Charlottesville-Albemarle Rescue Squad, Inc.

New Driver Training Program

Name: _______________________

Date Started: _______________________

Updated 2/26/2020
Introduction

Typically, upon being released as an Attendant-In-Charge and finishing the probationary period, members are eligible to begin the Driver Release Process. The agency strongly encourages members to begin as soon as possible, as the process often takes multiple months. As a contributing member of CARS, becoming a released ambulance driver is equally vital as becoming a released AIC. It is essential that members become released in both roles in order to sustain CARS operations as well as afford other drivers the opportunity to provide direct patient care as the AIC.

Under specific circumstances (ex. too many probationary members per shift), probationary members may begin the driver collection process prior to being released as AICs and becoming a full member. Additionally, if a member has significant prior experience operating emergency vehicles at another organization, the member may be able to complete the entire process prior to becoming a Full Member with the express prior approval of the Division Chief - Building and Fleet Operations.

It is the trainee's responsibility to complete all steps and obtain the necessary signatures. When the entire packet has been completed, the Release Process checklist and all tests should be turned into the Membership Committee to be stored in your membership file. A member is officially released as a driver once he/she has obtained the final approval signatures of their Crew Captain, the Division Chief - Building and Fleet Operations, and the Assistant Chief or Chief.

Please follow the steps exactly as outlined. Direct any questions to your Crew Captain, who may pass the question along if needed.
Driver Release Process Outline
Phase I - Preparation to Drive

1. Read through the steps of all three phases in full and begin the checklist towards the back of the packet. Once complete, initial here _____.

2. Ensure that a copy of your Emergency Vehicle Operator’s Certification (Class II or higher) is on file with the organization. Contact the Membership Committee at join@rescue1.org if you are not sure.

3. Ensure that you have submitted an Albemarle County Fire & Rescue DMV Authorization Form to the Membership Mailbox. You should have done this when you began observing, which places you on a monitored list. Contact the Membership Committee at join@rescue1.org to confirm you are on the list.
   a. If not, the form is available at www.rescue1.org/downloads. Contact person: Division Chief - Building and Fleet
   b. Candidates may have no DUI convictions within the past 5 years and no Reckless Driving convictions within the past 2 years. Furthermore, candidates with -4 or more points against their record may have no driving violations within the past year. All candidates with negative points are subject to Health & Safety Committee review prior to beginning the release process.

4. SOP familiarity Test - Information for this test may be found online at www.rescue1.org. The test is found towards the end of the packet. It shall be graded and reviewed by a driving preceptor. This tests the following 5 SOP’s:
   a. 3.2 - Operations at Motor Vehicle Accidents
   b. 3.4 - Operations at Medical Emergencies
   c. 5.1 - Vehicle Operations
   d. 5.2 - Ambulance Driver Training
   e. 5.11 - Accidents Involving CARS Vehicles

5. Radio Operations Test: This tests the ability to correctly use the radio systems on the ambulances. This test shall be taken after reviewing the Radio Operations PowerPoint presentation. Both are found at www.rescue1.org/downloads. The test shall be graded and reviewed by a driving preceptor.

6. Map Utilization Test: This tests the ability to accurately use the maps carried in the ambulance for navigation. The test shall be taken after reviewing the Map Class PowerPoint presentation. Both are found at www.rescue1.org/downloads. The test shall be graded and reviewed by a driving preceptor.

7. **12 All Safe Driving Standards** must be read and understood

8. **Safe Backing Procedures** powerpoint at www.rescue1.org/downloads reviewed and understood

Once this Phase has been completed, approval from your Crew Captain, the Division Chief - Building and Fleet Operations, and the Assistant Chief or Chief must be obtained prior to continuing to the next step.
Phase II - Non-emergent driving and preparing for emergent driving

These three steps may be completed concurrently.

1. Successfully complete 6 hours of non-emergent driving scenarios
   a. These include driving the ambulance back from the hospital, an errand, or other designed scenario with a preceptor (any driver with 6 months driving experience and express approval of the Division Chief - Fleet and Building Operations).
   b. **The candidate is not allowed to drive patients to the hospital during this time.** It is highly recommended that the candidate utilize this time to travel to various locations listed in the map test.
   c. Additionally, significant time practicing backing around obstacles and into the bays is recommended. Utilization of a backer is always required. Candidates may come in off-duty with a preceptor and utilize a reserve ambulance for driver training. This allows the crew to remain out of the rotation and maximizes driving time.

2. Street/Specific Location Test: This is a verbal and/or written test completed in two sections. The first section covers the county streets, I-64 mile markers, city streets, and downtown mall crossings. The second section covers special locations and fire/rescue stations. The examiner may elect to have the candidate drive to streets and specific locations or find them on a map to confirm familiarity. Contact your crew captain or the Division Chief - Building and Fleet Operations for a list of members eligible to schedule and conduct a test.

3. Vehicle Operations Test: This tests the ability of the candidate to properly operate systems on the ambulance and the roles and responsibilities when at both medical and trauma emergency scenes. Material covered includes: vehicle checkout at the beginning of a shift, normal starting procedure, jump starting procedure, 4WD usage, vehicle size considerations, and knowledge of location and usage of all ambulance equipment. Contact your crew captain or the Division Chief - Building and Fleet Operations for a list of members eligible to schedule and conduct a test.

Once this Phase has been completed, approval from your Crew Captain, the Division Chief - Building and Fleet Operations, and the Assistant Chief or Chief must be obtained prior to continuing to the next step.
Phase III - Emergent driving

1. After completion of Phase II, the member may begin collecting Emergent Driving Scenarios. These must be done with an approved preceptor in the vehicle.
   a. Criteria for an approved scenario is as follows:
      i. Properly utilizes fellow members and maps to locate destination
      ii. Safely operates the ambulance while adhering to all applicable laws and SOPS
      iii. Delivers a ride that is acceptable to the AIC
      iv. Carries out all duties of the driver, including determining a removal strategy for the patient and exchanging/replacing equipment as appropriate
   b. Simply completing a trip to the hospital does not qualify as acceptable. All of the above criteria must be met as well.
   c. To qualify as a scenario, the driver must drive to the scene emergently and transport a patient to the hospital.
      i. Therefore, public service dispatches, cancellations, and refusals do not qualify.
   d. The preceptor will grade the driver on a scale from 1-4. If any score of 1 is received, an additional 5 scenarios must be completed.

2. After successfully obtaining 15 (or 20) emergent driving scenarios, the checklist shall be reviewed, and if approved, signed by your Crew Captain, the Division Chief - Building and Fleet Operations, and the Assistant Chief or Chief

Upon obtaining Final Approval, all tests and checklists shall be turned into the Membership Committee and placed in the member's permanent file.
12 Allsafe Driving Standards

Constant Rate of Acceleration
Purpose – To minimize the high risk of collision within the first few seconds of transition from being stopped to moving. To increase passenger comfort.

Definition – A light steady downward pressure on the accelerator to propel the vehicle forward at a constant low-force rate.

Steps – Check around vehicle before moving, while gradually moving foot from brake to accelerator. Feather touch the accelerator to begin moving. Continue with smooth downward motion on accelerator to maintain low-force acceleration. Ease off the accelerator as speed is approached.

Smooth Braking
Purpose – To reduce the risk of being rear ended, reduce brake wear, increase passenger comfort.

Definition – Look and plan far enough ahead to provide the time and space necessary to complete a gradual smooth slowdown.

Steps – Check mirror. Check for close or fast approaching vehicles before beginning slowdown. Ease off the accelerator. Ease off the accelerator early, using engine drag to reduce speed. Signal drivers behind as early as practical on intentions to slow down or stop. Use light, even brake pressure to slow down gradually. Ease up on the brake pedal just before coming to a complete stop.

Rear Tire Concept
Purpose – To reduce the risk of being hit from behind by providing both a space cushion and escape route up front for evasive action.

Definition – When stopping behind cars, the driver stops far enough back to see the rear tires touching the ground, just over the hood. Ideally, this equates to about 20 feet, or enough forward space to turn-out.

Steps – Stop far enough back to use tires touching the ground. Ideal space is 20 feet or enough front tire space to turn-out. Keep checking mirrors while stopped in traffic. Plan for and use up-front escape route, if needed.

4 Second Following Distance
Purpose – To provide adequate stopping and maneuvering space and increase driver vision.

Definition – The distance (measured in seconds) between your vehicle and the one ahead in your lane, while both vehicles are moving.

Steps – Keep a full four-second following distance under normal driving conditions. Increase following distance for adverse driving conditions, adding the seconds cumulatively. Add one second for reduced visibility. Add one second when physically/emotionally impaired. Add one second for wet road surface. Add two seconds for snow and three seconds for ice.
Side Space Cushion

Purpose – To select the safest location for the vehicle within the traffic flow; to reduce the risk of conflict from either side.

Definition – A continual evaluation of the total traffic scene to select the safest driving lane, and position our vehicle within that lane to provide the maximum visibility and side separation from conflicts to the left and right.

Steps – Select safest lane with the maximum side space. Position vehicle within lane for maximum side space. Minimize driving alongside or between vehicles. Minimize driving in other driver’s blind spot. Move to the right when approaching crests or curves while being alert for joggers, bicyclists and pedestrians. Do not cross lanes of traffic during turning maneuvers. In general, try to identify potential dangers and position your vehicle as far away as possible.

Signaling

Purpose – To enable the driver to communicate their intentions clearly, concisely and on time. To change speed or direction in a way that may least affect the movement of others.

Definition – The means used to convey a planned action to those around the vehicle, in order to eliminate surprises, doubt, and confusion.

Steps – Communicate your intentions ten seconds ahead of time, being alert to the danger of misleading other drivers by signaling too early. Delay action, pending acknowledgment. Respond promptly to signals received from other drivers by indicating the next plan of action. Exercise courtesy by being thoughtful and considerate of other people’s rights and needs. Allow them to accomplish their own objectives without increasing risk to them or us.

Lane Changes

Purpose – To reduce the risk of causing or being involved in an accident while changing lanes.

Definition – The assignment of specific actions to be completed in chronological order, one at a time, when changing lanes.

Steps – During the first four seconds: hold position in center of lane, check mirrors, activate turn signals, and first head check of blind spot of lane to be entered. During the second four seconds: gradually drift toward center line, before crossing the centerline, make a second head check, and continue drifting gradually across the center line. During the third four seconds: cancel turn signal when centerline is straddled, continue to drift to the center of new lane, and resume five-second eye movement searching pattern.

Looking Far Ahead

Purpose – To enable the driver to see, identify, and reach smoothly to a driving hazard, a problem, or traffic delays well in advance of reaching that point.

Definition – The “looking far ahead” standard is one segment of the five part “Eve Movement Standard.” It is during this segment that the driver visually searched well out in front, 20-40 seconds ahead, looking for advance information.

Steps – In the city glance 1.5 to 3 blocks ahead. ON the highway, glance ⅓-⅔ miles ahead.
Eye Movement
Purpose – To enable the driver to see, identify, and react to the important conflicts surrounding the vehicle to have the widest choice of decision for blending smoothly in the traffic flow.

Definition – Eye movement includes a five part scanning pattern designed for searching the total traffic scene to the front, rear, and sides every five seconds in one-second intervals. Ideally, eye movement takes place every second, focusing attention on each specific zone, then quickly moving to the next zone, completing the five zone cycle every five seconds.

Steps – During the first second, look in the near zone, 4-12 seconds ahead. During the next second, look in the middle zone, 12-20 seconds ahead. During the third second, look in the far zone, 20-40 seconds ahead. During the fourth second, look in the near zone again. During the final second, check all mirrors.

Mirror Use
Purpose – To know as early as possible, and at any given instant who and what is behind or alongside your vehicle. To provide the widest possible choice of actions and time and space for selecting the best.

Definition – Quick (1 second) deliberate glances into the mirrors every five seconds, and before any planned action, to provide the driver with an accurate account of the year and side traffic activities.

Steps – While driving, check every 5 seconds. When driving slower than traffic, check more frequently. When stopped in traffic, check constantly for fast approaching vehicles.

Speed Control
Purpose – To drive within the allowable speed limits to maintain complete control of the vehicle in any situation.

Definition – The adjustment of vehicle speed to compensate for reduced visibility, sharp changes in direction, and reduced road grip.

Steps – Control the vehicle speed for the following situations:
- Reduced Visibility – hills, curves, night, fog, etc.
  - Reduce top speed to 55 mph for 5 seconds clear line of sight visibility, 40 mph for 4 seconds, 25 mph for 3 seconds of clear line of sight visibility
- Right turns, left turns, blind intersections reduce speed to 5 mph.
- Banked curves, keep within the posted safe speed.
- Wet roads, reduce speed by ¼.
- Snow, reduce speed by ½.
- Ice, reduce speed to 2/3.
Vehicle Operations Guide

This guide contains several sections. You are required to read and understand the information in all sections. If you do not, please consult a driving preceptor.

A. Engine Compartment
B. Procedure for checking-out a vehicle
C. Procedure when dispatched
D. Siren system
E. Procedure when arriving on scene
F. Procedure for vehicle that does not start
G. Jump-starting procedure
H. 4-Wheel drive
I. Procedure for manually cleaning the Diesel Particulate Filter (DPF)
J. Vehicle Size
K. Emergency unlocking procedure
L. Bariatric lift operations
M. Refueling ambulances
N. Radio operations
O. Ambulance backing procedure

A. Engine Compartment
Identified below are all of the major parts of the engine compartment you must be familiar with:

1. Coolant reservoir
2. Engine Oil Dipstick
3. Transmission Fluid Dipstick
4. Engine Oil Fill
5. Power Steering Fluid Reservoir
6. Brake Fluid Reservoir
7. Battery Connections
8. Windshield wiper fluid (one of two places)
B. Procedure for checking-out a vehicle

1) Ensure the vehicle starts
   a. If inside a bay, open bay door for ventilation
   b. For diesel vehicles:
      i. Check the exterior of vehicle for hazards
      ii. Remove shoreline
      iii. Turn on battery switch on “box”
      iv. Turn ignition key to “On” position
      v. Wait until “Wait to Start” or glow plug indicator turns off
          1. Ignoring this puts strain on engine and increases exhaust pollution
      vi. Turn ignition key to start engine
   c. For gasoline vehicles
      i. Check the exterior of vehicle for hazards
      ii. Remove shoreline
      iii. Turn on battery switch if present
      iv. Turn ignition key to start vehicle
   d. Check gas/diesel level - should be ¾ or higher
   e. Check dashboard for abnormal indicators
      i. This symbol (\(\text{ Diesel Exhaust Fluid is low}\)) means that the Diesel Exhaust Fluid is low
   f. Allow engine to run for 15 seconds, then shutoff

2) Perform a visual inspection of the vehicle and the lights
   a. Turn on all lights
      i. High beam headlights
      ii. Low beam headlights
      iii. Turn signals (use warning light button)
      iv. Emergency lights
      v. Scene lights (left, right, rear, front if present)
      vi. Marker lights
   b. Do 360° walk around and look for:
      i. All lights functioning
      ii. New damage and integrity of tires
      iii. Significant dirt/soiling of vehicle body
      iv. Fluids leaking under the engine compartment

3) Check required items in cab of vehicle, using vehicle checksheet for reference
   a. Ensure portable radios have adequate battery levels
   b. Ensure MDT is turned on and properly logged in to Fire Mobile

4) Engine Compartment Check
   a. Check all reservoirs for proper fluid level
   b. Check Oil and Transmission Dipstick levels
      i. Pull dipstick out
      ii. Wipe clean with paper towel and reinsert fully
      iii. Pull dipstick out and examine fluid level to ensure within textured region
   c. Check battery posts for corrosion

5) Check all exterior compartments
   a. Use vehicle checksheet for reference
   b. Be aware of items that move locations on different units, especially in rear driver side compartment and under bench

6) Notify AIC of M-tank O₂ pressure and assist as needed with checking patient compartment.

7) Report any abnormalities or concerns with an Apparatus Report at [www.rescue1.org/forms](http://www.rescue1.org/forms)
C. Procedure when dispatched

1) Confirm dispatch criteria and that appropriate units have been dispatched
2) Confirm address and at least relative direction that you are headed
3) Check the exterior of vehicle for hazards
4) Remove shoreline
5) Turn on battery switch on “box”
6) Turn ignition key to “On” position
   a) Wait until “Wait to Start” or glow plug indicator turns off
   b) Turn ignition key to start engine
7) Turn on headlights and emergency master
8) Mark en route on radio - “ECC, Ambulance/Trauma/Medic 14X responding to ABC Street”
9) Ensure that AIC has directions ready
10) Check that all passengers are present and properly secured
11) Pull out of bay slowly and straight, checking mirrors, and respond to call

D. Siren system

The entire audio system will only work with the emergency master switch on and the red power switch to the left of the siren dial on. Use the siren as needed to safely warn others of your presence. A good rule of thumb is that a faster siren allows other vehicles to more urgently notice you and yield. The air horn is louder, deeper, carries further and is useful in crowded or blind intersections such as 29N and Hydraulic, 250W and Stony Point, and 29N and Barracks exit.

Siren Explanations

1) Turn the knob clockwise to 1 (Wail), 2 (Yelp), or 3 (Pier) for increasingly fast sirens
   a) In Wail, tapping the red “Man” (manual) button plays the Yelp tone
   b) In Yelp or Pier, the manual button will play a digital air horn
      i) Some chase car siren panels instead do this with “Horn”
2) HF (Hands Free) alternatively cycles through the tones with the manual button
   a) In most trucks, tapping the horn rim while in HF to cycle through siren tones;
      double tap to turn off the siren
3) The Man knob setting allows you to use the manual button or the horn rim to cycle through siren tones
4) “Rad” (radio repeater) plays the radio on the siren speaker, but is not wired in our trucks
5) “PA” allows for use of the personal address system through the alternate handset mic
   a) PA also works in Hands Free mode when the mic button is depressed
6) The air horn switch is in the upper right position on the center switchboard

E. Procedure when arriving on scene

1) Survey area and park vehicle in way that maximizes:
   a) Access to side and rear doors
   b) Room for maneuvering cot
   c) Access to patient/building (e.g. park near ramp or front door)
   d) Allowing other traffic to pass by
   e) Safety of crew and patients if in roadway
   f) Your ability to get the vehicle out
      i) Ability to exit the scene easily at any time is essential.
      ii) Do not park too close to an active fire scene as your ambulance may become trapped in by hoselines which you may not drive over.
2) Put vehicle in park and activate parking brake
   a) The parking brake turns off the Opticom, always use it!
   b) Consider turning off emergency lights if not appropriate for the call type
      i) This may include calls where emergency lights could exacerbate a patient’s condition
      ii) Emergency lights must remain on throughout any roadway incident.
3) Mark on scene on radio - “ECC, Ambulance/Trauma/Medic 14X on scene at ABC street)
4) Take radio and scene vest if needed
5) Assist AIC with equipment
6) Continually assess scene for safety and logistical concerns throughout call

F. Procedure for vehicle that does not start

1) Turn ignition, confirm that engine does not start
   a. With left hand, press and hold emergency start switch in the on position
   b. With right hand, attempt to turn ignition
   c. You may need to hold both for several seconds, even after the engine starts
   d. Ensure that the switch returns to the off position once released; in 145, the switch can lock in the on position
2) If emergency start does not work and you have a call to respond to
   a. Notify other members of situation, respond with another ambulance.
   b. Notify ECC that your unit is out of service for a mechanical problem and that another unit will be responding momentarily.
3) If emergency start does not work and you do not have a call to respond to, proceed with jump starting procedure.

G. Jump-Starting Procedure

1) Position donor vehicle nose-to-nose close enough to connect jumper cables
   a. Place donor vehicle in Park and activate emergency brake
   b. Do not turn off engine
2) Open hood of receiving vehicle
3) Obtain jumper cables from either vehicle
4) Connect clamps to receiving vehicle’s battery posts
   a. Red to Red
   b. Black to an unpainted metal surface as a ground
      i. Using the black post will work, but risks sparking and should be avoided
5) Connect quick-connect plug to donor vehicle
6) **Wait several minutes for receiving vehicle to charge**
7) Start receiving vehicle
   a. **LEAVE THIS VEHICLE RUNNING**
8) Unplug quick-connect plug
9) Disconnect clamps, put cables back
10) If receiving vehicle is in a bay, pull the vehicle out and allow to idle for at least 30 minutes
11) Notify Fleet Operations by submitting an apparatus report
12) When next parking the vehicle in the bay, ensure that lights are turned off, the battery disconnect (“box”) switch is in the off position, and that the shoreline is connected
H. 4-Wheel Drive

4-wheel Drive Uses
- For use in low traction environments (snow, mud, grass, etc.)
- Do not use on dry pavement - this will damage the drivetrain
- 4WD does not prevent the truck from losing control in icy conditions, it does not improve braking ability

Four-High (4H)
- Simply: when you need extra traction
- Highway and roads are sketchy – wet, snowy, icy
- Level, loose-gravel roads, packed sand or mud

Four-Low (4L)
- Designed for maximum traction and maximum power at very low speeds.
- Deep sand, snow, mud, crossing water, climbing rocks and ascending/descending hills.
- You’re not actually gripping the road any better but you’re applying more torque to that grip.

Hubs
- The “hub” is in the center of the two front wheels
- To “lock” a hub, turn the dial so the arrow points at “locked” on both wheels
- Most newer trucks have auto-locking hubs - if you aren’t sure, check
- These hubs should always be left in the “AUTO” position
- If the truck does not have an “AUTO” position, they should be in the “OFF” position during routine driving and “LOCKED” right before and during 4WD use; ensure that the hubs are not locked during truck checks (especially after snow days) to reduce wear on the differential

Procedure for Activation

4-wheel drive high
1) Make sure the hubs are locked (or in AUTO position)
2) Bring the vehicle’s speed to less than 25 MPH
3) Maintain a straight path if possible
4) Take foot off accelerator
5) Turn 4WD control knob to 4WD HIGH
6) Resume driving
7) Do not exceed 30 MPH in 4WD HIGH

4-wheel drive low
1) Make sure the hubs are locked (or in AUTO position)
2) Bring the vehicle to a complete stop and maintain pressure on brake pedal
3) Shift into NEUTRAL
4) Turn 4WD control knob to 4WD LOW
5) Shift back into drive
6) Resume driving
7) Do not exceed 20 MPH in 4WD LOW
I. Procedure for manually cleaning the Diesel Particulate Filter (DPF)

This should only be performed with vehicle outside of the bay and no other vehicles or objects within 20’ radius of the exhaust. The vehicle will be out of service until the process is complete (do not do this to a truck that is staffed and expected to run calls).

1) Place vehicle in Park with Parking Brake applied.
2) Navigate to DPF page on information screen of the dash by using the “Info” button on the steering wheel, the screen will state “Would you like to clean the DPF?”
3) The next screen will ensure there is a safe-zone around the exhaust, select “Y” again to proceed.
4) The truck will automatically throttle-up to ~3000 RPM for 10 minutes to clean the filter.

**DO NOT MOVE THE VEHICLE DURING THIS TIME**

J. Vehicle Size

For simplicity, treat all CARS ambulances as 9’ 6” tall. Be sure to look for posted height clearances when approaching any bridge or overpass. This means that there are several things you cannot drive under/into.

- **Bridges**
  - Within the city of Charlottesville with height restrictions below 9’ 6”
    - Henry Avenue
    - 4th St SE
  - Any arched bridges, avoid the lower sides and drive in the center
    - Hardy Drive in Charlottesville
- **ANY parking garage**
- **Certain overhangs**
  - Outside many nursing facilities
  - Outside hotels
  - Check the clearance - if not listed or unsure, just park away from it

For simplicity again, treat all CARS ambulances as weighing **7.5 tons or 15,000 pounds**. Certain bridges in the more rural parts of Albemarle County have weight restrictions below this. Fortunately, many have been upgraded in recent years so these are far and few between. Be sure to look for a posted restriction when approaching any bridge. If no limit is posted, the bridge can hold at least 40 tons. However, private bridges in driveways may not have limits posted. If you are not sure, DO NOT TRY. Just park the ambulance a little further and walk.

K. Emergency Unlocking Procedure

Every ambulance has a way to unlock the doors without a key in the case that members are locked out. Consult a driving preceptor to learn the different methods.
**L. Bariatric Lift Operations**

Ambulances with the hydraulic stretchers are suitable for most bariatric patients (the stretcher can accommodate up to 700 lbs). Ambulance 141 is equipped with a bariatric lift which may be needed if a patient’s body habitus will not allow them to fit on a standard stretcher and would be dangerous for members to manually lift up and down. If the bariatric lift is necessary, the bariatric stretcher, stored in the back of the North Bay, is as well. There are handles kept on top of the bariatric stretcher so that, when in the lowest position, providers can push the stretcher without having to bend over. These should be brought along, as well, so that the stretcher never has to leave the lowest position once a patient is on top of it.

1. Obtain bariatric lift key from main keyring
2. Insert key into the keyhole on the driver side rear bumper and turn to the right
3. Press up button for a second to unseat the lift
4. Pull lever on the driver side of the bumper to unlock lift and simultaneously pull lift outwards, making sure to pull evenly on both sides
5. Unfold lift entirely, unlocking each section on left as you go
6. Lower lift to ground with down button
7. Raise front gate
8. Push stretcher onto lift
9. Raise rear gate
10. Press up button until lift is on plane the ambulance floor
11. Lower front gate
12. Push stretcher into ambulance and lock
13. Reverse process to store lift
14. Ensure lift is locked in before driving

If lift electronics are not functioning, there is a manual option. In the compartment on the rear passenger side with the immobilization bag, there is a lever and jack. Take the lever and insert into hole, then pump to raise lift. Insert lever into lower slot and turn to release pressure and lower lift.

**M. Refueling Ambulances**

1. Drive to fuel tank in parking lot, driver side facing tank
2. Leave engine on
3. Unscrew fuel cap
4. Take nozzle from mount
5. Flip switch to turn on pump
6. Refuel truck, nozzle will automatically switch off when full
7. Turn off pump, replace nozzle, replace fuel cap

Since ambulances are diesel, they can be left running while refueling as they burn at a lower temperature. Diesel is not to be used to refuel chase cars; they should be refueled with gasoline at Southern States on Harris Street by someone familiar with the proper procedure.
N. Radio Operations

We primarily use our 800 MHz channels in zones 1, 2, and 3, which we can reach by flipping the switch on top to A, B, or C. All talkgroups for these zones are listed below. Those that you may be less familiar with are highlighted. The radios can also reach several other zones, including CPD Zone 12), ACPD (Zone 8), and UPD (Zone 14) if necessary by using the buttons on the frontside.

<table>
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<th>Zone</th>
<th>FRDISP</th>
<th>FRRESP</th>
<th>TAC# channels</th>
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<td>FRADM</td>
<td>SVFR1</td>
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<td>CTYCMD</td>
<td>SVFR2</td>
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<td>TA2D</td>
<td>SVPD2</td>
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<td>16</td>
<td>FRRESP</td>
<td>CFRESP</td>
<td>SVPD1</td>
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</table>

FRDISP: Dedicated ECC dispatcher dispatches calls
FRRESP: Dedicated ECC member monitors active units
TAC#: Channels assigned to large incidents (MVCs, fires, HAZMAT, etc.) with dedicated ECC member. ATAC generally used.
SVFR or SVPD: Channels for operations of PD or FD in the Scottsville area

TA#D: “Talk-around channel”
The radio normally transmits to a trunking system (nearby tower) that transmits across the county. This channel transmits directly to other radios tuned to this channel (think walkie talkie). The radio will not scan other channels (FRDISP) while in this mode. There also will not be the normal “beeps” when keying up to transmit. Used for extended on scene traffic or buildings/structures that block normal radio reception.

CFRESP: Used as a response channel for City operations, should the system become overloaded
FRADM: Fire/rescue administration channel
CTYCMD: City command channel
Truck-mounted Radio Control Heads

We have a few different radio models in our ambulances, but the buttons are all similar and have equivalents to the buttons on a portable radio. Our truck radios are generally kept on FRRESP, scanning, and automatically scan FRDISP with priority given to FRRESP (though FRDISP will be given priority if the truck radio is on another talkgroup and is scanning both FRRESP and FRDISP, like if you set the radio to ATAC3). This means that a call being dispatched will play over ECC talking on FRRESP and you may miss the traffic if not paying attention. To ensure you never miss a tone, pay attention to your MDT, Active911, or pager; all of these things will continue to alert if FRRESP is playing traffic. Alternatively, leave the 800 radio on FRDISP (but don’t forget to turn to FRRESP before speaking to ECC; drivers forgetting to change talkgroup is why radios are generally left on FRRESP).

1. Volume control dial
2. Dim softkey - adjust backlight
3. Home softkey - return to main screen
4. Power softkey
5. Zone up softkey
6. Zone down softkey
7. Scan on/off softkey toggle. \( \text{\textdegree} \) indicates scanning is on. \( \text{\textdegree} \) indicates a priority scan.
8. Nuisance mode delete button - stops scanning current mode (talk group). Reset by turning scanning off then back on or rebooting radio.
9. Talkgroup scrolling dial
10. Emergency button
11. Keypad - navigates to additional options

As a driver, you are responsible for all radio traffic with ECC and other units. **Correct radio etiquette** is as follows: “Unit you are calling,” “Your unit,” “Your traffic.”

For example: “ECC, Ambulance 144 responding to Ridge Street.”

**Things you will say on every call**

ECC, Ambulance/Trauma/Medic 14X is:
1. Responding to ABC Street.
2. Arriving on scene at ABC Street.
3. Transporting X patient(s), Y passenger(s) to Z Hospital (emergent), (Car 13X to follow)
4. Arrived at Z Hospital.
5. In service

**Things you may say** (not a comprehensive list):
1. ECC, Ambulance/Trauma/Medic 14x is staged
2. ECC, Ambulance/Trauma/Medic 14x is okay on scene
3. ECC from Ambulance/Trauma/Medic 14x:
   a. Add a trauma/medic to the call on ABC street for XYZ reason
   b. Add fire for lift assist/forced entry
   c. Add PD for XYZ reason
      i. Specify priority (only used in cases of active violence) or not priority
   d. Add any other unit for any reason
4. ECC, Ambulance/Trauma/Medic 14x is working code (cardiac arrest)
5. *Other unit on call* from Ambulance/Trauma/Medic 14x, *various radio traffic as needed*
O. Ambulance Backing Procedure

To be used anytime you are backing, *including* into bays and at hospitals

1. Exit vehicle and do 360⁰ walk around to inspect for obstacles and make a plan for the backing
2. Roll down cab windows
3. Turn off AM/FM radio
4. Ask second crew member to spot you. Spotter should:
   a. Be aware of their responsibilities - driver must teach them if not sure
   b. Wear hi-visibility vest or jacket if it is dark outside or you are in a roadway
   c. Stand in line with driver side of ambulance, always in view of mirror
   d. Watch for any obstacles and ensure that none enter intended path
   e. Stop traffic if backing into a roadway
   f. Give clear hand signals to continue straight, turn towards left or right, when you are getting close to having to stop, and when to stop
   g. Ensure that both crew members are aware of hand signals that will be used
   h. Speak up immediately and LOUDLY if driver is not following signals or in danger of a collision
5. Turn on emergency master switch for visibility if necessary
6. Place vehicle in reverse
7. Ensure back-up alarm is functioning correctly
8. Slowly proceed with backing
9. If at any point the plan is not working or you cannot see your spotter, STOP
   a. Verbally communicate the new plan between both crew members, then proceed
## Map Test List

### City Streets
- 4th Street NW
- 5th Street SW
- 10th Street NW
- 14th Street NW
- Alderman Road
- Avon Street
- Bailey Road
- Barracks Road
- Brandywine Drive
- Carlton Avenue
- Carlton Road
- Cherry Avenue
- Dairy Road
- Elliott Avenue
- Emmet Street – North
- Emmet Street – South
- Fontaine Avenue
- Hardy Drive
- Harris Road
- Harris Street
- High Street
- Garrett Street
- Jefferson Park Avenue
- John W. Warner Parkway
- Locust Avenue
- Long Street
- Main Street
- Market Street
- Massie Road
- McCormick Road
- McIntire Road
- Meade Avenue
- Meadowbrook Heights Rd
- Melbourne Road
- Michie Drive
- Monticello Avenue
- Monticello Road
- Montrose Avenue
- Orangedale Avenue
- Page Street
- Park Street
- Preston Avenue
- Prospect Avenue
- Ridge Street + old section
- River Road
- Rose Hill Drive
- Roosevelt Brown Blvd
- Rugby Avenue
- Rugby Road
- Stadium Road
- University Avenue
- Water Street

### County Streets
- 5th Street Extended
- 5th Street Station Pkwy
- Advance Mills Road
- Airport Road
- Avon Street Extended
- Berkmar Drive
- Bond Street
- Branchlands Drive
- Commonwealth Drive
- Crestwood Drive
- Earlysville Road
- Founders Place
- Four Seasons Drive
- Free Union Road
- Garth Road
- Georgetown Road
- Glenmore Way
- Gordonsville Road
- Greenbriar Drive
- Hillsdale Drive
- Hydraulic Road
- Ivy Road (Rt. 250W)
- Louisa Road (Rt. 22)
- Mill Creek Drive
- Milton Road
- Monacan Trail (Rt. 29S)
- Old Garth Road
- Old Ivy Road
- Old Lynchburg Road
- Pantops Mountain Road
- Peter Jefferson Pkwy
- Plank Road (Rt. 692)
- Polo Grounds Road
- Profit Road
- Red Hill Road
- Richmond Road (Rt. 250E)
- Rio Road East
- Rio Road West
- Riverbend Drive
- Scottsville Road (Rt. 20S)
- Seminole Trail (Rt. 29N)
- South Pantops Drive
- Stony Point Road (Rt. 20N)
- Thomas Jefferson Pkwy (Rt 53)

### Special Locations
- Alb-C-Ville Regional Jail
  (sally port entrance)
- Alb Health and Rehab
- Albemarle High School
- Boar’s Head
- Branchlands Complex
- CATEC
- Charlottesville Pavilion
- Cedars Nursing Home
- C-Ville Health and Rehab
- C-Ville High School
- C-Ville Police Department
- CHO Airport
- Commonwealth Sr. Living
- Crescent Hall
- Downtown CAT Station
- Farmington Country Club
- Fashion Square Mall
- Heritage Inn of C-Ville
- John Paul Jones Arena
- Monroe Health and Rehab
- Morningside of C-Ville
- Martha Jefferson FS ED
- Martha Jefferson Hospital
- Martha Jefferson House
- MedExpress – Pantops
- MedExpress – Seminole Trail
- Midway Manor
- Monticello High School
- Our Lady of Peace
- Park View Apartments
- PVCC
- Riverdale Assisted Living
- Rosewood Village
- Salvation Army
- The Blake at Charlottesville
- The Colonades
- The Crossings
- The Haven
- The Independence
- The Laurels
- University Village
- UVA Hospital
- Westminster Canterbury
- Woods Edge Apts

### Subdivisions/Complexes
- 1st Street South
- Friendship Court Apartments
  (Garrett)
- Glenmore
- Page/Hardy
- Mallside Forest Court
- Blue Ridge Commons
  (Prospect)
- Penn Park
- Raintree
- Rio Hill Apartments
- Riverrun
- Turtle Creek
- Woodbrook

### Fire/Rescue Stations
- CFD Headquarters (Ridge Street)
- 1 - CFD Bypass
- 2 - East Rivanna Fire
- 3 - North Garden Fire
- 4 - Earlysville Fire
- 5 - Western Albemarle Rescue Squad
- 5 - Crozet Fire
- 6 - Stony Point Fire
- 7 - Scottsville Fire
- 8 - Seminole Trail Fire
- 9 - Airport Fire
- 10 - CFD Fontaine
- 11 - ACFR Monticello
- 12 - ACFR Hollymead
- 13/14 - CARS
- 15 - ACFR Ivy
- 16 - ACFR Pantops
- 17 - ACFR Scottsville Rescue
- 18 - ACFR Berkmar Rescue

### I-64 Exits
- Albemarle County spans MM 100-130; our first due area spans MM 114-130
- 114 - Dick Woods Road (Ivy Exit)
- 118A - Monacan Trail (29S)
- 118B - Seminole Trail (29N)
- 120A - 5th St Extended
- 120B - 5th St SW
- 121 - Monticello Avenue/Scottsville Road (20S)
- 124 - Richmond Road (250W)
- 129 - Black Cat Road (Boyd Tavern Exit)

---

You are HIGHLY encouraged to find each road/location on the following maps!
## Driver Release Checklist

**Driver Candidate Name:**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Step to Complete</th>
<th>Signature</th>
<th>Date</th>
<th>Signature</th>
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<tbody>
<tr>
<td>I</td>
<td>Captain approval to begin process</td>
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<td>Driver Release Process Outline read</td>
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<td>EVOC on file with CARS</td>
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<td>MemComm confirmed on DMV checking list</td>
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<td>All 5 pertinent SOPs read</td>
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<td>Radio Operations Test passed</td>
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<td>Map Utilization Test passed</td>
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<td>Captain’s Approval to begin Phase II</td>
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<td>12 All Safe Driving Standards read</td>
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<td>Safely Backing powerpoint reviewed and understood</td>
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<td>Chief/Assistant Chief approval to proceed*</td>
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<td>Div. Chief - B&amp;FO approval to proceed*</td>
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<td>II</td>
<td>Vehicle Operations Guide read and understood</td>
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<td>Completion of 6 hours non-emergent driving</td>
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<td>Vehicle Operations Test passed</td>
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<td>Chief/Assistant Chief approval to proceed*</td>
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<td>III</td>
<td>Completion of 15 (or 20) emergent calls</td>
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<td>Final Approval of Chief/Assistant Chief**</td>
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</table>

*Captain should sign on the individual’s behalf with written approval via email or text

**Final Approval requires personal signatures.**

**Turn in this page through end of packet (with map utilization and radio operations tests) to Membership Mailbox when complete.**
S.O.P Familiarization Test

Name: _______________  Checked By: ______________

This test covers information found in the following S.O.P's: Operations at Motor Vehicle Collisions, Operations at Medical Emergencies, and Vehicle Operations. This is a short answer test. No outside assistance of any type is permitted during this test. This will be graded by a Driving Preceptor.

1. If the ambulance is NOT the first unit on the scene of a motor vehicle accident, where should it stage?

2. What must be worn on any incident (MVC or medical) in a roadway?

3. Who assumes incident command for rescue squad operations at a motor vehicle incident?

4. Who is responsible for TRIAGE at a motor vehicle accident?

5. Who calls for additional resources, if needed, at a scene?

6. When may a 3rd person act as an AIC?

7. At a medical emergency, who is responsible for the removal and transportation of the patient?

8. Once at the hospital, list ALL responsibilities of the driver:
9. Which person from the ambulance is responsible for ensuring that all personal items brought with the patient are turned over to the appropriate medical provider at the hospital?

10. Who must be notified if a vehicle is taken out of service for mechanical reasons?

11. When can a pre-probationary member operate a squad vehicle?

12. What course must any member have completed prior to operating a squad vehicle under emergency conditions?

13. Squad vehicles must not exceed ___ MPH over the posted speed limit and must always operate with DUE REGARD FOR THE SAFETY OF PERSONS AND PROPERTY.

14. Does Virginia law allow a squad member to pass through a red light, when responding to a call in their personal vehicle?

15. What response mode shall be used when responding to a public service call?

16. When entering an intersection against a red traffic signal or against a stop sign, when operating in the emergency mode, what must a driver do?

17. What must the driver ask the AIC prior to setting the vehicle in motion?
18. How many runs must be collected under emergent conditions with an approved preceptor before a driver can be released?

19. What committee investigates accidents?

20. What form shall the driver of a squad vehicle involved in an accident complete and submit to the Chief and Safety Committee Chair?

21. If the AIC believes the patient is stable and in consideration of mechanism of injury; what type of response be used to the medical facility?

22. What fluid can the driver add to the truck if he or she finds that it is low?

23. If a fluid is found to be low that a driver may not refill, what should the driver do?

24. Who is responsible for ensuring the truck is mechanically sound and all equipment is present and in working order?

25. Who has the responsibility to ensure that all objects, patients, and crew members are properly secured before the ambulance is in motion?

26. Who is ultimately responsible for any damage to or caused by the truck, even when backing?
Non-Emergent Driving Log

Successfully complete **AT LEAST 6 HOURS** of non-emergent driving. Record the time of day and road conditions (rainy/wet/dry, night/day). Use as many rows as needed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Day or Night</th>
<th>Weather Conditions</th>
<th>Comments</th>
<th>Time (hours)</th>
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**Suggested points of interest:**
- UVA Hospital
- MJ Hospital
- Both MedExpresses (Seminole Trail & Pantops)
- Interstate 64 (MM114-MM129)
- Downtown Mall Crossovers (2nd St and 4th St)
- Midway Manor
- Crescent Hall
- Nursing Facilities
- See map test list for more!
Emergent Driving Log

Successfully complete AT LEAST 15 EMERGENT DRIVING CALLS. All responses must be made in the presence of an approved preceptor.

Preceptors: please rank the driver’s performance from 1 (unsatisfactory) – 4 (perfect)

<table>
<thead>
<tr>
<th>Date</th>
<th>Incident #</th>
<th>Rating (1-4)</th>
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If any of the above responses were unsatisfactory, please record 5 additional responses below:

| 16   |            |              |          |                     |
| 17   |            |              |          |                     |
| 18   |            |              |          |                     |
| 19   |            |              |          |                     |
| 20   |            |              |          |                     |