

SUBJECT: **NOTICE OF VIOLATION –
 EXCLUSIVE OPERATING AGREEMENT (EOA) PROVIDER**

REFERENCE NO. 451.5



COUNTY OF LOS ANGELES ❖ DEPARTMENT OF HEALTH SERVICES
 EMERGENCY MEDICAL SERVICES AGENCY



NOTICE OF VIOLATION – EOA PROVIDER

Title 7 Business Licenses – Chapter 7.16 Ambulances

E-001

Inspection/Incident Date:		Incident Location:			
Operator Name:		CHP No.:	Unit No.:	VIN No.:	
Operator Address:			City:		Zip:
Enforcement Officer:					

A NOTICE OF VIOLATION IS BEING IMPOSED ON THE OPERATOR PURSUANT TO THE FOLLOWING:

CONTRACT SECTION		EXCLUSIVE OPERATING AGREEMENT (EOA) CONTRACT VIOLATIONS CATEGORY - URBAN AREAS
<input type="checkbox"/>	3.6.1	Failure to meet the required response rate per EOA agreement for Urban Areas per subsection 3.5.1.1. Response Rate – Non-Compliance Assessment Categories per Subsection 3.5.1.1: <input type="checkbox"/> - 89-85% <input type="checkbox"/> - 84-79% <input type="checkbox"/> - 78-73% <input type="checkbox"/> - <72%
<input type="checkbox"/>	3.6.1	Failure to arrive at the scene nine-hundred fifty-nine (959) seconds (15 minutes, 59 seconds) or later after dispatched to an Urban Area (No more, no less per calendar month)
<input type="checkbox"/>	3.6.1	Failure to submit Monthly Response Time Report(s) Assessment Criteria per Subsection 3.10.2. Report(s) not received by the County Project Manager by the 25th calendar day of the month following the month of service as specified in Subsection 3.6. Late submission of Monthly Response Time Reports required under Section 3.10: Days late: _____
CONTRACT SECTION		EXCLUSIVE OPERATING AGREEMENT (EOA) CONTRACT VIOLATIONS CATEGORY - RURAL AREAS
<input type="checkbox"/>	3.6.1	Failure to meet the required response rate per EOA agreement for Rural Areas per subsection 3.5.2.1. Response Rate – Non-Compliance Assessment Categories per Subsection 3.5.2.1: <input type="checkbox"/> - 89-85% <input type="checkbox"/> - 84-79% <input type="checkbox"/> - 78-73% <input type="checkbox"/> - <72%
<input type="checkbox"/>	3.6.1	Failure to arrive at the scene 1,859 seconds (30 minutes, 59 seconds) or later after dispatched to a Rural Area (No more, no less per calendar month)
<input type="checkbox"/>	3.6.1	Failure to submit Monthly Response Time Report(s) Assessment Criteria per Subsection 3.10.2. Report(s) not received by the County Project Manager by the 25th calendar day of the month following the month of service as specified in Subsection 3.6. Late submission of Monthly Response Time Reports required under Section 3.10: Days late: _____
<input type="checkbox"/>	3.11.1	Failure to submit monthly electronic response time reports into the Trauma and Emergency Medical Information System TEMIS by the 25 th calendar day of the month following the month of service as outlined in section 3.11.1 of the General Agreement Statement of Work.

Please Note: When applicable, violations will also be referred to other appropriate regulatory agencies for follow up.

Received by _____ (Print name and title) _____ (Signature and date)

A follow up letter with additional instructions will be provided. The key contact for a Notice of Violation is Ambulance Licensing Programs, tel. 562-378-1500.