTY FIRE INSTRUCTORS.

11. MAINTAINS RECORDS INDICATING MANPOWER IN THE COUNTY, INCLUDING THE TYPE AND EXTENT OF TRAINING IN EACH DEPARTMENT.

12. ESTABLISHES INVENTORY AND SENDS CHANGES TO OFFICE OF FIRE PREVENTION AND CONTROL.

13. ISSUES STATE AND COUNTY IDENTIFICATION NUMBERS. STATE AND COUNTY NUMBERS CAN ONLY BE ISSUED BY THE COUNTY FIRE COORDINATOR.

14. AT REQUEST OF COUNTY FIRE CHIEFS, FACILITATE SCHOOL AND VARIOUS OTHER INSPECTIONS AND FOLLOW-UP ON RECOMMENDATIONS.

15. AT REQUEST OF THE STATE, CONDUCT INSPECTIONS AND FOLLOW-UP ON RECOMMENDATIONS.

16. SERVES AS REGIONAL FIRE ADMINISTRATOR WHEN STATE FIRE MOBILIZATION AND MUTUAL AID PLAN HAS BEEN ACTIVATED, PURSUANT TO THE PROVISIONS OF ARTICLE 10, SECTION 209-e (2) OF THE NEW YORK STATE GENERAL MUNICIPAL LAW.

WHEN ACTING AS REGIONAL FIRE ADMINISTRATOR, SUBMIT A WRITTEN REPORT WITHIN FIVE (5) DAYS TO THE OFFICE OF FIRE PREVENTION AND CONTROL, SETTING FORTH:

a. TIMES, DATES, MESSAGE AND ORDERS INVOLVED IN ALERTING OR DISPATCHING MUTUAL AID.

b. EVALUATION, INCLUDING RECOMMENDATIONS, OF ENTIRE INCIDENT.

(REGIONAL FIRE ADMINISTRATOR: A STATE OFFICER APPOINTED BY THE ADMINISTRATOR OF THE OFFICE OF FIRE PREVENTION AND CONTROL, TO FUNCTION WHEN THE STATE MOBILIZATION AND MUTUAL AID PLAN IS ACTIVATED.)

DUTIES OF DEPUTY FIRE COORDINATORS Car 32-1, 32-2, 32-3 32-4 (MUTUAL AID) (continued)

- A. DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR AND DEPUTY FIRE COORDINATOR. WILL ASSUME THE DUTIES OF THE COORDINATOR OR DEPUTY FIRE COORDINATOR IN HIS/HER ABSENCE AND WILL PERFORM ANY OTHER DUTIES THE COORDINATOR MAY DESIGNATE.
- B. ACT AS LIAISON OFFICER TO THE COUNTY FIRE COORDINATOR.
- C. WHEN RESPONDING TO FIRES IN THEIR RESPECTIVE AREAS, REPORT TO THE INCIDENT COMMANDER. ASSIST THE INCIDENT COMMANDER IN SECURING ADDITIONAL EQUIPMENT WHEN NEEDED, ASCERTAIN IF STANDBY EQUIPMENT IS NEEDED AT FIRE HALL, AND ASSIST THE CHIEF OFFICER AS REQUESTED.
- D. SEE THAT FIELD RADIO COMMUNICATIONS ARE CARRIED OUT PROPERLY IN THEIR RESPECTIVE AREA.
- E. ASSIST IN MAINTAINING UP-TO-DATE RECORDS IN TRAINING AND INVENTORY, BOTH PERSONNEL AND EQUIPMENT, BY REPORTING CHANGES TO COUNTY FIRE COORDINATOR.
- F. WILL ARRANGE WITH THE VARIOUS CHIEFS FOR FIRE INCIDENT EXERCISES WITH THE VARIOUS COMPANIES IN THEIR AREAS AND NOTIFY THE COUNTY FIRE COORDINATOR.
- G. REGULARLY MEET WITH FIRE OFFICERS IN THEIR RESPECTIVE AREA WHEN REQUESTED AND REPORT SUCH MEETINGS TO THE COUNTY FIRE COORDINATOR.
- H. ATTEND MEETINGS OF THE FIRE ADVISORY BOARD, COUNTY FIREMEN'S ASSOCIATION AND COUNTY FIRE CHIEFS' ASSOCIATION FOR THE BENEFIT OF MUTUAL AID.
- I. ASSIST IN EMERGENCY MANAGEMENT EXERCISES OR ANY OTHER EMERGENCY, AND PERFORM SUCH DUTIES AS OUTLINED BY THE COUNTY FIRE COORDINATOR.
- J. UNDER DIRECTION OF COUNTY FIRE COORDINATOR, TAKE COMMAND OF FIRE CONVOYS IN EXERCISES AND EMERGENCIES.
- K. TO REPORT TO COUNTY FIRE COORDINATOR ANY SPECIAL FUNCTIONS OR COMPLAINTS OF FIRE COMPANIES UNDER TRAINING AND MUTUAL AID RULES.
- L. CONDUCT FIRE PREVENTION PROGRAMS AS REQUESTED BY COUNTY FIRE COORDINATOR, ACT AS PUBLIC RELATIONS OFFICER IN HIS/HER AREA.

RESPONSIBILITIES OF THE DEPUTY FIRE COORDINATOR

DEPUTY FIRE COORDINATOR IS DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR, WITH DUTIES AS FOLLOWS: Car -32 A

- A. SUPERVISES COURSES IN THE STATE FIRE TRAINING PROGRAM AND ANY AND ALL TRAINING PROGRAMS DEVELOPED BY THE STATE OR THE COUNTY. MAY DETERMINE THE NEED FOR FIREFIGHTING AND FIRE PREVENTION COURSES, ASSISTS WITH THE DEVELOPMENT OF NEW COURSES, AND ASSIST WITH THE LOGISTICS AND PUBLICITY OF COURSES.
- B. ASSIST IN SELECTING AND ESTABLISHING LOCATIONS FOR COURSES.
- C. ASSUMES ALL DUTIES OF THE FIRE COORDINATOR IN HIS/HER ABSENCE AT A FIRE OR OTHER INCIDENT REQUIRING THE SERVICES OF FIRST RESPONDERS
- D. ACTS AN ADVISOR TO THE FIRE CHIEF OR OFFICER-IN-CHARGE WHEN RESPONDING TO FIRE OR MAJOR INCIDENTS
- E. MAINTAINS THE I AM RESPONDING NETWORK AND OPERATIONS
- F. ASSISTS THE OFFICER-IN-CHARGE OR FIRE CHIEF AT A FIRE AND/OR EMERGENCY SCENE BY SECURING ADDITIONAL EQUIPMENT AS NEEDED, ASCERTAINING THE NEED FOR STAND-BY EQUIPMENT AND ACTING AS LIAISON OFFICER TO OUTSIDE AGENCIES WHILE AT FIRE AND/OR EMERGENCY SCENES
- G. ASSISTS IN THE INVESTIGATION OF FIRE TO DETERMINE CAUSE AND ORIGIN
- H. ASSISTS IN PREPARING REPORTS ON FIRE INVESTIGATIONS AND MAINTAINS RECORDS OF INVESTIGATIONS
- I. MAINTAINS AN INVENTORY OF ALL FIREFIGHTING EQUIPMENT AND APPARATUS WITHIN THE COUNTY
- J. OVERSEES THE OPERATION AND MAINTENANCE OF THE P25 UHF TRUNKED DIGITAL RADIO SYSTEM
- K. INFORMS THE FIRE COORDINATOR OF SPECIAL FUNCTIONS, PROBLEMS OR COMPLAINT FROM/ ABOUT THE FIRE COMPANIES.
- L. SUPERVISES INSTRUCTION BY THE COUNTY FIRE INSTRUCTORS.
- M. HAS CHARGE OF FIRE TOWERS AND GROUNDS AND WILL PREPARE SCHEDULES FOR THEIR USE WITH THE AID OF THE DEPUTY FIRE COORDINATOR (MUTUAL AID).
- N. WILL SEE THAT THE RULES AND REGULATIONS OF THE FIRE TOWERS AND GROUNDS, ADOPTED BY THE ADVISORY BOARD, ARE ENFORCED.
- O. TO SUBMIT A QUARTERLY REPORT TO COUNTY FIRE COORDINATOR OF THE TRAINING ACTIVITIES.
- P. ATTEND FIRE ADVISORY BOARD MEETINGS AND COUNTY FIRE CHIEFS' ASSOCIATION.
- Q. PERFORM SUCH OTHER DUTIES AS THE COUNTY FIRE COORDINATOR MAY DESIGNATE.

**DUTIES OF DEPUTY FIRE COORDINATORS Car 32-7
EMERGENCY MEDICAL SERVICES**

DEPUTY FIRE COORDINATOR (EMS) IS DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR AND DEPUTY FIRE COORDINATOR.

- A. ACT AS LIAISON BETWEEN: LOCAL EMS COUNCIL, PRE-HOSPITAL HEALTH CARE PROVIDERS, HOSPITAL EMERGENCY DEPARTMENTS, GOVERNMENTAL AGENCIES, AMERICAN RED CROSS, FIRE ADVISORY BOARD AND ASSIST IN MITIGATION OF ISSUES.
- B. COORDINATE AND DIRECT INTEGRATION OF EMS WITH OTHER PUBLIC AND COMMUNITY AGENCY PROGRAMS.
- C. SUPERVISE EMS TRAINING.
- D. RESPOND TO AND OFFER ASSISTANCE IN MANAGEMENT OF MAJOR MEDICAL EMERGENCIES;
i.e.:
 - 1. MULTIPLE CASUALTY INCIDENTS. (INVOLVING 3 OR MORE TRANSPORT AGENCIES)
 - 2. POTENTIAL LARGE SCALE INCIDENTS.
 - 3. HAZARDOUS MATERIAL INCIDENTS.
 - 4. NATURAL DISASTERS.
- E. PARTICIPATE IN DRILLS AND EXERCISES IN NIAGARA COUNTY INVOLVING EMS.
- F. PARTICIPATE IN THE PLANNING OF LARGE SCALE CIVIC EVENTS IN NIAGARA COUNTY AND COORDINATE WITH STATE AND COUNTY OFFICIALS.
- G. ASSIST AT THE EMERGENCY OPERATIONS CENTER AS NEEDED.

FIRE INVESTIGATIONS CAR 32-6

DEPUTY FIRE COORDINATOR (FIRE INVESTIGATIONS) IS DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR AND DEPUTY FIRE COORDINATOR.

- A. WORK WITH THE COUNTY FIRE COORDINATOR TO DEVELOP MINIMUM CRITERIA FOR SELECTING ORIGIN AND CAUSE INVESTIGATORS TO WORK WITHIN THE COUNTY.
 - 1. SUPPORT AND HELP OVERSEE THE ZONE FIRE INVESTIGATOR CONCEPT FOR ORIGIN AND CAUSE.
 - 2. ASSIST IN THE TRAINING OF AND RECORD KEEPING OF THE COUNTY'S ORIGIN AND CAUSE PROGRAM.
- B. MAINTAIN A COUNTY-WIDE FIRE INVESTIGATION SYSTEM FOR ALL INVESTIGATORS USING NFPA FIELD NOTES, STANDARD EVIDENCE AND PHOTOGRAPH LABELS AND CENTRALIZED REPORT SUMMARIES.
- C. WORK WITH LAW ENFORCEMENT AND THE DISTRICT ATTORNEY'S OFFICE TO GATHER AND PRESERVE EVIDENCE TO PROSECUTE CRIMINAL CASES.
- D. PARTICIPATE IN ARSON AWARENESS TRAINING FOR FIRE AND LAW ENFORCEMENT PERSONNEL, ALONG WITH THE GENERAL PUBLIC.

**DUTIES OF DEPUTY FIRE COORDINATOR Car 32-8
HAZARDOUS MATERIALS**

DEPUTY FIRE COORDINATOR (HAZARDOUS MATERIALS) IS DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR AND DEPUTY FIRE COORDINATOR.

- A. ASSIST THE COORDINATOR AT LEPC MEETINGS.
- B. ACT AS TEAM CHIEF FOR COUNTY HAZARDOUS MATERIALS RESPONSE TEAM.
- C. ASSIST IN MAINTAINING UP-TO-DATE RECORDS OF TEAM RESPONSE, HAZARDOUS MATERIAL TRAINING AND EQUIPMENT.
- D. DETERMINE THE NEED FOR AND SCHEDULE NECESSARY HAZARDOUS MATERIALS TRAINING OR REQUEST IMPLEMENTATION OF NEW TRAINING FOR HAZARDOUS MATERIALS.
- E. SUBMIT A QUARTERLY REPORT TO THE COUNTY FIRE COORDINATOR OF THE HAZARDOUS MATERIALS TEAM'S TRAINING AND RESPONSE ACTIVITIES.
- F. ATTEND SUCH MEETINGS AS REQUIRED BY THE COUNTY FIRE COORDINATOR.
- G. ACT AS LIAISON BETWEEN ALL OTHER DEPUTY COORDINATORS FOR INTEGRATION OF HAZARDOUS MATERIALS IN TRAINING AND EMERGENCY OPERATIONS.
- H. RESPOND TO AND OFFER ASSISTANCE TO MANAGEMENT OF HAZARDOUS MATERIALS INCIDENTS.
- I. PARTICIPATE IN HAZARDOUS MATERIALS DRILLS AND EXERCISES INVOLVING COUNTY HAZARDOUS MATERIALS RESPONSE TEAM.
- J. MAINTAIN A SUITABLE REFERENCE LIBRARY TO ENSURE ADEQUATE RESOURCE INFORMATION FOR HAZARDOUS MATERIALS INCIDENTS.
- K. MUST BE HAZ-MAT IC, ACCORDING TO 29CFR1910.120

DUTIES OF DEPUTY COORDINATOR FOR TECHNICAL RESCUE CAR 32-9

DEPUTY FIRE COORDINATOR (TECHNICAL RESCUE) IS DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR AND DEPUTY FIRE COORDINATOR.

- A. ASSIST IN MAINTAINING UP-TO-DATE RECORDS OF TEAM RESPONSE, TRAINING AND EQUIPMENT.
- B. DETERMINE THE NEED FOR AND SCHEDULE NECESSARY TECHNICAL RESCUES TRAINING OR REQUEST IMPLEMENTATION OF NEW TRAINING FOR TECHNICAL RESCUES.
- C. SUBMIT A QUARTERLY REPORT TO THE COUNTY FIRE COORDINATOR OF THE TEAM'S TRAINING AND RESPONSE ACTIVITIES.
- D. ATTEND SUCH MEETINGS AS REQUIRED BY THE COUNTY FIRE COORDINATOR.
- E. ACT AS LIAISON BETWEEN ALL OTHER DEPUTY COORDINATORS FOR INTEGRATION OF TECHNICAL RESCUES IN TRAINING AND EMERGENCY OPERATIONS.
- F. RESPOND TO AND OFFER ASSISTANCE TO MANAGEMENT OF TECHNICAL RESCUES INCIDENTS.
- G. PARTICIPATE IN TECHNICAL RESCUES DRILLS AND EXERCISES INVOLVING COUNTY TECHNICAL RESCUES RESPONSE TEAM.
- H. MAINTAIN A SUITABLE REFERENCE LIBRARY TO ENSURE ADEQUATE RESOURCE INFORMATION FOR TECHNICAL RESCUES INCIDENTS.

DUTIES OF DEPUTY COORDINATOR FOR FIRE POLICE CAR 32-10

DEPUTY FIRE COORDINATOR (FIRE POLICE) IS DIRECTLY RESPONSIBLE TO THE COUNTY FIRE COORDINATOR AND DEPUTY FIRE COORDINATOR.

- A. ASSIST IN MAINTAINING UP-TO-DATE RECORDS OF TEAM RESPONSE, TRAINING AND EQUIPMENT.
- B. DETERMINE THE NEED FOR AND SCHEDULE NECESSARY FIRE POLICE TRAINING OR REQUEST IMPLEMENTATION OF NEW TRAINING FOR FIRE POLICE.
- C. SUBMIT A QUARTERLY REPORT TO THE COUNTY FIRE COORDINATOR OF THE TEAM'S TRAINING AND RESPONSE ACTIVITIES.
- D. ATTEND SUCH MEETINGS AS REQUIRED BY THE COUNTY FIRE COORDINATOR.
- E. ACT AS LIAISON BETWEEN ALL OTHER DEPUTY COORDINATORS FOR INTEGRATION OF FIRE POLICE IN TRAINING AND EMERGENCY OPERATIONS.
- F. RESPOND TO AND OFFER ASSISTANCE TO MANAGEMENT OF FIRE POLICE.
- G. PARTICIPATE IN FIRE POLICE DRILLS AND EXERCISES INVOLVING COUNTY FIRE POLICE RESPONSE TEAM.

LINE OF AUTHORITY

- A. **ABSENCE OF THE COUNTY FIRE COORDINATOR:** PRIMARY SUCCESSION TO THE FIRE COORDINATOR LIES WITH THE DEPUTY FIRE COORDINATOR. NEXT, THE COUNTY FIRE COORDINATOR SHALL FILE IN THE OFFICE OF THE COUNTY'S PERSONNEL DEPARTMENT AND THE CLERK OF THE NIAGARA COUNTY LEGISLATURE, THE ORDER IN WHICH THE DEPUTY COUNTY FIRE COORDINATORS ARE TO POSSESS THE POWERS AND PERFORM THE DUTIES OF COUNTY FIRE COORDINATOR DURING HIS/HER ABSENCE OR INABILITY TO ACT, PURSUANT TO SECTION 401 OF THE COUNTY LAW.
- B. **VACANCY IN POSITION OF COUNTY FIRE COORDINATOR:** THE COORDINATOR SHALL DESIGNATE THE DEPUTY FIRE COORDINATOR WHO SHALL POSSESS THE POWERS AND PERFORM THE DUTIES OF COUNTY FIRE COORDINATOR UNTIL A SUCCESSOR IS APPOINTED BY THE NIAGARA COUNTY MANAGER AND HAS QUALIFIED, PURSUANT TO SECTION 401 OF THE COUNTY LAW.

STATUS OF THE LOCAL AGENCIES

- A. **MAINTENANCE OF INDIVIDUALITY:** EACH AGENCY PARTICIPATING IN THE PLAN SHALL RETAIN ITS INTERNAL COMMAND AND INDIVIDUALITY.
- B. **AUTHORITY OF "REQUESTING" INCIDENT COMMANDER:**
1. A "REQUESTING" INCIDENT COMMANDER MAY REQUEST MUTUAL AID FOR HIS/HER DEPARTMENT IN ACCORDANCE WITH THIS PLAN.
 2. THE LINE OF "COMMAND" AT A FIRE OR OTHER EMERGENCY IN WHICH THE SERVICES OF FIREFIGHTERS OR EMT'S WOULD BE USED FOR PERSONNEL AND OFFICERS ENTERING THE AREA UNDER MUTUAL AID, REMAINS WITH THE FIRE DEPARTMENT REQUESTING THE MUTUAL AID AND FOLLOWS THE INCIDENT COMMAND SYSTEM.
 3. THE INCIDENT COMMANDER WILL WORK WITH CHIEFS, SENIOR OFFICERS, AND COMPANY OFFICERS OF THE DEPARTMENTS PROVIDING MUTUAL AID. THE FIREFIGHTERS IN THE ASSISTING DEPARTMENT WILL BE SUPERVISED BY THEIR OWN OFFICERS WHO ARE, IN TURN, COMMANDED BY OFFICERS OF THE DEPARTMENT REQUESTING MUTUAL AID.
 4. THE INCIDENT COMMANDER REQUESTING MUTUAL AID WILL ESTABLISH A COMMAND POST THAT WILL BE OPERATED BY HIMSELF/HERSELF OR ANY OFFICER THEY MAY DESIGNATE TO AVOID CONFUSION IN COMMUNICATIONS AND THE DISPATCHING OF EQUIPMENT.
 5. ALL REPORTS OF FIRES NOT COVERED BY LOCAL CONDITIONS AND REQUESTS FOR MUTUAL AID ASSISTANCE WILL BE DIRECTED TO NIAGARA COUNTY FIRE.
 6. WHEN SUMMONED FOR SERVICE UNDER THE MUTUAL AID PLAN, OFFICERS IN CHARGE OF COMPANIES SHALL REPORT TO AND BE GUIDED BY THE INCIDENT COMMANDER OF THE AREA AFFECTED; AND WHILE AT THE FIRE, THEY SHALL DIRECT THEIR RESPECTIVE COMPANIES ACCORDINGLY.
 7. COMPANY OFFICERS SHALL KEEP A COMPLETE RECORD OF MUTUAL AID FIRE ACTIVITIES.

8. COUNTY COMPANIES IN NEED OF RADIO TEST, WILL CALL NIAGARA COUNTY FIRE DISPATCH, BUT NEVER WHILE INCIDENTS ARE IN PROGRESS. WHEN IN NEED OF RADIO REPAIR OF COUNTY OWNED EQUIPMENT, CALL THE COUNTY FIRE COORDINATOR.
9. ALL INCIDENTS SHALL BE MANAGED BY USING THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AND THE INCIDENT COMMAND SYSTEM (ICS).

MUTUAL AID RULES AND REGULATIONS

- A. UNDER THE NIAGARA COUNTY MUTUAL AID PLAN, ANY CALL FOR ASSISTANCE FROM A FIRE DEPARTMENT OR FIRE OFFICIAL AFFILIATED WITH THIS PLAN, WHICH INVOLVES THE MOVEMENT OF EQUIPMENT OR PERSONNEL CONNECTED DIRECTLY OR INDIRECTLY WITH SUCH CALL, SHALL BE CONSIDERED AN EMERGENCY CALL FOR THOSE COMPANIES SPECIFICALLY SUMMONED IN ACCORDANCE WITH THIS AGREEMENT. MUTUAL AID COMPANIES SHALL PROCEED TO THEIR ASSIGNED LOCATIONS AS ORDERED BY THE REQUESTING INCIDENT COMMANDER.
- B. MUTUAL AID ASSISTANCE CALLS SHALL ORIGINATE FROM NIAGARA COUNTY FIRE, THE FIRE COORDINATOR, THE DEPUTY FIRE COORDINATOR, OR AN OFFICER OF THE AGENCY REQUESTING ASSISTANCE. AN OFFICIAL LIST OF EACH FIRE COMPANY'S OFFICERS SHALL BE FILED WITH THE DEPUTY FIRE COORDINATOR, WHO IN TURN, SHALL FORWARD SAID LIST TO THE FIRE COORDINATOR.
- C. SHOULD A SUBSEQUENT INCIDENT OCCUR IN THEIR OWN COMMUNITY, THE MUTUAL AID COMPANY MAY, WITH PERMISSION OF THE INCIDENT COMMANDER OR/DESIGNEE, RETURN TO SERVICE AND ANSWER THE CALL IN THEIR FIRE COMPANY'S RESPONSE AREA. THE REQUESTING INCIDENT COMMANDER SHALL THEN MAKE THE DECISION WHETHER OR NOT TO REQUEST ADDITIONAL RESOURCES.
- D. WHEN ON A MUTUAL AID CALL, AGENCIES SHALL RESPOND WITH ONLY THE REQUESTED EQUIPMENT WITH QUALIFIED PERSONNEL IN SUFFICIENT NUMBERS PURSUANT TO THE RESPONDING AGENCY'S STANDARD OPERATING GUIDELINES. COMPANIES SHALL INFORM NIAGARA COUNTY FIRE WHEN THE ASSIGNMENT HAS BEEN COMPLETED, AND WHEN THE COMPANY IS BACK AND READY FOR SERVICE.
- E. A CITY TO COUNTY RESPONSE MUST COME FROM THE INCIDENT COMMANDER OR HIS/HER ALTERNATE TO NIAGARA COUNTY FIRE SPECIFYING WHAT TYPE OF EQUIPMENT IS NEEDED.
- F. AREAS LEFT UNPROTECTED SHALL BE COVERED BY ADJACENT COUNTY AGENCIES, SUPPLEMENTED BY CITY COMPANIES, IF NECESSARY. AGENCIES COVERING SHALL RESPOND WITH PIECES OF EQUIPMENT AS REQUESTED BY THE INCIDENT COMMANDER OR REPRESENTATIVE OF FIRE COORDINATOR'S OFFICE.
- G. ALL AGENCIES RESPONDING TO CALLS MUST NOTIFY NIAGARA COUNTY FIRE, GIVING THE EXACT LOCATION AND TYPE OF INCIDENT, AND IF ASSISTANCE IS NEEDED, TO SPECIFY WHAT TYPE OF EQUIPMENT IS NEEDED.
- H. AN AGENCY REQUESTING A STANDBY WILL DESIGNATE ONE MEMBER TO REMAIN AT ITS STATION TO ASSIST THE AGENCY COMING IN TO COVER.

- I. IF AN AGENCY RECEIVES A CALL THAT IS OUTSIDE ITS AREA, IT MAY ANSWER THE CALL WITHIN REASONABLE DISTANCE TO THE INCIDENT, AND THEN REQUEST NIAGARA COUNTY FIRE TO DISPATCH THE AGENCY THAT PROTECTS THE AREA.
- J. ALL AGENCIES RESPONDING TO MUTUAL AID CALLS FOR COVERING IN ANOTHER JURISDICTION, WILL OBSERVE ALL SPEED AND TRAFFIC REGULATIONS WHEN TRAVELING TO AND FROM LOCATIONS. NO LIGHTS OR SIRENS FOR A STAND-BY AT SOMEONE ELSE'S STATION ARE NECESSARY.
- K. PERSONNEL IN CHARGE OF EQUIPMENT BEING SENT TO COVER, WILL NOTIFY NIAGARA COUNTY FIRE ON ARRIVAL, AND WHEN THEY HAVE RETURNED.
- L. IN THE ABSENCE OF LOCAL AUTHORITY, THE INCIDENT COMMANDER OF THE FIRST AGENCY ARRIVING, SHALL ASSUME COMMAND UNTIL RELIEVED BY INCIDENT COMMANDER OF EQUAL OR HIGHER RANK FROM THAT DISTRICT.
- M. ALL CHIEFS ARE TO SUBMIT A COPY OF THEIR ANNUAL INVENTORY TO THE COUNTY FIRE COORDINATOR.

COMMUNICATIONS

- A. **LOCATION:** THE NIAGARA COUNTY PUBLIC SAFETY TRAINING FACILITY (PSTF), 5574 NIAGARA STREET EXTENSION, TOWN OF LOCKPORT, NEW YORK.
- B. THE FIRE COORDINATOR HAS AN ADVISORY ROLE IN THE OPERATIONS OF THE RADIO SYSTEM. THE COMMUNICATION CENTER AND ITS EMPLOYEES ARE SUPERVISED AND RUN BY THE NIAGARA COUNTY SHERIFF. THE DEPUTY FIRE COORDINATOR WILL ASSIST THE FIRE COORDINATOR IN THIS ADVISORY ROLE.
- C. NORMAL DISPATCHING WILL BE DONE BY CIVILIAN DISPATCHERS. PLAIN LANGUAGE SHALL BE UTILIZED BY ALL PERSONS USING THE COUNTY RADIO SYSTEM.
- D. FOR INCIDENTS INVOLVING ANY REQUEST FOR MUTUAL AID, THE FIRE COORDINATOR, DEPUTY FIRE COORDINATOR AND THE DEPUTY COORDINATOR FOR THE ASSIGNED AREA SHALL BE NOTIFIED AFTER MUTUAL AID HAS BEEN REQUESTED TO THE INCIDENT. THE FIRE COORDINATOR, DEPUTY FIRE COORDINATOR AND THE DEPUTY FIRE COORDINATOR FOR EMS SHALL BE NOTIFIED FOR ALL MULTI-CASUALTY INCIDENTS, MVA'S INVOLVING MORE THAN THREE AMBULANCES, THE HAZARDOUS MATERIALS AND TECHNICAL RESCUE TEAM.
- E. THERE ARE ESTABLISHED RADIO COMMUNICATIONS WITH NIAGARA COUNTY FIRES OF ORLEANS, ERIE, GENESEE AND THE REGION OF ONTARIO AND OTHER EMERGENCY RESPONSE AGENCIES.
- F. TELEPHONE COMMUNICATIONS WITH COUNTY FIRE COORDINATORS OF ADJACENT COUNTIES SHALL BE LISTED. SUCH LISTING SHALL BE POSTED AT NIAGARA COUNTY FIRE AND ALL ALTERNATE COUNTY NIAGARA COUNTY FIRES.
- G. **METHOD OF DETERMINING STATUS OF EQUIPMENT, APPARATUS AND MANPOWER:** THE COUNTY FIRE COORDINATOR SHALL HAVE PREPARED A MAP, STATUS BOARD OR

SIMILAR VISUAL DEVICE, FOR RAPIDLY DETERMINING THE STATUS OF EQUIPMENT, APPARATUS AND PERSONNEL, SUCH DEVICE TO BE LOCATED AT THE COUNTY NIAGARA COUNTY FIRE.

- H. **RADIO LOG AND REPAIR RECORD SHEETS:** THE COUNTY FIRE COORDINATOR SHALL HAVE PREPARED A SUITABLE RADIO LOG MEETING MINIMUM STANDARDS OF THE FEDERAL COMMUNICATIONS COMMISSION AND THE DEPARTMENT OF STATE'S OFFICE OF FIRE PREVENTION AND CONTROL AS DESCRIBED IN THE GUIDE TO FIRE MOBILIZATION AND MUTUAL AID PLANS IN THE STATE OF NEW YORK (PP 90-91). SUCH LOG IS TO BE UTILIZED AT THE COUNTY NIAGARA COUNTY FIRE AND ALL ALTERNATE COUNTY NIAGARA COUNTY FIRES.
- I. **AUTHORIZATION TO USE NON-COUNTY-OWNED TRANSMITTERS AND RECEIVERS:** NO FIRE RADIO MAY OPERATE ON THE FIRE FREQUENCY AS PART OF THE COUNTY FIRE NETWORK UNLESS SPECIFICALLY AUTHORIZED BY THE COUNTY FIRE COORDINATOR AND IN ACCORDANCE WITH REGULATIONS OF THE FEDERAL COMMUNICATIONS COMMISSION.
- J. UPON APPLICATION TO THE COUNTY FIRE COORDINATOR AND UPON ISSUANCE OF A MOBILE STATE IDENTIFIER, AN AGENCY MAY INSTALL AND OPERATE A MOBILE UNIT ON THE FIRE FREQUENCY. IF THE IDENTIFIER IS CANCELLED, THE MOBILE UNIT CANNOT BE USED FOR TRANSMISSIONS. OPERATION WITHOUT IDENTIFIER AUTHORIZED BY THE LICENSEE IS A VIOLATION OF RULES OF THE FEDERAL COMMUNICATIONS COMMISSION.

INVENTORY

- A. **LOCATION OF COUNTY INVENTORY:** THE COUNTY INVENTORY RECORDS SHALL BE LOCATED AS FOLLOWS:
 - 1. NIAGARA COUNTY FIRE
 - 2. COUNTY FIRE COORDINATOR AND ALL DEPUTY FIRE COORDINATORS
 - 3. STATE OFFICE OF FIRE PREVENTION AND CONTROL
- B. **OFFICER RESPONSIBLE FOR MAINTAINING INVENTORY:** THE OFFICER RESPONSIBLE FOR MAINTAINING THE COUNTY INVENTORY IS THE COUNTY FIRE COORDINATOR.
- C. **METHOD USED IN MAINTAINING INVENTORY:** EACH DEPUTY FIRE COORDINATOR (MUTUAL AID) FOR EACH DISTRICT SHALL SUBMIT CHANGES IN INVENTORY IN HIS/HER DISTRICT AND REPORT CHANGES IMMEDIATELY TO THE COUNTY FIRE COORDINATOR. THE FIRE COORDINATOR SHALL SUBMIT AND MAKE APPROPRIATE CHANGES IN INVENTORY TO OFPC.
- D. THE OFFICER RESPONSIBLE FOR MAINTAINING THE INVENTORY SHALL CORRECT THE SETS OF INVENTORY WITH THIRTY (30) DAYS OF SUCH NOTICE.
- E. **REVIEW OF INVENTORY:** THE INVENTORY SHALL BE COMPLETELY REVIEWED AT THE TIME THIS PLAN IS REVIEWED IN THE ANNUAL REVIEW BY THE COUNTY FIRE COORDINATOR, AND ANY REVISIONS WILL BE FORWARDED TO THE OFFICES MENTIONED IN (A) ABOVE.
- F. **STANDARD THREAD:** APPARATUS TO ADAPT TO NATIONAL STANDARD (NS) THREAD. ALL APPARATUS PARTICIPATING IN THIS PLAN SHALL BE EQUIPPED TO ADAPT TO 1 ½" N.S., 2 ½" N.S. AND 4 ½" N.S. THREADS AND STORZ CONNECTIONS, AS DEFINED BY THE NATIONAL BUREAU OF STANDARDS.

STAFF FOR NIAGARA COUNTY FIRE

A. PERSONNEL ASSIGNED BY NIAGARA COUNTY SHERIFF.

EMERGENCY OR ALTERNATE FOR NIAGARA COUNTY FIRE

H. **TRANSFER OF CONTROL:** TRANSFER OF CONTROL: AT THE DIRECTION OF THE SHERIFF OR HIS DESIGNEE CONTROL SHALL BE TRANSFERRED IMMEDIATELY BY RADIO SHOULD NIAGARA COUNTY FIRE SUSPEND ITS CONTROL FUNCTION.

B. **ALTERNATE COUNTY FOR NIAGARA COUNTY FIRE DISPATCH CENTERS.**

1. FIRST ALTERNATE: THOMAS BEATTY BACKUP CENTER AT TERRY'S CORNERS FIRE COMPANY
2. SECOND ALTERNATE: NIAGARA COUNTY SHERIFF'S MOBILE COMMAND CENTER
3. THIRD ALTERNATE: NIAGARA COUNTY EMERGENCY SERVICES COMMUNICATIONS TRUCK (CHEVROLET TAHOE)
4. FOURTH ALTERNATE: MOBILE IDENTIFIER 32 VEHICLE USED BY THE COUNTY FIRE COORDINATOR, SHALL BE USED. DUPLICATE INVENTORIES AND RUNNING CARDS SHALL BE LOCATED IN THIS VEHICLE. MESSENGER SERVICE AND/OR AMATEUR RADIO SERVICES SHALL BE EMPLOYED.
5. DISPATCHER'S SHALL STAFF THESE ALTERNATES. DUPLICATE INVENTORIES AND RUNNING CARDS SHALL BE LOCATED AT ALL ALTERNATES. WHEN NO RADIO COMMUNICATION IS AVAILABLE, LANDLINE, CELLULAR TELEPHONE AND INTERNET CIRCUITS SHALL BE USED FOR COMMUNICATIONS.

PARTICIPATION IN THE STATE FIRE MOBILIZATION AND MUTUAL AID PLAN

- A. **PROCEDURE TO OBTAIN ACTIVATION OF PLAN:** COUNTY FIRE COORDINATOR OR A DEPUTY IN THE LINE OF AUTHORITY DESIGNATED PURSUANT TO SECTION 401 OF THE COUNTY LAW, AFTER UTILIZING ALL AVAILABLE ASSISTANCE FROM THE COUNTIES OF ORLEANS, GENESEE, AND ERIE, MAY CALL THE NEW YORK STATE OFFICE OF FIRE PREVENTION AND CONTROL TO OBTAIN ACTIVATION OF THE STATE FIRE AND MOBILIZATION AND MUTUAL AID PLAN.
- B. **AUTHORITY AND RESPONSIBILITY OF THE REGIONAL FIRE ADMINISTRATOR:** THE AUTHORITY AND RESPONSIBILITY OF THE REGIONAL FIRE ADMINISTRATOR UNDER THE ACTIVATED STATE FIRE MOBILIZATION AND MUTUAL AID PLAN IS ESTABLISHED BY THE NEW YORK STATE OFFICE OF FIRE PREVENTION AND CONTROL.
- C. **RETIREMENT PROVISIONS RELATING TO THE POSITION OF REGIONAL FIRE ADMINISTRATOR:** SHOULD THE COUNTY FIRE COORDINATOR BE SEPARATED FROM HIS/HER OFFICE FOR ANY REASON, HE/SHE IS AUTOMATICALLY RETIRED AS ADMINISTRATOR IF HE/SHE HOLDS THE POSITION OF REGIONAL FIRE ADMINISTRATOR. THE DIRECTOR OF THE NEW YORK STATE OFFICE OF FIRE PREVENTION AND CONTROL IS AUTHORIZED BY LAW TO APPOINT TO THIS POSITION.
- D. **PRESCRIBED MESSAGE FORM FOR WRITTEN MESSAGE:** IN CONJUNCTION WITH THE NIAGARA COUNTY SHERIFF'S OFFICE COMMUNICATION DIVISION SUPERVISOR, THE

COUNTY FIRE COORDINATOR SHALL PREPARE A STANDARD WRITTEN MESSAGE FORM FOR USE BY NIAGARA COUNTY FIRE DISPATCH, ALTERNATE NIAGARA COUNTY FIRE DISPATCH AND BASE STATIONS AND MOBILE UNITS IN THE RADIO NETWORK.

PARTICIPATION IN THE STATE FIRE MOBILIZATION AND MUTUAL AID PLAN (continued)

- E. **COUNTY NUMBER ISSUED UNDER THE STATE FIRE MOBILIZATION AND MUTUAL AID PLAN:** THE COUNTY FIRE COORDINATOR SHALL UTILIZE COUNTY NUMBER 32, ASSIGNED TO NIAGARA COUNTY BY THE STATE FIRE MOBILIZATION AND MUTUAL AID PLAN.

COORDINATION WITH OTHER SERVICES

- A. **EXTENT AND LIMIT OF INTER-SERVICE COORDINATION:**
1. **SHERIFF:** NIAGARA COUNTY FIRE DISPATCH SHALL BE LOCATED PHYSICALLY IN THE SAME ROOM WITH THE SHERIFF'S RADIO CONTROL DISPATCHING DESK, LOCATED IN THE RADIO ROOM AT THE PUBLIC SAFETY TRAINING FACILITY.
- B. **OTHER SERVICES:** INFORMAL AGREEMENTS EXIST AND TELEPHONE NUMBERS ARE LISTED AT NIAGARA COUNTY FIRE DISPATCH. THE RESPONSIBILITY FOR MAINTAINING SUCH NUMBERS REMAINS WITH THE DEPUTY FIRE COORDINATOR FOR COMMUNICATIONS. THESE NUMBERS MUST BE MAINTAINED AT ALL ALTERNATE NIAGARA COUNTY FIRE DISPATCH CENTER S.

COUNTY-WIDE FIRE REPORTING

- A. **COLLECTING AND ANALYZING REPORTS:** EACH FIRE CHIEF OR DESIGNATED OFFICER OF A FIRE COMPANY, FIRE DEPARTMENT OR AMBULANCE SERVICE PARTICIPATING IN THE PLAN, SHALL REGULARLY REPORT FIRES TO NIAGARA COUNTY UPON RETURNING TO SERVICE. ONE COPY SHALL BE FORWARDED TO THE OFFICE OF FIRE PREVENTION AND CONTROL IN ACCORDANCE WITH SECTION 204-D OF THE GENERAL MUNICIPAL LAW.

TRAINING

- A. **TYPE AND EXTENT OF TRAINING:** THE STATE FIRE TRAINING PROGRAM, CONSISTING OF THE FIREFIGHTER 1 COURSE AND ADDITIONAL STATE FIRE TRAINING PROGRAMS, ARE RECOMMENDED AS STANDARD THROUGHOUT THE COUNTY OF NIAGARA.
- B. **TRAINING CENTER GROUND RULES:** ALL DEPARTMENTS OR OTHER ORGANIZATIONS USING THESE FACILITIES FOR TRAINING SESSION MUST ADHERE TO ALL RULES AS FOLLOWS:
1. ALL ENTITIES USING NIAGARA COUNTY TRAINING FACILITIES SHALL ABIDE BY ALL RULES AND REGULATIONS FOR THEIR USE AS PROMULGATED BY THE FIRE COORDINATOR.
 2. NO ALCOHOLIC BEVERAGES ON THE GROUNDS DURING TRAINING SESSIONS.
 3. USE OF GROUNDS ONLY IF AUTHORIZATION HAS BEEN GIVEN AND WITH A QUALIFIED INSTRUCTOR DELEGATED BY THE CHIEFS OR A FIRE OFFICER PRESENT.
 4. INSTRUCTOR, DELEGATED BY THE CHIEF OR FIRE OFFICER PRESENT, IS IN COMPLETE AUTHORITY WHILE INSTRUCTIONS ARE BEING GIVEN TO A CLASS, OR DURING EVOLUTIONS.
 5. ALL SCHEDULES ARE TO BE COORDINATED WITH THE COUNTY FIRE COORDINATORS

OFFICE.

6. NO COUNTY EQUIPMENT WILL BE TAKEN OFF THE GROUNDS WITHOUT AUTHORIZATION, OR TO BE USED WITHOUT PERMISSION. SCHEDULES TO BE KEPT SHOWING ALL SCHEDULED USE OF GROUNDS AND THE BUILDING CLASSROOMS BY THE FIRE SERVICE. THE SCHEDULES TO BE KEPT ON A CALENDAR FOR THE PURPOSE OF SAME.
7. ANY REQUEST FOR USE OF THE FIRE TRAINING GROUNDS BY OTHER THAN THE FIRE SERVICE MUST BE MADE IN WRITING AND ARE SUBJECT TO APPROVAL BY THE COUNTY FIRE COORDINATOR.
8. THE CHIEF INSTRUCTOR IS IN CHARGE AT ALL TIMES.
9. OPERATIONS WILL TAKE PLACE AS OUTLINED BY THE INSTRUCTOR OR COMPANY PROCEDURE.
10. START OF FIRES WILL BE DONE BY THE INSTRUCTOR OR BY A QUALIFIED PERSON OR PERSONS ASSIGNED TO ASSIST THE INSTRUCTOR. NFPA 1403 SHALL BE USED AS A GUIDELINE.
11. NO WATER FROM THE WATER SYSTEM MAY BE USED UNTIL THE INSTRUCTOR HAS THE GROUND WATER SYSTEM IN OPERATION. NO MORE THAN NINETY (90) POUNDS OF PRESSURE TO BE ALLOWED ON THE HYDRANT SYSTEM AT ANY TIME.
12. PRIMARY DISPATCH CHANNELS ARE NOT TO BE USED, UNLESS THERE IS AN EMERGENCY CALLING FOR THE DEPARTMENT ATTENDING.
13. ANY ACCIDENTS WHICH MAY OCCUR ON THE TRAINING GROUNDS MUST BE REPORTED TO THE INSTRUCTOR AS SOON AS POSSIBLE, AND HE/SHE WILL IMMEDIATELY NOTIFY THE COUNTY FIRE COORDINATOR.
14. FIRES IN THE TRAINING TOWERS SHALL BE CONFINED TO CLASS A COMBUSTIBLES OR ARTIFICIAL SMOKE.
15. THERE SHALL BE NO FLAMMABLE LIQUIDS USED OR STORED IN THE TRAINING TOWERS BUILDING.
16. EXTINGUISH FIRES BEFORE LEAVING.

C. FIREGROUND PERSONNEL REQUIREMENTS

1. ABILITIES NOT IMPAIRED BY ALCOHOL AND/OR ILLEGAL SUBSTANCES
2. PROPER CLOTHING:
 - a. HELMET
 - b. COAT
 - c. BOOTS
 - d. GLOVES
 - e. SELF CONTAINED BREATHING APPARATUS
 - f. OTHER PROTECTIVE EQUIPMENT AS NEEDED TO MAINTAIN FIREFIGHTER AND/OR TRAINING GROUND SAFETY

3. A DEPARTMENT OFFICER MUST BE IN ATTENDANCE AND SHALL MAINTAIN THE DISCIPLINE OF THE UNIT.
4. ALL OPERATIONS WILL BE SUSPENDED IF RULES ARE NOT CARRIED OUT IN THE OPINION OF THE FIRE INSTRUCTOR IN CHARGE OF THE OPERATION.
5. KEYS WILL BE PICKED UP AND RETURNED BY THE INCIDENT COMMANDER, FROM PRE-DESIGNATED LOCATIONS, ALONG WITH THE ROSTER OF FIREFIGHTERS IN ATTENDANCE.
6. THERE SHALL BE NO HORSEPLAY.
7. WHEN MAKING USE OF ROPES AND ASSOCIATED EQUIPMENT ON LADDERS AND TOWERS, APPROPRIATE SAFETY EQUIPMENT AND PROCEDURES SHALL BE EMPLOYED.
8. THE TRAINING TOWERS AND GROUNDS SHALL BE LEFT IN CLEAN OPERATING CONDITION UPON LEAVING.

D. TRAINING SCHEDULES

1. REQUEST FOR USE OF TRAINING TOWERS AND GROUNDS WILL BE MADE AT PRE-DESIGNATED LOCATIONS.
2. REQUEST TO INCLUDE:
 - a. NUMBER OF FIREFIGHTERS EXPECTED TO ATTEND
 - b. TYPE OF TRAINING, IF SOMETHING SPECIAL
 - c. DATE DESIRED

NIAGARA COUNTY EMERGENCY SERVICES MUTUAL AID PLAN

Enclosure A

RESOLUTION BY FIRE COMPANY, FIRE DEPARTMENT OR AMBULANCE SERVICE
ELECTING TO PARTICIPATE IN THE NIAGARA COUNTY
EMERGENCY SERVICES MUTUAL AID PLAN

RESOLVED that City of Lockport Fire Department
(name of fire company or department)

elects to participate in the Niagara County Emergency Services Mutual Aid Plan, will agree to recognize a call for assistance through the County NIAGARA COUNTY FIRE and will comply with the provisions of such plan as now in force and as amended from time to time, and be it further

RESOLVED that a copy of this resolution be filed with the County Fire Coordinator.

Luca Rughiano seconded the resolution

3/10/2020 (date)

[Signature] (PRESIDENT)
[Signature] (CHIEF)

NIAGARA COUNTY EMERGENCY SERVICES MUTUAL AID PLAN

Enclosure C

NIAGARA COUNTY EMERGENCY MEDICAL SERVICES MUTUAL AID PLAN

INTRODUCTION

All Emergency Medical Service Agencies in Niagara County share a common goal of providing patients with quality care. The Niagara County Emergency Medical Services Mutual Aid Plan, as required by New York State Title 10, Part 800.21 (p) is designed to allocate Mutual Aid resources in an efficient, patient oriented manner. The proper emergency medical care for the sick and the injured persons is the primary concern.

1.1 INTENT

This plan is intended to be applicable to the following situations:

1. Volume of emergency calls in excess of what is normally experienced, and exceeding the capability of the primary EMS agency to effectively respond.
2. Temporary shortage of resources on the part of a primary EMS agency rendering it temporarily incapable of effectively responding to an emergency call.
3. Temporary shortages in human resources on the part of a primary EMS agency, as may occur at certain times of the day or days of the week. Request must be made with intent of having the closest available EMS unit with the appropriate level of care respond to a patient's medical needs.

This plan is applicable to emergency incidents as described in the above section of this document. This may not be activated for the purpose of providing scheduled, routine or other non-emergency services. Normal day to day operations are not effected by this plan.

1.2 RECIPROCITY

This plan is intended to be completely reciprocal, in that all participants must understand they are expected to contribute their resources, when needed, according to their availability as well as to be able to receive the resources of other participants in this plan, when needed. This doesn't, however, imply the expectation of equal capability among all parties. It is recognized that some will be able to contribute certain types of resources that others cannot. Nothing in this plan shall be construed to prohibit or limit participation of EMS agencies that, by virtue of their size or other limitations, can't contribute the same type or volume of services that they may receive under this plan.

2.0 DEFINITIONS

2.1 MUTUAL AID

A request for assistance when current resources cannot effectively manage a situation, in this case, patient care. EMS mutual aid operations must operate as defined in NYS Title 10, Part 800.21 (o.).

Enclosure C
EMERGENCY MEDICAL SERVICES (continued)

2.2 ADVANCED LIFE SUPPORT (ALS)

A level of patient care provided by Advanced Emergency Medical Technicians certified at the Critical Care or Paramedic level under Medical Control.

2.3 EMERGENCY MEDICAL SERVICES AGENCY (EMS AGENCY)

Any agency meeting the requirements of NYS Public Health Law Article 30 and Title 10, Part 800 to meet the needs of a person in need of Emergency Medical treatment and/or transport.

2.4 EMERGENCY INCIDENT

Any unanticipated situation or event in which a person has the need for immediate medical assistance.

2.5 NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

A management system designed for providing a unified command to control, direct and coordinate the total response to an emergency incident under an INCIDENT COMMANDER.

2.6 ALS INTERCEPT

The requested response by a certified EMS agency to provide (ALS) care required by a patient which primary EMS agency is unable to provide. ALS intercepts normally occur during patient transport to a medical facility.

2.6 EMD (EMERGENCY MEDICAL DISPATCH)

An established and recognized process by which calls are screened, prioritized and dispatched

3.0 APPROPRIATE AND AVAILABLE EMS UNITS

3.1 APPROPRIATE

An assisting EMS unit will be deemed "appropriate" when such unit responds with the equipment and necessary personnel certified at the appropriate level of care to meet NYS Department of Health (NYSDOH) rules and regulations.

3.2 AVAILABLE

At the times assistance is requested, EMS agencies have the right to reserve a core capacity of resources for the use only in their primary operating territory. This core capacity is defined, as the minimum resources needed to provide patient care.

3.3 PRIMARY EMERGENCY MEDICAL SERVICES AGENCY

The EMS Agency that has primary responsibility for the EMS response to the location of an incident is considered the primary EMS agency for the incident. This will normally be the agency in whose primary operating territory the incident is located.

3.4 PRIMARY OPERATING TERRITORY

The primary operating territory of an EMS agency is the geographic area referred to as the "Primary Territory" as listed on the agency's NYS DOH Certificate of Operation.

3.5 RECOGNIZED EMS COMMUNICATIONS CENTER

A recognized EMS Communications Center is a call taking and dispatching agency, operated by a public or legally incorporated entity, having the primary responsibility for the dispatching of any EMS agency participating in this plan.

Enclosure C
EMERGENCY MEDICAL SERVICES (continued)

4.0 PARTICIPATION

4.1 EXTENT AND LIMIT OF PARTICIPATION BY EMS AGENCIES

4.1 .1 EMS AGENCIES WITHIN NIAGARA COUNTY

All EMS agencies sponsored or operated by a county, city, town or village governmental unit, fire district, fire protection corporation, independent not-for-profit corporation, or for-profit business corporation, partnership or sole proprietorship (including industrial based EMS agencies) may participate in this plan. State and federal institutions may participate in this plan to the extent allowed by state and federal laws.

4.1 .2 EMS AGENCIES OUTSIDE OF NIAGARA COUNTY

EMS mutual aid is provided to and received from agencies outside Niagara County through the outside agencies' respective County EMS Communication Centers. With respect to EMS agencies outside Niagara County, this plan applies only to mutual aid responses made by such agencies to assist Niagara County-based EMS agencies, and/or Niagara County-based EMS agencies to assist these participating out-of-County EMS agencies.

4.2 ENTERING AND PARTICIPATING IN THE PLAN

Any EMS agency may elect to participate in this plan by filing a copy of a resolution adopted by that agency with the Coordinator's Office. Such resolution shall state the EMS agency in question elects to participate in the Niagara County Emergency Medical Services Mutual Aid Plan and that they will comply with the provisions of said plan. The resolution shall state the EMS agency shall recognize a call for assistance from another agency identified in the plan through any recognized communications agency. A copy of this resolution can be found in Enclosure A of this document.

There shall also be filed with the Coordinator's Office, a copy of a resolution adopted by the governing body of the agency stating that no resolution prevents EMS mutual aid by the EMS agency. If the governing body of the agency restricts mutual aid activities of an EMS agency participating in this plan; notice of any restrictions will be placed on file with the Coordinator's Office. A copy of this resolution may be found in Enclosure B of this document.

4.3 WITHDRAWAL FROM THE PLAN

Any EMS agency may elect to withdraw from this plan by adopting a resolution to such an effect. Such withdrawal such is affective thirty (30) days after filing such notice with Coordinator's Office.

Withdrawal from this plan by any EMS agency will result in the suspension of Mutual Aid assistance to that EMS agency pursuant to this plan. Such withdrawal shall remain in effect until such time that this plan is reinstated by resolution as defined by section 4.2 of this document. The EMS agency shall be required to file their own plan in accordance with the NYS Department of Health Title 10, Part 800.21 (p.1 -6).

4.4 DUTY TO RESPOND

Each participating EMS agency is obligated to respond in accordance with this plan to a request for assistance from any other agency participating in this plan. Failure to respond to the request can result in revocation of participation in this plan. Exception to this is the preservation of "core capacity of resources" as defined in Section 3.2 of this plan

Enclosure C
EMERGENCY MEDICAL SERVICES (continued)

4.4 .1 SELECTION OF RESPONDING RESOURCES

It is agreed that, to the maximum extent that can be reasonably determined at the time of need, the resources dispatched to at request for mutual aid assistance under this plan will be those that are defined by the local agency. If none or more than one has coincident primary operating territory, the preference of the requesting primary EMS agency shall be expressed in written protocol and submitted to the Fire Coordinator's Office. Appropriate mutual aid resources will be considered when selecting the agency to respond.

4.4 .2 INSURANCE AND LIABILITY

Each participating agency shall maintain proper and adequate insurance coverage with respect to errors and omissions, loss or damage to property, injury or death to persons including workers' compensation coverage for its members and employees. Unless otherwise provided by law or under separate agreement, it is understood that liability for losses incurred while operating pursuant to this plan will remain with the agency incurring or causing the loss, and will not be transferable to any other agency as a result of this plan. Nothing in this plan can be construed as restricting or preventing the transfer of liability where it is provided for by law or under separate agreement.

4.4 .3 FINANCIAL AND RESPONSIBILITY

EMS agencies requesting mutual aid assistance under this plan shall incur no liability for charges or fees for service from EMS agencies rendering such assistance. The assisting EMS agencies shall be entitled, at their option, to bill patients or their insurance carriers for any usual or customary charges, in exactly the same way as they would bill patients receiving their services within their own primary operating territory unless provided for under supplemental contracts.

5.0 EXTENT AND LIMIT OF AUTHORITIES

5.1 INDIVIDUAL EMERGENCY MEDICAL SERVICES AGENCIES

Each EMS agency participating in this plan shall retain its own internal command structure and individuality. Each participating EMS agency agrees to utilize the National Incident Management System. All agencies shall train, or cause to be trained, all personnel to the appropriate level of NIMS training.

6.0 COMMUNICATIONS AND DISPATCH

6.1 For the purpose of this mutual aid plan, THE COMMUNICATION CENTER SHALL BE THAT OPERATED BY THE SHERIFF'S OFFICE WHICH IS PHYSICALLY LOCATED at 5574 Niagara St. Ext. Lockport, NY 14094. Niagara County Fire Dispatch shall serve as the focal point for all dispatching pursuant to this plan, and all activation's of this plan and shall be accomplished via contact with this Communications center or designated back up.

6.2 Request for EMS resources for participating EMS agencies outside of Niagara County shall be made through the County Communications Center.