

Washoe County



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

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

Health District

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

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, November 15, 2012, 1:00 p.m.

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

District Board of Health Meeting Agenda

Time	Agenda Item No.	Agenda Item	Presenter
1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Ms. O'Neill
Public Comment	3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
For Possible Action	4.	Approval/Deletions to Agenda for the November 15, 2012 Meeting	Mr. Smith
For Possible Action	5.	A. Approval/Additions/Deletions to the Minutes of the October 18, 2012 Special Meeting ; and B. Approval/Additions/Deletions to the Minutes of the October 25, 2012 Regular Meeting	Mr. Smith

Time	Agenda Item No.	Agenda Item	Presenter
	6.	Recognitions A. Introduction of new employee(s). None. B. Promotions – None. C. Years of Service – 1. Kelli Seals, Health Educator – CCHS – 10 years 2. Emily Barnes, APN, CCHS – 30 years D. Recognitions – None.	Mr. Smith and Dr. Iser
For Possible Action	7.	Proclamation – The Great American Smoke Out – November 15, 2012.	Dr. Iser
For Possible Action	8.	<p><u>Consent Agenda:</u> Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p>A. <u>Air Quality Management Cases:</u></p> <p>1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board:</p> <p> a. Jerry Enwald – Case 1095, NOV 5228 4732 Park Vista Court, Reno NV 89502 (775) 857-7012</p> <p> b. Reno Sun LLC – Case 1097, NOV 5308 ATTN: Randy Bling, Manager 1701 West March Lane, Suite D Stockton, CA 95207; (209) 473-1106</p> <p> c. Western Pavement Solutions – Case 1099, NOV 4615 ATTN: Ken Barker 135 S State College Boulevard, Suite 400 Brea, CA 98821; (775) 888-755-2388</p>	Ms. Albee

Time	Agenda Item No.	Agenda Item	Presenter
		<p>d. Golden Gate Petroleum – Case 1101, NOV 5310; ATTN: David Kette, Director 16580 Wedge Parkway, Suite 300 Reno, NV 89511; (775) 850-3010</p> <p>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.</p> <p>3. Recommendation for Variance: None.</p> <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <p>1. Approval of Subgrant Amendment #1 Scope of Work for the Assistant Secretary for Preparedness and Response – Hospital Preparedness program for the period July 1, 2012 to June 30, 2013; and, if approved, authorize the Chairman to execute.</p> <p>2. Approval of 2012-2013 Memorandum of Legislative Cooperation By and Among the City of Reno, City of Sparks, Regional Planning Governing Board, Regional Transportation Commission, Truckee Meadows Water Authority, Reno Sparks Convention and Visitors Authority, Western Regional Water Commission, Sun Valley General Improvement District, Washoe County, Washoe County Health District, Washoe County School District, South Truckee Meadows General Improvement District; and Incline Village General Improvement District; and, if approved, authorize the Chairman to execute.</p> <p>3. Ratification of Interlocal Contract between the Washoe County Health District (WCHD) and the Washoe County School District (WCSD) to assist the Washoe County School District’s Expanded Immunization and School Health services program at North Valleys High School</p>	<p>Ms. Buxton</p> <p>Ms. Buxton</p> <p>Ms. Cooke</p>

Time	Agenda Item No.	Agenda Item	Presenter
		<p>and Wooster High School for the period of approval through June 12, 2013; and, if approved, authorize the Chairman to execute the Interlocal Contract.</p> <p>D. <u>Re-Appointment to the Air Pollution Control Hearing Board - Richard W. Harris</u></p> <p>E. <u>Re-Appointment to the Air Pollution Control Hearing Board - Joseph M. Serpa</u></p>	<p>Mr. Dick</p> <p>Mr. Dick</p>
For Possible Action	9.	<u>Air Pollution Control Hearing Board Cases appealed to the District Board of Health.</u> No cases this month.	Ms. Albee
For Possible Action	10.	<p style="text-align: center;">Continued Until December</p> <p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Report for October, 2012; and</p> <p>B. Update of REMSA's Community Activities Since October, 2012</p>	Mr. Gubbels
For Possible Action	11.	Discussion and Possible Direction to Staff regarding Emergency Medical Services	Mr. Smith and Dr. Iser
For Possible Action	12.	PUBLIC HEARING: Presentation and Possible Adoption of the 2011 Washoe County Emissions Inventory for Carbon Monoxide, Ozone Precursors, and Particulate Matter as a revision to the Washoe County portion of the Nevada State Implementation Plan.	Mr. Inouye
For Possible Action	13.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for October 2012	Ms. Stickney
For Possible Action	14.	FY14 Budget Update and Possible Direction to Staff	Ms. Stickney and Dr. Iser
For Possible Action	15.	Presentation and Possible Acceptance of 2013 Washoe County District Board of Health Meetings and Deadline Calendar	Dr. Iser

Time	Agenda Item No.	Agenda Item	Presenter
	16.	<p><u>Staff Reports and Program Updates</u></p> <p>A. Director, Epidemiology and Public Health Preparedness - Communicable Disease; Public Health Preparedness; Emergency Medical Services; and Vital Statistics</p>	Dr. Todd
		B. Director, Community and Clinical Health Services – Clinical Programs and Non-Communicable Disease Updates	Mr. Kutz
		C. Director, Environmental Health Services Food Program; Land Development; Solid Waste/Special Events; and Vector-Borne Disease Program	Mr. Sack
		D. Director, Air Quality Management – Air Quality; Planning and Monitoring Activity; Permitting Activity; Compliance & Inspection Activity; and Permitting & Enforcement Activity	Mr. Dick
		E. Administrative Health Services Officer – AHSO agenda items are included in other agenda items.	Ms. Stickney
		F. District Health Officer – 2013 Legislative Session; Budget; Human Resources; Communication; Accreditation; Washoe County and Community Activities; Health District Media Contacts and Outreach; Statewide (and Beyond) Organizational Efforts; Interjurisdictional Sharing of Resources; and District Board of Health Information and Resources	Dr. Iser
Board Comment	17.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
Public Comment	18.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
For Possible Action	19.	Adjournment	Mr. Smith

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

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

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

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

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

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

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health

Washoe County District Board of Health Special Meeting Minutes October 18, 2012

Washoe County



Bev Bayan, WIC Program Manager, CCHS
 Teresa Long, Hazardous Materials Specialist, EHS
 Peggy F. O'Neill, Recording Secretary
 Leslie Admirand, Deputy District Attorney

ABSENT: Dr. Denis Humphreys

STAFF: Joseph P. Iser, District Health Officer
 Robert Sack, Director, Environmental Health Services
 Steve Kutz, Acting Division Director, CCHS
 Peg Caldwell, Registered Nurse I, EPHP
 Bev Bayan, WIC Program Manager, CCHS
 Teresa Long, Hazardous Materials Specialist, EHS
 Peggy F. O'Neill, Recording Secretary
 Leslie Admirand, Deputy District Attorney

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
10:07 am 1, 2, 3	Salute to the Flag; Call to Order; Pledge of Allegiance; and Roll Call	The Washoe County District Board of Health convened at 10:07 a.m. in special meeting in the Commission Chambers of the Washoe County Administration Complex, 1001 East Ninth Street, Reno, Nevada. Following the Pledge of Allegiance to the flag of our Country, the Recording Secretary called the roll and the Board conducted the following business: Roll calls were also conducted for the Washoe County Board of Commissioners and the City of Reno.	There was no action taken on this item.
4.	Recognition of other public bodies that may be meeting concurrently and introduction of meeting facilitator.	Katy Simon, Washoe County Manager, introduced facilitator Jack Snook, President and Chief Operations Officer, Emergency Services Consulting International (ESCI). It was noted that the City of Reno and the District Board of Health (DBOH) were also in attendance. DBOH Chairman Smith said they were here to discuss the August 2012 TriData Emergency Medical Systems Analysis Final Report and to receive recommendations from the other entities. He said the next DBOH meeting was scheduled for October 25, 2012 and any recommendations or direction would be discussed at that time. Vice Mayor Aiazzi stated under the Open Meeting Law, the City of Reno was not required to take public comment under City of Reno Agenda Item A.5, which was Agenda Item 6 on the DBOH and County Commission agendas.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	Public Comment	<p>Washoe County Clerk called for Public Comment.</p> <p>For the City of Reno, Vice Mayor Aiazzi called for public comment. There was no response.</p> <p>For the District Board of Health, Chairman Smith called for public comment. There was no response</p>	
6.	<p>Presentation, discussion, and potential direction to staff regarding the August 2012 TriData Emergency Medical Systems Analysis Final Report and recommendations contained within the Final Report, and other emergency medical systems reports and studies that may be of interest.</p>	<p>Jack Snook, President and Chief Operations Officer, Emergency Services Consulting International (ESCI), said the expectation for this meeting was for the policy makers to give direction, implementation strategies, timelines and priorities.</p> <p>Chairman Larkin read a letter from the Regional Emergency Medical Services Authority (REMSA). He noted that REMSA was invited to the meeting, but did not attend. The letter indicated that REMSA had concerns about the conclusions and the recommendations of the TriData Report. It also noted that REMSA retained their own consultant to evaluate the Emergency Medical System (EMS) in the community and review the TriData EMS Study report. The letter further noted that the REMSA Board directed their staff to work with their consultant to develop recommendations for an EMS systems design and improvements they believed should be implemented.</p> <p>John Slaughter, Management Services Director, conducted a PowerPoint presentation, a copy of which was placed on file for the record. The presentation included an EMS Timeline that covered: a 1986 Ambulance System Study; a 1994 Medical First Response Study; a 2009 Fire and Fire-based EMS Master Plan; a 2010 REMSA Benchmark Report; the 2010 Board of County Commissioners Direction Evaluation of EMS; the 2011 EMS Task Force; a 2012 Emergency Medical System Analysis (TriData); and, the 2012 Fitch Study (REMSA Report.)</p> <p>Mr. Slaughter said there were 38 recommendations contained within the TriData Report for moving forward regarding the EMS system in the County. He said the REMSA/Fitch Report was not complete, but would re-evaluate the EMS system including dispatch and delivery, review the TriData Report and provide recommendations to the REMSA Board for improvements to the EMS system.</p> <p>DBOH Vice Chair / Commissioner Jung thought the DBOH had received a preliminary report from REMSA. Mr. Slaughter understood that to be the Fitch Report, but the letter received from REMSA indicated that report was not complete. Commissioner/DBOH Member Jung said REMSA's report was</p>	

presented prior to the TriData Report, and she considered that to be a final report. She felt there was an inconsistency.

Dr. Harold Cohen, Project Manager, TriData Division, System Planning Corporation, conducted a PowerPoint presentation on the TriData Emergency Medical Services System Analysis, a copy of which was placed on file for the record. The presentation included the overview of the Project, EMS critical issues, and the possibilities and future directions for the County. He reviewed the major challenges, the County's EMS System, EMS Dispatch, Information and Data Systems, the First Response System, the Franchise Contract, EMS Finances, future direction for the County, System Design, and EMS Care Delivery and System Priorities. He remarked that the paramount issue was for the Dispatch and Information System to be resolved. As noted in the presentation, Dr. Cohen explained that the system as a whole could not be reviewed because the data could not be matched.

DBOH Member Ratti asked for more information on the Dispatch and Information System and, if virtual consolidation was a recommendation. Dr. Cohen indicated there were two ways to consolidate the 9-1-1 System and the Information System. He said there could be a County-wide 9-1-1 system and one dispatch center. He explained that virtual consolidation occurred when all the entities could see what the other entities were doing, such as a universal status board with a calculation of information that could be viewed by all.

DBOH Chairman Smith commented that REMSA was ready, willing, and able to link up, and they are prepared to tie-in; however, REMSA is waiting for an upgrade of the County's system.

Vice Mayor Aiazzi asked if the contract between REMSA and the Health Department was reviewed. Dr. Cohen replied that the TriData Report was very specific and reviewed each topic in the Franchise Agreement. Vice Mayor Aiazzi asked if the Health Department could change the response times with the current contract or was that solely up to REMSA. Dr. Cohen indicated that would be difficult for the Health Department. In previous reports, Vice Mayor Aiazzi said it was stated that dispatch was measured differently at REMSA because their times began when the ambulances rolled, but the City's response time began when the call came into dispatch. He asked if that was correct. Dr. Cohen stated that was correct. He said REMSA's obligation began when their ambulances rolled because in order to respond, they had to be notified that an emergency was present. He said a virtual consolidation would notify all the entities of who was responding and from where. Vice Mayor Aiazzi remarked when the City's dispatch sent the call to REMSA the call was not logged in until

an ambulance was dispatched. Dr. Cohen believed some login occurred when the Dispatchers began to speak to the caller, but nothing before that time. Vice Mayor Aiazzi questioned if the response times submitted by REMSA to the Health Department were based on login times after the ambulances rolled. Dr. Cohen replied he was just as curious, but did not have the data to answer that question.

Councilmember Sferrazza said questions about the duplication of services had already been asked. She inquired if other jurisdictions reviewed within the State had Fire Departments provide the transport mechanism for EMS. Dr. Cohen explained that extensive assessment was concluded throughout the Country. He said some jurisdictions want a piece of their equipment at every emergency, while others considered sending certain services only when needed. By using commercially available medical priority dispatch programs, and what skill levels were needed or available, they could decide when crews had to be sent or to just send an ambulance. He noted that took commitment and the power to enforce those mechanisms; however, in this system each dispatch component had some modifications, which could be evidenced-based versus politically-based. Councilmember Sferrazza said the presentation indicated there was a cost associated on EMS calls in Washoe County. She felt there was a duplication of billing since citizens already paid for fire services in their property taxes, but some ratepayers also paid for transport. She asked if that duplication was reviewed in the analysis. Dr. Cohen explained that transport was not reviewed or when the Reno Fire Department took over that function. The history of ambulance services throughout the Country contained many communities that took on the 9-1-1 System in order to guarantee that routine non-emergency services would be provided. Dr. Cohen said the first responder system allowed fewer ambulances on the street, which REMSA felt was more efficient. If a third of the ratepayers were not paying their bills, Councilmember Sferrazza asked if that would be the same collection rate for REMSA. Dr. Cohen stated that was correct. He said the remaining ratepayers would pay for that service since approximately 60 percent of the payers either had Medicare and Medicaid. Dr. Cohen said it was recommended that the transport agencies continue to provide EMS transport, but also review the first responder agencies continuing to do what they did. It was suggested, if REMSA provided continuing education and training for all the EMS providers that would even things without having to enter into another economic battle between citizens and private concerns.

Councilmember Sferrazza questioned the statement that the data could not be matched. Dr. Cohen replied the data could not be matched because there were not unique incident numbers.

In response to a concern from Vice Mayor Aiazzi, Leslie Admirand, Deputy District Attorney, explained that pursuant to the Franchise Agreement, the map and the grids were mutually agreed upon between REMSA and the DBOH. However, the Health Officer had the authority to present revisions to the times and grids to the DBOH for approval when there was an analysis of operational and response times. Vice Mayor Aiazzi stated that REMSA had to agree to any changes. Ms. Admirand disagreed stating that was not part of the Franchise Agreement. The Franchise Agreement states, "The specific map grids and assigned response time limits may be adjusted by the District Health Officer after periodic analysis and operational and response data. The District Health Officer shall present such revisions to the DBOH as a consent agenda item." DBOH Chairman Smith stated there was a trigger where the Health Officer could approach REMSA if calls were numerous in a certain area and a change was being considered to those response times.

DBOH Member Ratti felt that was different information than she received previously and thought there was an automatic trigger with annexation. Ms. Admirand explained that would be a trigger for the Health Officer to review and should be an automatic trigger pursuant to the Franchise Agreement. She said when the eight minutes was annexed it would be brought to the attention of the District Health Officer and to the DBOH, but allow for other operational response times and data to be used in order to adjust the map and response times.

DBOH Member Gustin commented that Dr. Cohen stated "this was a pretty good system," and asked how he would rank the system between one and 10. Dr. Cohen replied that he would rank the medical-care-to-patient-care at a nine or a 10; however, he would rank the system efficiency at a five or a six. DBOH Member Gustin said it was also stated there was no need for a drastic change, but the number one priority recommended was the governance model and transparency. He asked if there were more issues that could be added. Dr. Cohen answered when it came to the ability on what control the County had over who practiced EMS in the County, sustainability of volunteer first responder issues all needed to be reviewed, but were not the most critical. He reiterated that the most critical issue was the system oversight and where that was moving in the future.

In regard to the region's topography, DBOH Member Hess said Washoe County was larger than many east coast states, which allowed for many governmental and geographical subdivisions. Although it would benefit to have a uniformed system, he did not see that occurring and asked if there were any other suggestions for the northern or middle parts of the County. Dr. Cohen replied the overall continuation of the system was that there was a system in and of itself.

He noted a consistency would be achieved with an oversight agency to state the goal and the benchmarks. If those were met there would be a consensus developed that could find those to be acceptable.

DBOH Member / Commissioner Jung said when response times and contracts were reviewed across the County it was typical for time exclusions to include weather, construction, or time of day when meeting performance standards. Dr. Cohen explained that different jurisdictions and different contracts stated different things; however, in the County it was not what was excluded, but who made the decision to exclude. DBOH Member / Commissioner Jung asked who presently made that decision. Dr. Cohen replied that REMSA self-reported and the EMS Coordinator or a representative at the DBOH made a final decision based on the presented evidence. DBOH Member / Commissioner Jung asked if that was the nature of the Franchise Agreement. Dr. Cohen stated that was how he currently viewed the nature of the Franchise Agreement.

DBOH Member Ratti said there was a strong statement in the Fitch Report that said Fire Services were not effective in EMS and asked for Dr. Cohen's opinion on that statement. Dr. Cohen replied to exclude one organization over another was not factually-based and was impractical to exclude any essential part of the healthcare system. DBOH Member Ratti remarked that data was not available and until the data was available to analyze the current system, how could that be compared to the proposed system for efficiency. Dr. Cohen indicated that the data was there; however, it had not been presented.

Vice Mayor Alazzi questioned why a minute should be trimmed off dispatch time when the Fitch Report said one to two minutes did not matter for most medical calls. Dr. Cohen agreed that a minute may not matter for most medical calls; however, a minute or two could allow medical care to arrive faster and with enough people on scene to start care. He stated that the citizens had to have faith and confidence in their EMS system.

Councilmember Hascheff said the Fitch Report touched best practices and failures as part of the systemic issue. In order to improve the system, he asked if it was a matter of adopting the best practices in order to achieve a simple solution for an improved system. Dr. Cohen was unsure if EMS was at a point where there were best practices because of the many systems. He said one of the philosophical objections to the over-reliance of best practices was those tended to become sealants and once those practices were reached, progress slowed. Councilmember Hascheff asked what the direction should be for an improved EMS System. Dr. Cohen stated there needed to be an EMS Oversight System and information availability.

Dr. Iser, District Health Officer, stated he believed the following three issues summarized the report: (1) fixing dispatch; (2) renegotiating the Franchise Agreement with REMSA; and, (3) having an EMS Oversight Authority. He asked both Dr. Cohen and Mr. Snook individually if they agree with this summary and whether they also agreed that the other recommendations within the TriData report fell into one of these three categories. Both Dr. Cohen and Mr. Snook individually agreed. He asked where that Oversight Authority should reside. Dr. Cohen felt the Authority should reside with the agency that was willing to put forth the commitment, time, and funds to be that overseer, but it would also take each entity honestly stating who the best group would be.

In response to the call for public comment, Cathy Brandhorst voiced her opinion on the current system.

Vice Mayor Aiuzzi agreed with Dr. Iser's summarization, but was unsure how to renegotiate the Franchise Agreement. He said for the past 15 years REMSA had been difficult in presenting information. He felt the only way to renegotiate the Franchise Agreement would be to disband the Health Department and then reinstitute the Department, forcing the renegotiation of a new contract. He said the position was there was a contract that always met the standards. He said a way had to be found, along with a political will since it was the opinion of REMSA that the hospitals were in charge. He felt the authority should rest with the Health Department as long as they had the ability to keep control of their provider.

Dr. Iser said wherever the authority lies, it would have authority over the REMSA, Fire EMS, and EMS Dispatch. Dr. Cohen agreed. Commissioner Bretermitz agreed with Vice Mayor Aiuzzi. He said the premise was if the DBOH were conceptually that authority, they would make the decision as to whether or not they chose to be a leader, make that commitment and have the entities support that concept.

Chairman Larkin commented that there was a general dissatisfaction with the administration of the EMS system, but not with the DBOH or the Health Officer; however, there was room for improvement. He recommended future Boards consider analyzing the County-wide approach with virtual consolidation of the system and renegotiating the Franchise Agreement with REMSA. He noted that REMSA had been less than forthcoming in their willingness to integrate that communication system because there was no incentive for them to integrate that system. He said an interesting proposal was suggested to disband the DBOH, which was not a threat, but a real possibility that could occur within the next 30 to 60 days.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Chairman Larkin disclosed that he sat on the Northern Nevada Medical Center Board.</p> <p>11:45 a.m. Chairman Larkin left the meeting.</p> <p>DBOH Member Ratti commented this had been a challenging issue because of dissatisfaction with some of the components and the way the system was governed. She had been frustrated with the ability to implement her belief in good governance because the DBOH did not have the tools to do so. She explained that the DBOH needed reinforcements for a long-term goal of building a County-wide EMS Oversight System, but encouraged the DBOH to take that role even though funding would be an issue. DBOH Member Ratti stated there were three short-term issues to achieve, which were emphasizing that the Franchise Agreement needed to be renegotiated, data collection and the common data standards be reviewed and in place, and, possible virtual consolidation. She questioned if REMSA could be asked, in a unified voice, to come to the table and renegotiate the Franchise Agreement. She suggested the elected officials put forward a motion to their respective bodies requesting REMSA to participate in a collaborative environment and renegotiate the Franchise Agreement, and then direct the City Managers and County Manager to participate in that renegotiation and to simultaneously discuss data collection.</p> <p>Commissioner Bretermitz suggested the DBOH take official action to formulate a statement for their willingness and a list where the other entities could help them as suggested by DBOH Member Ratti.</p> <p>11:50 a.m. Commissioner Humke left the meeting.</p> <p>Councilmember Sferazza moved "to place on the City's agenda a discussion and possible direction to (1) fix dispatch; (2) open up the REMSA Franchise Agreement; and (3) grant authority for the Health Board to oversee the EMS system in the region." Councilmember Hascheff seconded the motion.</p> <p>On the call for the question for the City of Reno, the motion passed.</p> <p>Councilmember Sferazza further moved to send a notice to the DBOH for the other entities to be involved in the Franchise Agreement negotiations. The seconder agreed.</p> <p>On call for the question for the City of Reno, the motion passed.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Commissioner Jung made the same motion for Washoe County. Commissioner Breternitz said he would second the motion. He supported the concept, and requested specific areas from the DBOH in terms of where they needed assistance from the other entities are included in the motion. Commissioner Jung amended the motion to include Commissioner Breternitz's suggestion. On call for the question, the motion passed on a 3 to 2 vote with Chairman Larkin and Commissioner Humke absent.</p> <p>Dr. Iser noted for the record that several of Dr. Cohen's recommendation would require legislative action and it will take all of the region's governing bodies to join together to facilitate changes within the legislature.</p> <p>Dr. Iser further stated that as to references of disbanding the Health District that would have dire consequences for each of the jurisdictions. The other complicating factor is the significant budget deficit that the Health District is facing in FY14.</p> <p>11:59 a.m. Commissioner Breternitz left the meeting.</p> <p>12:00 p.m. It was noted that the Board of County Commissioners no longer had a quorum present.</p>	
7.	Public Comment	Chairman Smith called for Public Comment. No public comment was presented for the DBOH.	
8.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	<p>Councilwoman Ratti moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p>MOTION CARRIED The meeting was adjourned at 12:05 p.m.</p>

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

Peggy F. O'Neill
 PEGGY F. O'NEILL,
 RECORDING SECRETARY

Washoe County



Health District

Washoe County District Board of Health Meeting Minutes October 25, 2012

PRESENT: Mr. Matt Smith, Chairman, George Furman, MD; Commissioner Kitty Jung, Vice Chair (departed at 1:50 pm), Councilwoman Ratti, Councilman Gustin (departed at 3:00 pm); Dr. Denis Humphries; and George Furman, MD (arrived at 1:52 pm)

ABSENT: None

STAFF: Joseph P. Iser, District Health Officer
 Robert Sack, Director, Environmental Health Services, Acting DHO
 Daniel Inouye, Acting Division Director, Air Quality Management
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Curtis Splan, DCAS, AHS
 Phil Ulibarri, Public Information Officer
 Bev Bayan, WIC Program Manager, CCHS
 Holly McGee, Public Health Nurse II, CCHS
 Leslie Admirand, Deputy District Attorney

Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness
 Eileen Stickney, Administrative Health Services Officer, AHS
 Lori Cooke, Fiscal Compliance Officer, AHS
 Peg Caldwell, Registered Nurse I, EPHP
 Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP
 Julie Hunter, Senior Air Quality Specialist, AQM
 Peggy F. O'Neill, Recording Secretary

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:05 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Commissioner Jung. Roll call was taken and a quorum noted.	
3.	Public Comment	No public comment was presented.	
4.	Approval/Deletions – Agenda – October 25, 2012	Chairman Smith called for any deletions to the Agenda of the October 25, 2012 DBOH Meeting.	Jung moved, seconded by Dr. Humphreys, that the October 25, 2012 Agenda be approved as submitted. <u>MOTION CARRIED</u>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	Approval/Deletions – Minutes – Regular Meeting of September 27, 2012 Board Comment	Chairman Smith called for any additions or corrections to the minutes of the September 27, 2012 Regular Meeting.	Councilman Gustin moved, seconded by Dr. Hess, that the minutes of the September 27, 2012, meeting be approved as presented. <u>MOTION CARRIED</u>
6.	Recognitions	Dr. Iser and Chairman Smith recognized Steve Kutz as the newly appointed Division Director for CCHS; made awards for years of service; and the certificate of appreciation to AQM from Envirovolution.	
7.	Proclamations	None.	
8.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <ol style="list-style-type: none"> 1. Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> a. Anchor Concrete, Case No. 1096, Unappealed Citation No. 5305 – Staff reported Citation No. 5305, was issued to Anchor Concrete on September 11, 2012, for demolition of a structure prior to the start date provided on the EPA Notification of Demolition and Renovation form, which is a major violation of Section 030.105 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$5,000.00 be levied as a negotiated fine. 2. Recommendation to Uphold Citation Appealed to the Air Pollution Control Hearing Board: None. 3. Recommendation for Variance: None. <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <ol style="list-style-type: none"> 1. The Board was advised that Staff recommends the approval of amendments totaling an increase of \$3,000 in revenue and expense to 	

TIME	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>3. The Board was advised Staff recommends approval of the proposed Grant Program Internal order # TBA) FY 13 Budget.</p> <p>2. The Board was advised Staff recommends approval of Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2012 through December 31, 2012 to increase funding in the amount of \$1,829, bringing total CY 2012 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$292,556.</p> <p>3. The Board was advised Staff recommends approval of the proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2014 in the total amount of \$182,000; approval of budget amendments totaling an increase of \$182,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.</p> <p>4. The Board was advised Staff recommends approval of amendments totaling an increase of \$246,827 in both revenue and expense to the FY 13 Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Federal Grant Program, IO 10713; Approval of Subgrant Amendment #1 Scope of Work for the period July 1, 2012 to June 30, 2013 in support of CDC PHP Program; and if approved authorize the Chairman to execute.</p> <p>D. The Board was advised Staff recommends Retroactive Approval of the Submission of the Accreditation Support Initiative for Public Health Departments to the NACCHO call for Applications.</p>	<p>ACTION ITEMS: (1) Letter to Anchor Concrete regarding fine and due date.</p> <p>Councilwoman Ratti moved, seconded by Councilman Gustin, that the entire Consent Agenda be approved as presented in a single motion.</p> <p><u>MOTION CARRIED</u></p>
9.	Air Pollution Control Hearing Board Cases	None.	
10.	Regional Emergencies Medical Services Authority	<p>A. <u>Review and Acceptance of the Operations and Financial Report – September 2012</u></p> <p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the September 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in September 2012 was 94%, and 97% for non-life threatening calls; within the 8</p>	<p>Councilwoman Ratti moved, seconded by Commissioner Jung, that the Operations and Financial Reports for</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>B. <u>Update of REMSA's Community Activities Since September 2012</u></p>	<p>minute zone, it was 93%; within the 15 minute zone, it was 100%; and within the 20 minute zone, it was 100%. Advised the overall average bill for air ambulance service for September 2012 was \$7,829. The overall average bill for ground ambulance services for September 2012 was \$1,022.</p> <p>Mr. Gubbels noted that REMSA is continuing its Homebound Flu program; the Air Races went incredibly well; and Mr. Gubbels acknowledged Mr. Bill Burress who passed away last week.</p>	<p>the Month of September 2012 be accepted as presented.</p> <p><u>MOTION CARRIED</u></p>
11.	<p>Discussion of and Potential Direction to Staff Regarding the August 2012 TriData Emergency Medical Systems Analysis Final Report and other emergency medical systems reports and studies and the October 18, 2012 Concurrent Meeting between the District Board of Health, the Board of County Commissioners, and the Reno City Council. Possible Direction to Staff on Implementation of Recommendations Contained Within the Final Report and Possible Requests to Washoe County, the City of Reno, and the City of Sparks for Assistance in Implementation of Selected Recommendations.</p>	<p>Dr. Iser reported this matter was agendized pursuant to the October 18 Special Meeting of the DBOH, the BCC, and the City of Reno. All of the DBOH members were in attendance, except for Dr. Humphries, who had a conflicting professional meeting. There was long discussion about Dr. Cohen's report and recommendations and some discussion of other reports. REMSA did not appear at the special meeting. A letter from REMSA was read into the record which stated they were waiting on the report which they commissioned separately.</p> <p>In summary, it was decided that there are three main items at issue, which are (1) to fix Dispatch; (2) renegotiate the Franchise Agreement; and (3) EMS authority for oversight, including REMSA, Fire EMS; and EMS Dispatch. There were a whole host of other recommendations within the report, but these three main themes would address the majority of the issues.</p> <p>Dr. Humphreys stated that he had received and reviewed both presentations made at the Special Meeting. Dr. Hess stated that he has a sense of urgency to get this done. Chairman Smith stated that he believes this will take a good bit of time to be accomplished. There are a lot of questions that have to be asked and answered. Ms. Ratti stated that she believes there is a sense of urgency and a need for a process and timeline to move forward. Process and implementation should be set by Staff and brought back to this governing Board. What she heard in the Special Meeting was a call to action to this Board if we are willing to take the lead position in this effort, which does not mean that we define exactly what the solutions look like. Ms. Ratti stated that her recommendation is that the DBOH make a strong statement that should take the lead and look to our partners at the Cities and County (which to her also means the Fire Departments) for their support in creating a transparent system with meaningful oversight, and then leave it with Dr. Iser and the City and County managers for the process. Chairman Smith stated that we need to determine if in fact this Board wants to take on that oversight roll and then have Staff review what steps need to be taken. Councilwoman Ratti stated that she believes the DBOH should take on this roll. Councilman Gustin stated that he believes the credibility</p>	

TIME /
ITEM

SUBJECT / AGENDA

DISCUSSION

ACTION

and longevity of the Health District is on the line and that the DBOH should take on this role. He believes it would be a mistake for the DBOH not to take on this roll. Commissioner Jung stated that she echoes Councilman Gustin's and Councilwoman Ratti's statements. This is the DBOH's function and forum and we need to ask our partners if they are going to be willing to renegotiate the franchise. Councilman Gustin stated that he wants to be clear that this is not necessarily a renegotiation but an attempt to determine how our relationship evolves or if it becomes something else. Transparency is the main idea which keeps coming to the forefront. Dr. Humphreys stated that he certainly believes it is the responsibility and duty of the DBOH to fulfill this task and have Dr. Iser and the managers review this and bring back to us their recommendations. Dr. Hess stated that he believes that the DBOH needs to look at this system and that it is within our oversight.

Dr. Iser stated that Mr. Dick Barnard is in the audience and invited him to the podium if he would like to comment. Mr. Barnard stated that he is the Chairman of the Board of REMSA and has been for 20 to 30 years. Mr. Barnard stated that REMSA is more than willing to cooperate, participate, and support Dr. Iser. He agrees with Councilwoman Ratti's statements that we need to take a broad look at EMS and the entirety of the EMS system and develop a coordinated response. This is the kind of detail work that should be accomplished at the Staff level to bring back to the policymaking bodies for their direction, and REMSA will be full participants in this process. REMSA has two different consulting firms. This Board saw a PowerPoint presentation on the dispatch component of the EMS system. There are many other issues that should be on the table, many of which were covered in Dr. Cohen's report, but there are others. If we are going to deal with the EMS system, he believes we should take a comprehensive look at the entire EMS system and all of its components, and REMSA is willing to do that.

Councilwoman Ratti, on behalf of the DBOH, thanked Mr. Barnard for stepping forward and supporting this initiative to improve EMS delivery in our county. Councilwoman Ratti reiterated that one of Dr. Cohen's primary findings was the lack of transparency across the board. She is confident that of the stakeholders are going to move forward in good faith to negotiate the best outcome for our communities. As we discussed at the Special Meeting, she hopes that each jurisdiction will announce that they are supportive of this Board and we will move it forward.

Chairman Smith opened the floor for comment from the public.

Andy Flock, Fire Chief of Sparks Fire, addressed the DBOH. Chief Flock stated that this is one of many studies that have been conducted in the last several years. He was disappointed that REMSA chose not to come to the Special Meeting. He does have concern about REMSA's transparency. Sparks Fire is as transparent as we can be with data and response times, and he will make available to the Board anything and everything at his disposal to make this work easier.

Mike Brown, Fire Chief of the North Lake Tahoe Fire Department, addressed the DBOH. Chief Brown stated that NLTf is a fire protection district governed by a board, and he will take this matter back to his board and discuss it with them for our participation. We are the second ambulance transport provider in Washoe County with fire based EMS. Chief Brown stated that he was the Chairman of the EMS task force that was put together to select the provider for the EMS study. There was broad participation in Washoe County. We have a great system in a lot of respects, but we have grown and our population has grown. He is very pleased to see that we are getting somewhere with this process. We have to do this together. Transparency has to be a priority for relationships to flourish.

Mike Hernandez, Fire Chief for the City of Reno, addressed the DBOH and echoed the statements made by Chief Brown. He will take this recommendation back to the Reno City Council and seek direction for participation in this process. We have to fundamentally agree that our common denominator has to be the citizens that we serve. Any action that we take with respect to the Fire service delivery component in the EMS system has to have that fundamental belief that our mission is to serve our citizens, so we must that seek to enhance the service delivery model and serve them in the quickest way possible and work toward transparency in every aspect of our EMS delivery system.

Charlie Moore, Fire Chief of the Truckee Meadows Fire District, addressed the DBOH and stated that everything that he has seen in the short period of time that he has been here suggests that the relationship between Fire and REMSA is a competitive one lacking trust. It needs to move in the direction of a cooperative relationship and in the best interest of the people that we serve. He echoes the statements made by his peers. He is very anxious to move forward to make the system better. The TMSD wants to be a key player and cooperation will be the key in moving forward.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Iser stated the one reason he believes that this oversight should stay with the District Board of Health is that the Health District's mission is the same as REMSA's and Fire. Dr. Iser stated that he has met with the Fire Chiefs more than once, and they are all on the same footing with that. Dr. Iser stated that it is his clear recommendation that the EMS oversight stay with the Health District.</p> <p>Jim Gubbels, Vice President of REMSA, stated that he has one point of clarity on transparency. He asked that everyone go back and look at the TriData report. He stated that REMSA gave every piece of data that it was asked for, including the CPI data that was requested by TriData. He stated it is very clear throughout that document that REMSA was the one that was able to produce the data and forward it to them.</p> <p>Councilwoman Ratti again thanked everyone for their participation and clarified that she believes the statement in the TriData Report is that the data submitted needs to be compatible and able to match on a consistent basis. We need to build a system of transparency on an operational basis so we don't have to hire a consultant every 3 or 4 years to attempt to match up our data. We need a regular applies to apples comparison.</p> <p>Dr. Hess questioned what the process will be at this point to report to each of the bodies and back to the DBOH.</p> <p>Dr. Iser stated that he would like to be able to present to the BCC and the City Councils on this issue and other issues. Councilwoman Ratti stated that there should be urgency and a timeline; she is not sure that monthly is appropriate, but at a time when more meaningful updates can be delivered. She is more interested in Dr. Iser, Mr. Carey, Mr. Clinger, and Ms. Simon getting into a room to build a process that answers how we communicate, how we make it urgent, and how to we move it forward and come back and tell the DBOH what that looks like so that we ensure that what's happening.</p> <p>Commissioner Jung left the meeting at 1:50 pm and Dr. Furman arrived at approximately 1:52 pm.</p>	<p>Councilwoman Ratti moved, seconded by Commissioner Jung, to direct WCHD Staff to begin work on taking the lead on reviewing and implementing the appropriate recommendations from the recent stakeholder task force working with our partners at the cities and county to bring forth recommendations to the DBOH.</p> <p><u>MOTION CARRIED</u></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
12.	Strategic Retreat Planning Discussion	Dr. Iser reported to the DBOH that items to discuss during the Strategic Retreat would be EMS, 2014 Budget, the Community Health Assessment, the Community Health Improvement Plan, and the Strategic Plan with timelines and resources. Last year, we met between Thanksgiving and Christmas. We can select a date now. December 4, 5, 6, or 13 th were suggested. Dr. Iser would recommend a half day event with a potluck lunch. Dr. Iser suggested Division Directors and Divisional Supervisors be present. We will poll the Board for their preference of December 6 th or 13 th .	<p>Action Items:</p> <p>Ms. O'Neill will poll the Board on dates for the Strategic Retreat for either December 6 or 13, 2012.</p>
13.	Review and Acceptance of FY12 Budget Year Closeout Report	<p>Patsy Buxton, Fiscal Compliance Officer, presented a Staff report on the FY 12 Budget Year Closeout. Ms. Buxton recapped the budget and year-end process. Ms. Buxton reported that the Tentative FY12 Health Fund Budget was approved by this Board on March 3, 2011. Staff continually reviews Health Fund revenues and expenditures and adjustments are made in April up until the budget system is locked. At that time, Department presentations to the Board of County Commissioners (BCC) occurs. County Finance is required to submit a tentative budget to the state by April 15. In May, final adjustments are made to expenditures, such as health insurance, workman's comp, equipment services charges, etc. The BCC holds public hearings and then adopts a final budget. The County Finance Department submits the amended final budget to the Department of Taxation by June 30.</p> <p>The first couple of months of the new fiscal year, July and August, are focused on year-end close. During this period of time, final invoices are processed. The memo to the Comptroller's Office is generated, which reflects receivables, deferrals, budget authority to be carried forward from deferrals, all while preparing for the County OMB A-133 Audit.</p> <p>The Comptroller's Office has completed the FY12 Health Fund Review; however, the Comprehensive Financial Annual Report (CAFR) has not yet been released. It is scheduled to be presented to the BCC on November 13. Until this occurs, the information being presented to you today is considered unaudited.</p> <p>Ms. Buxton referred the Board to Attachment A of Agenda Item No. 13, which is the "Unaudited State Doc." This document is modified from what is presented to you in the Tentative Budget. In Column 2, ETC figures have been replaced with Unaudited Financials for the period, and in Column 3, the "Tentative Approved Budget" has been replaced with "Final Approved FY12." The Budgeted Ending Fund Balance for FY 12 was \$1,099,518. The Actual Ending Fund Balance at June 30, 2012, was \$3,916,042. The variance of \$2.8 Million was not unexpected since the BCC approved the FY 12 Budget which incorporated the</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION PLAN
		<p>impacts of the 2011 Legislative Session and setting the Alternative Service Delivery Planning Reductions at 10%, for which we had to plan. In September 2011, the BCC approved partner reductions, which for the Health Fund equated to \$805,000, 94% of which came from Personnel either as salary savings from vacant positions or from reducing the Standby and Retirement Calculations line item.</p> <p>Although we had a large variance between Budget and Actual, the more important element is the variance between ETCs and Actual. The variance identified on page 2 of Attachment A is \$1.2 Million, of which \$985,356 is Restricted Funds for Deferrals. The remaining \$302,000 is attributable to an increase in revenue and decrease in expenditures. AQM accounted for 74% of that variance with higher than projected revenues due to an increase in permits, dust plans, and development. EHS accounted for 26% of that variance due to an increase in pool permits, vector plans, and special event fees.</p> <p>Ms. Buxton reported that as has been stated before, in Grants, revenue equals expense. There can be variances within the Fund, but it stays within the grant.</p> <p>Ms. Buxton directed the Board to Attachment C, Page 4, FY 12 Operating Expense Variance \$150,221. Every Division came in under their ETCs, with the majority of the variance coming from EHS, mainly due to salary savings.</p> <p>In summary, the financials are reviewed on an ongoing basis. Staff reviews the financials utilizing various methods. Our goal is to reduce any variance as much as possible. It is our intent to bring this information to you after year-end close out every year.</p>	<p>Dr. Humphreys moved, seconded by Dr. Hess, to acknowledge receipt of the FY12 Health Fund Financial Review.</p> <p><u>MOTION CARRIED</u></p>
14.	<p>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for September 2012</p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for September 2012 of FY13, a copy of which was placed on file for the record.</p> <p>Ms. Stickney reported that we are about one-quarter into FY 13, and categorical revenues are tracking as expected. On Expenditures, Overtime is tracking slightly higher than expected due to special events, night time inspections, and outbreak investigations. Software Maintenance is tracking high due to timing of contracts coming due.</p> <p>Dr. Humphreys questioned several line item expenditures, which Ms. Stickney fully addressed. Dr. Hess questioned Revenue variances in the Medicare Clinical Services. Ms. Stickney reported that Staff is working on this item and will bring back a more in depth report for the Board.</p>	<p>Action Items: Bring an in depth report to the DBOH regarding Medicare Clinical Services billing.</p> <p>Dr. Hess moved, seconded by Dr. Humphreys, to accept the Monthly Public Health Fund Revenue and Expenditure Report for September 2012.</p> <p><u>MOTION CARRIED</u></p>

15.

FY14 Budget Update and Possible Direction to Staff

Eileen Stickney, Administrative Health Services Officer, presented the FY14 Budget Update, a copy of which was placed on file for the record.

Ms. Stickney reported that included in the Board packet is a PowerPoint presentation that outlines the FY 14 Planning and Budgeting Calendar and the Three-year Department Business Plans. This year, the County is requiring that all Departments prepare a three-year business plan by November 2. Staff is working to complete this project. The Budget Office created a template and pre-populated the Expense portion of the template, but Staff must forecast the Revenues for the plan. This financial data does not represent the actual budget; this is for planning purposes, and the data is based on preliminary assumptions for strategic planning. This information will be presented to the BCC in December. The BCC had requested a three-year budget plan, and this meets that requirement.

As new Revenue and Expenditure data becomes available, these numbers will be updated. The County is also projecting that they may have some additional revenues available, so they created an opportunity to address any investments that could be made to increase efficiency and productivity, reduce costs, and increase revenues. The Health District has two such projects under consideration; one is to improve service delivery to the public in Vital Statistics and the clinic by making improvements to the lobby by removing the planters and changing the work flow of the clinic; and the other is to purchase some enhancements for the Electronic Medical Records (EMR) modules in CCHS.

For our actual FY 14 budget request, Staff will be meeting with the Division Directors and program managers in January and February. Ms. Stickney proposed that the Health Fund Budget meeting be on March 7, 2012, at 1:00 pm. The required ILA managers meeting will be scheduled for March 4, 5, or 6.

The proposed FY14 General Fund Transfer is projected to be \$7,623,891. This represents a reduction to the COWCAP subsidy. The FY13 subsidy was \$2 Million; the proposed FY 14 COWCAP subsidy is \$1 Million, so in essence we will have \$1.5 Million budget impact from COWCAP.

Ms. Stickney directed the Board to the Preliminary Budget sheet placed at their seats which reflect FY 13 OFB, ETC Rev, Gen Fund Transfer, ETC Exp; and End Fund Balance, as well as projected FY 14 OFB, Revenues, General Fund Transfers and Expenditures, and an FY 14 Budget Deficit of \$1.7 Million dollars. Ms. Stickney emphasized that these are simply projections at this time, and emphasized that Expenditures are projected high at this time. We know there will be salary savings and that we can implement some other cost saving

Board Comment

measures such as indirect costs on grants, but the Health Fund is facing a significant shortfall. It is critical that Staff receive direction before January in order to develop budget-balancing measures that are sustainable and close the \$1.7 Million gap.

Dr. Humphreys stated that the Health District was fortunate to have a significant Ending Fund Balance over the last several years, but it appears there has been a significant shortfall for FY 13 and projected for FY 14. We must look at this picture pretty closely.

Ms. Stickney stated that she knows the Health District and DBOH have some difficult decisions to make regarding our services, and Staff still has work to do on fee projections, but we know that increasing fees and implementing the indirect on grants will not close this gap.

Dr. Hess questioned Staff about how many positions are being held open at this time, and Ms. Stickney responded 7 – 8. Dr. Iser directed the Board to the copy of an email he placed at their seats today. The email is directed to all Health District Staff and notified Staff of these dire circumstances. The problem is General Fund. Grant funded positions can go forward, but General Fund positions cannot. If the Health District has to go to layoffs, this would decrease the number of layoffs required. This could mean another 15 – 25 layoffs. Staff will come forward with a 30% increase in fees; however, if the Board chooses not to implement an increase in fees that will simply mean more layoffs in General Fund positions.

Dr. Iser stated that, in his opinion, the problem really lies in the implementation of the COWCAP. FY 13 was the first year that it was charged to the Health Fund, and it cost the Fund \$550,000. In FY 14, COWCAP will cost \$1.5 Million out of our General Fund Budget, and then in FY 15, with full implementation, COWCAP will cost the Health Fund the full \$2.55 Million. This difficult prognosis does not even take in to account if the federal government goes forward with sequestration. It will be devastating to all public entities. We are also projecting that our federal grants will decrease in the future. Staff believes that the only path forward is to increase our fees and take the COWCAP off the grants, successfully applying for new grants, and trying to work with the County to decrease our cost allocation. Dr. Iser asked for the DBOH's support in attempting to negotiate with the County to decrease the Health District's cost allocation.

Councilwoman Ratti stated that in light of all the factors, the TriData recommendations may be too costly to our community to fully implement at this

time, which is another reason for Staff's review to see if maybe we start with limited oversight, and build up to that projected cost. Chairman Smith asked if the Cities had implemented a cost allocation, and both Councilwoman Ratti and Councilman Gustin replied no. Councilman Gustin stated it is his belief that if the community wants the Health District to survive and service the number of people they need to service, both Cities are going to have look at their funding for the Health District. It will be far less expensive for both Cities to allocate funds to the Health District than it will be to have to fund their own health entity. We have to take a strong look at the priority lists that need to be funded.

Councilwoman Ratti stated that she does not disagree with what Councilman Gustin just stated, but the whole tax equity discussion that is happening in legislative committees now, will hit during the legislative session because it is bigger than any one local issue, and Councilwoman Ratti pledged to advocate at the local level for public health where is an opportunity to change the health outcomes.

Chairman Smith questioned the equity of living within the city limits and payment of county taxes yet not receiving county services. Councilwoman Ratti responded that there is an ongoing, decades-long argument regarding what is a municipal service and what is a county service. If you look at the County's budget, you believe that you are not getting your fair share of the tax pie, which is a very complex distribution formula and equally difficult to articulate, and if you look at the municipal budget, you believe that you are not getting your fair share of the tax pie. And as is the case with most issues, there is truth around both scenarios. But on the Sparks City Council there are three members who regularly say when this topic is discussed that Sparks is getting double taxed, and it is just not that simple. It has to all be laid out and determined how much benefit are we getting from the Health District, Social Services, Senior Services, and when that is all put into the mix, are the residents of Reno and Sparks getting their fair share, because the unincorporated residents are getting their roads, their fire, their police, and that's the extra part the County gets. Smart people are looking at this and have not yet determined how you figure out what is fair. However, she does agree with Councilman Gustin. Fernley is in the middle of lawsuits over this issue and has won the first battle by surviving the Motion to Dismiss.

Dr. Iser questions if we have to go forward with layoffs, where will they come from and how will they affect us? Our General Fund dollars are distributed over Environmental Health Services, Administrative Health Services, and a significant portion of Air Quality; all of TB is covered under General Fund; MCH visitation; Family Planning; and so a good portion of Community and Clinical Health

Action Items:

- (1) Staff will project how much additional revenue will be available to the Health District if fees are increased by the COWCAP rate; (2) Staff will analyze the grants to see how much General Fund savings are available if cost allocation is charged to each grant; (3) Staff will firm up budget number projections as much as possible; and (4) Staff will

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Services is also General Fund. We will need direction on the DBOH's priorities. Dr. Iser also stated that this \$1.7 Million deficit does not include any carry over or Ending Fund Balance as the Board has stated they would like the Health Fund to have. Having a \$600,000 EFB makes our deficit \$2.3 Million.</p> <p>Councilwoman Ratti asked if by December Staff would be able to: (1) firm up budget number projections as much as possible; and (2) lay out all of our options with their impacts so that we give an opportunity for advocates to get involved and speak to the importance of each of these areas. That's how we get the Cities, County, and Legislature involved.</p> <p>Dr. Iser confirmed with Ms. Cooke and Ms. Buxton that the calculations for increasing fees and the review of the grants to see what we can legally charge the grants in cost allocation, and those impacts, will be complete by the date of the Strategic Planning Retreat. Dr. Iser also confirmed that we will also have preliminary discussions within the Leadership Team about areas to cut and make those recommendations to the DBOH at that time.</p> <p>Ms. Stickney stated she has reviewed how to present this data to the Board since Staff needs the information on the front end, and in 2003, the Health District had to prioritize and look at the program areas, and we broke some of the programs out into the activities. Ms. Stickney will work with Dr. Iser and the Division Directors to bring that to the Board at the Strategic Planning Retreat.</p>	<p>create an outline of all options available to the DBOH, all by the date of the Strategic Planning Retreat in early December, 2012.</p> <p>Dr. Hess moved, seconded by Councilwoman Ratti, to accept the FY14 Budget Update as presented; direct Staff to bring as much relevant data as they can, including financial data and impacts to programs, to the Strategic Planning Retreat; and to set the Special Meeting for FY14 Budget Review for March 7, 2013.</p> <p><u>MOTION CARRIED</u></p>
16.	<p>A. <u>Director – Epidemiology and Public Health Preparedness</u></p>	<p>Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Dr. Todd reported that in relation to the gastrointestinal outbreak reported in his staff report, the CDC has returned results for two strains of norovirus and sapovirus. We are implementing enhanced exclusion criteria District-wide. Handouts have been developed to help clarify the enhanced exclusion criteria. This has been an unusually long outbreak, and we are still investigating why it has not yet returned to baseline. There are over 400 cases attributable to this outbreak, and it is wearing on staff in EPHP and EHS.</p>	
	<p>B. <u>Director – Community and Clinical Health Services</u></p>	<p>Mr. Steve Kutz, Director, Community and Clinical Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
C.	<u>Director – Environmental Health Services</u>	<p>Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>The City of Sparks has drained the D'Andrea pond, and the mosquito season has come to a close. The City of Reno is having discussions regarding the waste franchise and EHS staff is actively involved. A major component is that it will result in a single stream recycling for our residents. Mr. Sack noted that this is a franchise review, and the Health District has no oversight role in the franchise, but our regulations work hand in hand with the franchise agreement. They are separate agreements in the county, each city, and Incline Village. The City of Reno is trying to resolve the issue prior to the seating of the new council. Councilman Gustin excused himself from the meeting at 3:00 pm.</p>	
D.	<u>Director – Air Quality Management</u>	<p>Mr. Dan Inouye, Acting Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>On Tuesday, October 30, 2012, AQM will be hosting a press conference and ribbon cutting on the Electric Vehicle Charging System, and we will be rolling out a new brand for AQM which will be "Keep it Clean."</p> <p>Thursday, November 1, will be the beginning of our new Green, Yellow, Red Burn Code season.</p> <p>The Reno News & Review will publish a 12-page insert highlighting AQM.</p>	
E.	<u>Administrative Health Services Officer</u>	<p>There was no Administrative Health Services Officer's Report for this month.</p>	
F.	<u>District Health Officer</u>	<p>Dr. Iser, District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Our evaluations are again up above the self-imposed guideline of 85%. We just recently heard that the Health District was not successful in obtaining the NACCHO Accreditation Support grant. The RWJF Shared Services grant should announce next month. With the budget issue that we have and since we did not get the NACCHO grant, we will not be as proactive in attempting to implement accreditation strategies. We will continue to look at how we can make small</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
17.	Board Comment	<p>steps forward. The Public Health Accreditation Board (PHAB) lists the standards that are required.</p> <p>Reno City council terms are effective immediately. New council members will be sworn in on the November 14th.</p> <p>Dr. Furman stated that he was approached by the Executive Director of the State of Nevada Board on Ethics who would like to present to the District Board of Health. Dr. Furman will give the contact information to Chairman Smith.</p> <p>No public comment was presented.</p>	
18.	Public Comment		
19.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	<p>Dr. Humphries, moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 3:07 p.m.</p>


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


 PEGGY F. O'NEILL,
 RECORDING SECRETARY

PROCLAMATION

WHEREAS, poor air quality can threaten the health of our citizens; and

WHEREAS, children, people with lung disease, older adults, and people with heart disease tend to be more vulnerable to air pollution; and

WHEREAS, it is beneficial for people to learn more about the effects air quality may have on their health and actions they can take to reduce air pollution; and

WHEREAS, the Washoe County Health District Air Quality Management Division (AQMD) through its programs is responsible for controlling sources of air pollution and assuring compliance with federal, state, and local environmental laws governing air quality; and

WHEREAS, the *Washoe County Air Quality Trends Report*, which contains information, such as National Ambient Air Quality Standards, Local Ambient Air Monitoring Network, and Current Air Quality Design Values and Attainment Status, is available at www.washoecounty.us/health; and

WHEREAS, AQMD implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education; and

WHEREAS, the Washoe County District Board of Health and the U.S. Environmental Protection Agency support efforts to encourage Americans to utilize the Air Quality Index, understand what causes poor air quality, and make strides to improve the overall air quality; now, therefore, be it

PROCLAIMED, that the Washoe County District Board of Health does hereby proclaim the week of April 30 - May 4, 2012, to be Washoe County Air Quality Awareness Week, and encourages community action to reduce air pollution levels during this week and throughout the year to improve the health of all who breathe our air.

ADOPTED this ____ day of April, 2012.

Matt Smith, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Jerry Enwald – Case No. 1095
Unappealed Citation No. 5228
Agenda Item: 8. A. 1. a.

Recommendation

Air Quality Management Staff recommends that Citation No. 5228 be upheld and a fine of \$5,000 be levied against Mr. Jerry Enwald for failure to have an asbestos survey performed by a qualified person and submitted to Air Quality for the issuance of an Acknowledgement of Asbestos Assessment prior to the demolition/renovation of a commercial facility. Conducting demolition/renovation activities without qualified asbestos testing and an Acknowledgement of Asbestos Assessment is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107(A), Hazardous Air Pollutants, Asbestos Sampling and Notification.

Additionally, Mr. Enwald continued to work for a period of three (3) days in violation of a Stop Work Order that was posted at 105 Cal Lane, Unit (B) in Sparks. Section 030.1401 states "A person served with a stop work order shall immediately stop all activities specified in the stop work order." Continued activity contrary to a Stop Work Order constitutes a major violation of Section 040.1401 and may be subject to a fine of up to \$10,000 a day for every day of violation.

Recommended Fine: \$35,000.00

Negotiated Fine: \$5,000.00

Background

On August 31, 2012, Air Quality Specialist Wallace Prichard responded to a complaint of possible illegal removal of suspect asbestos containing materials in a commercial building located at 105 Cal Lane Unit B in Sparks, Nevada. Upon his arrival at the site, AQ Specialist Prichard found that there was considerable demolition being conducted within the unit. Photos were taken of a utility trailer full of sheetrock and other building materials that were removed from the unit. AQ Specialist Prichard immediately contacted the Air Quality office to inquire if there was a current Acknowledgement of Asbestos Assessment (Assessment) on file for the 105 Cal Lane Unit (B) address. The determination was made that there was not a current Assessment on file for the demolition being conducted.

AQ Specialist Prichard contacted Mr. Ed Yuill with The Ribeiro Company, the property managers for the facility, to inform him of the removal of the possible asbestos containing materials. Mr. Yuill indicated he was unaware of the demolition being conducted and that he had not authorized the renovation activities. AQ Specialist Prichard immediately posted a Stop Work Order.

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

www.washoecounty.us/health

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DBOH AGENDA ITEM NO. 8.A.1.a.

November 15, 2012

DBOH/Mr. Jerry Enwald/Case 1095

Page 2

Mr. Yuill provided AQ Specialist Prichard with the contact information for Mr. Jerry Enwald and identified him as the person that negotiated the lease for the unit. Mr. Yuill immediately sent a Ribeiro employee to secure the unit to ensure the utility trailer full of debris inside the unit would not be disturbed until a survey could be conducted. AQ Specialist Prichard photographed the trailer loaded with sheetrock and debris scattered throughout the floor of the unit.

AQ Specialist Prichard returned to the unit later that day to check on the status of the Stop Work Order and found the unit was still secure but that the utility trailer had been removed. AQ Specialist Prichard immediately contacted The Ribeiro Company and advised them that the Stop Work had been violated. Ms. Erin Riccio, the property manager for the unit, said that she would contact Mr. Enwald and advise him if the problem continued she would have the locks changed. AQ Specialist Prichard once again checked the unit on Saturday, September 1, 2012, at 9:00 am and the unit was in the same condition as it was Friday when AQ Specialist Prichard spoke with The Ribeiro Company.

On September 4, 2012, when AQ Specialist Prichard arrived on site there was work in progress and all debris and construction material had been removed and the warehouse had been hosed out and cleaned. At that time, AQ Specialist Prichard issued Notice of Violation Citation No. 5228 to Mr. Jerry Enwald for failure to obtain a qualified asbestos survey and an Assessment prior to the demolition/renovation of a commercial building, in addition to the violation of a posted Stop Work Order for a period of three (3) days, even though it had been five (5) days since the order was posted.

On September 26, 2012, Mr. Jerry Enwald met with Senior Air Quality Specialist Dennis Cerfoglio and AQ Specialist Wallace Prichard regarding the issuance of Citation No. 5228. During the meeting, Mr. Enwald was evasive and uncooperative when asked if he was the responsible party and ordered the demolition/renovation work. Mr. Enwald denied all responsibility and stated that he was just the person whom negotiated the lease agreement for his client, Mr. Taggart, whose address is 10700 Elliot Circle Unit #202, Westminster, CO 80234. Senior AQ Specialist Cerfoglio suggested that there was obviously some misinformation between the parties and that further investigation would be required.

AQ Specialist Prichard continued his investigation by contacting The Ribeiro Company to obtain a copy of the lease agreement, the State of Nevada Contractors Board, and the City of Sparks Business License and Building Departments. All of the information collected by AQ Specialist Prichard indicated that Mr. Jerry Enwald was in fact the responsible party.

Settlement

On October 16, 2012, Senior AQ Specialist Cerfoglio conducted a negotiated settlement meeting at the request of Mr. Jerry Enwald. AQ Specialist Prichard and Mr. Mark Enwald, the person who actually performed the demolition/renovation work, were also in attendance. At this second meeting Mr. Jerry Enwald admitted that he was the responsible party and did instruct his brother to demolish the suspect asbestos containing materials in the unit. He also acknowledged the Stop Work Order was violated for a period of three days and that he would take responsibility for the Citation. After consideration of all of the facts presented in the case, AQ Specialist Cerfoglio proposed that Citation No. 5228 be upheld with a fine of \$5,000. Mr. Jerry Enwald agreed and a Memorandum of Understanding was signed by all parties.

November 15, 2012


DBOH/Mr. Jerry Enwald/Case 1095

Page 3

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5228.
2. The Board may determine to uphold Citation No. 5228 but levy any fine in the range of \$0 to \$10,000 per violation for each of the three days of violations.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Mr. Enwald may be properly noticed.



Kevin Dick, Division Director
Air Quality Management

KD/DC: ma



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: October 24, 2012
Company Name: Jerry E. Ewald / 105 Cal Lane Unit (B)
Address: 4732 Park Vista Court
Notice of Violation No.: 5228 Case No.: 1095

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.107(A) Removal of possible asbestos containing materials without proper sampling & notification, plus violation of a "stop work" order for a period of three days.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 5,000.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 15, 2012.

Jerry Ewald
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Jerry Ewald
Print Name

DENNIS A. CERFOGLIO
Print Name

Title

Sr. Air Quality Specialist
Title

Witness

Christina Panton
Witness Plans/Permits/Application Aide

Witness

Witness

RECOMMENDED FINE WORKSHEET

DATE: 9-4-2012 CASE NO.: 1095 NOV NO.: 5228

COMPANY NAME: JERRY ENWALD

CONTACT NAME: SAME

(MAJOR / MINOR)

VIOLATION OF SECTION(S): 030.105 Asbestos/NESHAP; 030.1401 Violation of Stop Work Order

<u>X</u>	1 ST VIOLATION	<u> </u>	2 ND VIOLATION	<u> </u>	3 RD VIOLATION
<u>YES</u>	HAZARDOUS AIR POLLUTANT	YES / NO	<u>ASBESTOS</u>	TYPE OF AIR CONTAMINANT (CO, NOX, SOX, PM, VOC'S, HAP'S)	
<u>NO</u>	LEGALLY PERMITTED SOURCE	YES / NO	<u>UNKNOWN</u>	PUBLIC HEALTH EXPOSURE	YES / NO
<u>FOUR</u>	NUMBER OF DAYS IN VIOLATION	YES / NO	<u>ONE</u>	PUBLIC COMPLAINTS	YES / NO

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

No permits obtained, no asbestos survey/testing, no Acknowledgement of Asbestos Assessment with the AQMD office.

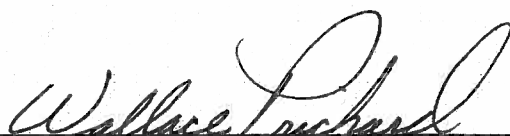
2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR
ESTIMATED COST \$ 300.00
(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

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

Little or no cooperation: Violated the Stop Work Order posted on 8-31-2012, and continued work from 8-31-2012 through 9-4-2012.

4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$35,000.00


AQ SPECIALIST'S SIGNATURE

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



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5228

DATE ISSUED: 9/4/2012

ISSUED TO: Jerry Enwald PHONE #: 775-857-7012

MAILING ADDRESS: 105 Cal Ln Unit (B) CITY/ST: Sparks NV ZIP: 89431

NAME/OPERATOR: Mark Enwald PHONE #: _____

PERMIT NO. Case # 1095 COMPLAINT NO. CMP12-0149

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 8/31/2012 (DATE) AT 11:00 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.1401</u> |

VIOLATION DESCRIPTION: Failure to file Acknowledgment of Asbestos Assessment. Stop Work Order violated after posting. (3) days.

LOCATION OF VIOLATION: 105 Call Lane Unit B, Sparks, NV 89431

POINT OF OBSERVATION: Inside of warehouse.

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

Emissions Observed: NONE
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on 8/31/12 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediate hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 9-4-12
 Issued by: Wallace Pritchard Title: Air Quality Specialist

PETITION FOR APPEAL FORM PROVIDED

STOP WORK

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 EAST NINTH ST. SUITE B171 • RENO NV 89512
PHONE (775) 784-7200 Case #1095

DATE 8/31/2012 TIME 11:00 AM
OWNER/OPERATOR _____
ADDRESS 105 Cal Lane Unit (B)
EQUIPMENT DESCRIPTION No asbestos
notification.
NOTICE OF VIOLATION # 5228 DATE 8/31/2012

- 30.105 Asbestos Removal
 40.080 Gas Station Operations
 30.200 Source Operations Without Permit

VIOLATION SECTION 030.105
Asbestos / NESHAP

YOU HAVE BEEN DULY NOTIFIED OF THIS VIOLATION
AND ARE HEREBY ORDERED TO CEASE CONSTRUCTION,
INSTALLATION, ALTERATION, OR OPERATION OF THIS
SOURCE.

FAILURE TO CONFORM MAY RESULT IN A FINE OF UP TO
\$10,000 PER DAY AS LEVIED BY THE DISTRICT BOARD OF
HEALTH PURSUANT TO THE AIR POLLUTION CONTROL
REGULATIONS FOR RENO, SPARKS, AND WASHOE
COUNTY.

By Wallace Richard
Inspector

UNLAWFUL TO REMOVE THIS TAG

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0149**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: ASBESTOS

Date Received: 08/31/2012

Time: 9:41 A.M.

Inspector: WPRICHARD

Inspector Area: 4

Complaint Description: NOV CITATION 5228, CASE 1095 - TEARING OUT SHEETROCK - NO ASBESTOS ASSESSMENT ON FILE

Address: 105 CAL LN SPKS

Location:

Parcel Number: 03430010

Related Permit Number:

Complainant:
ANONYMOUS

Responsible Party:
JERRY ENWALD
105 CAL LANE
UNIT B
SPARKS, NV 89431
775-857-7012

Investigation:

Anonymous Complaint that sheetrock was being torn out with no assessment.

On Friday August 31, 2012 Air Quality Specialist Prichard received a possible asbestos complaint (CMP12-0149) from Air Quality Management at 1000 hours. The complaint was called into the office at 0941 hours from an anonymous citizen. The complainant stated that there was sheetrock material being removed from 105 Cal Lane Unit B Sparks, Nevada.

When the complaint was called into Air Quality Management the office personal checked for an Acknowledgment of Asbestos Assessment, EPA NESHAP Notification Of Demolition and Renovation, and or an Asbestos Analytical Report.

None of the following requirements could be found on file before the complaint was issued to Specialist Prichard.

Air Quality Specialist Prichard arrived at 105 Cal Lane Unit B at 1030 hours. Specialist Prichard was unable to locate the responsible person that was doing the demolition inside the warehouse.

Specialist Prichard was informed that the building was under the management of The Ribeiro Company. Specialist Prichard called Ed Yuill, Vice President, of The Ribeiro Company and informed Mr. Yuill that demolition was being conducted without any testing for asbestos. Mr. Yuill was unaware that

any construction or demolition was being done and that The Ribeiro Company had not authorized any work in the warehouse.

After speaking with Mr. Yuill Specialist Prichard proceeded to fill out a Stop Work Order and tape it to the front door. Then Specialist Prichard took a picture of the front of the building showing the address and the Stop Work Order taped on the door.

Specialist Prichard then went into the warehouse and took an additional five (5) pictures showing the sheetrock loaded in a trailer and debris scattered throughout the warehouse.

Specialist Prichard called Mr. Yuill and asked him if he could send someone to 105 Cal Lane Unit B and have them lock the doors. In a few minutes a Ribeiro employee came and locked the warehouse. The time was 1145 hours and no one had come by the warehouse during the time Specialist Prichard was at the address.

Specialist Prichard returned to 105 Cal Lane Unit B at 1630 hours to check if anyone had been at the warehouse since the Stop Work Order had been issued. Also Air Quality Management had not received a call from anyone concerning the Stop Work Order. When Specialist Prichard looked in the front window he could see that the trailer with the sheetrock had been removed from the site. All the doors to the warehouse were still secure.

On September 4, 2012 a NOV #5228 was issued to Jerry Enwald for failure to file an Acknowledgment of Asbestos Assessment and Violating a Stop Work Order.

Enforcement Activities

Warning Citation...: 08/31/2012	Citation Number: 5228
NOV.....:	NOV Number....: 0
	Case Number.....: 1095
Settlement.....: 10/16/2012	Amount.....: \$5,000.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON	Completed Date....:
Date Assigned.....: 08/31/2012	Completed By.....:

**PHOTOS TAKEN BY AQ SPECIALIST WALLY PRICHARD
OF THE PROPERTY LOCATED AT
105 CAL LANE, SPARKS NV**

105



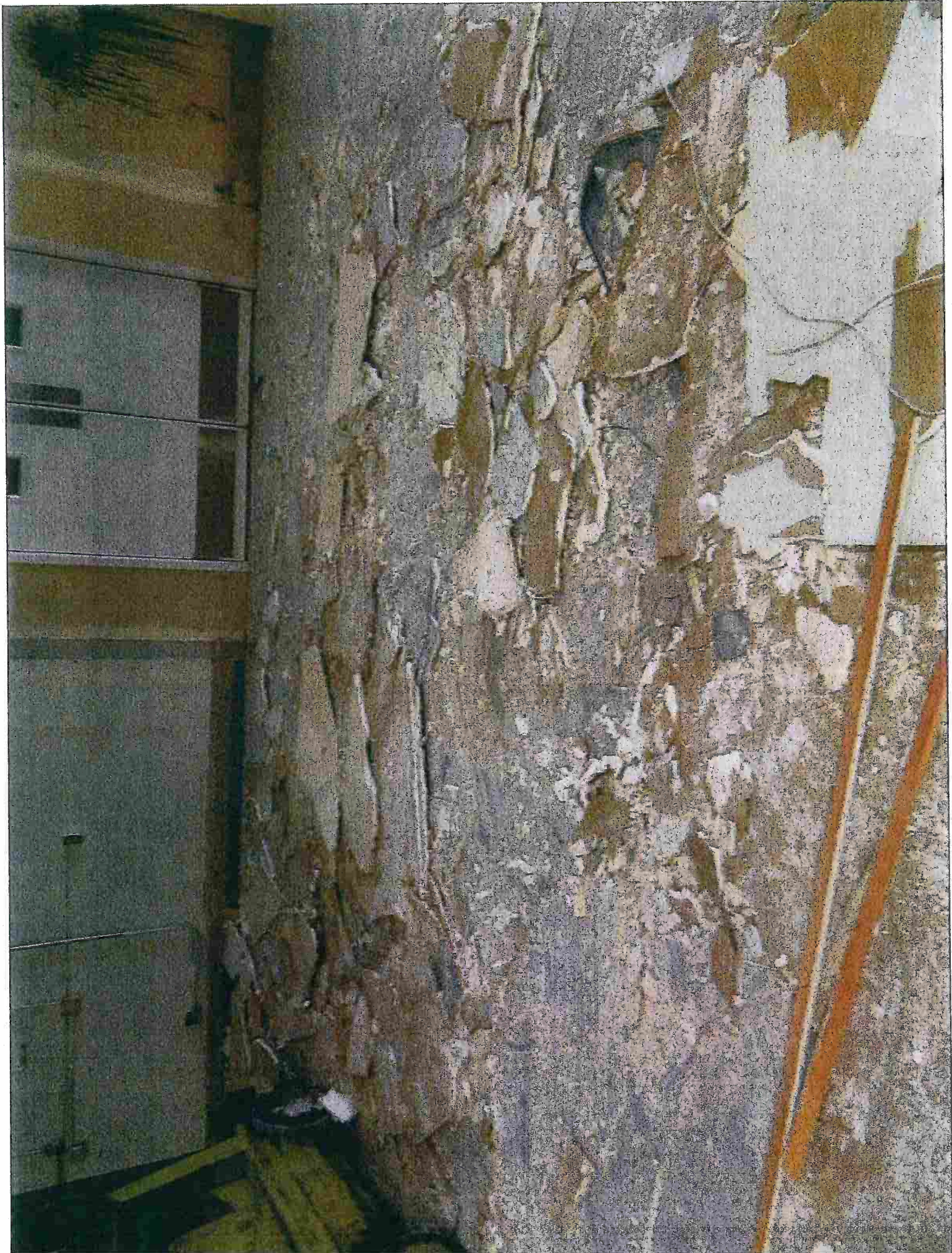
Ex: 105 01/21/12 10:30 AM



Friday 8/31/12 10:30 AM



Ex: 8/21/12 10:30 AM



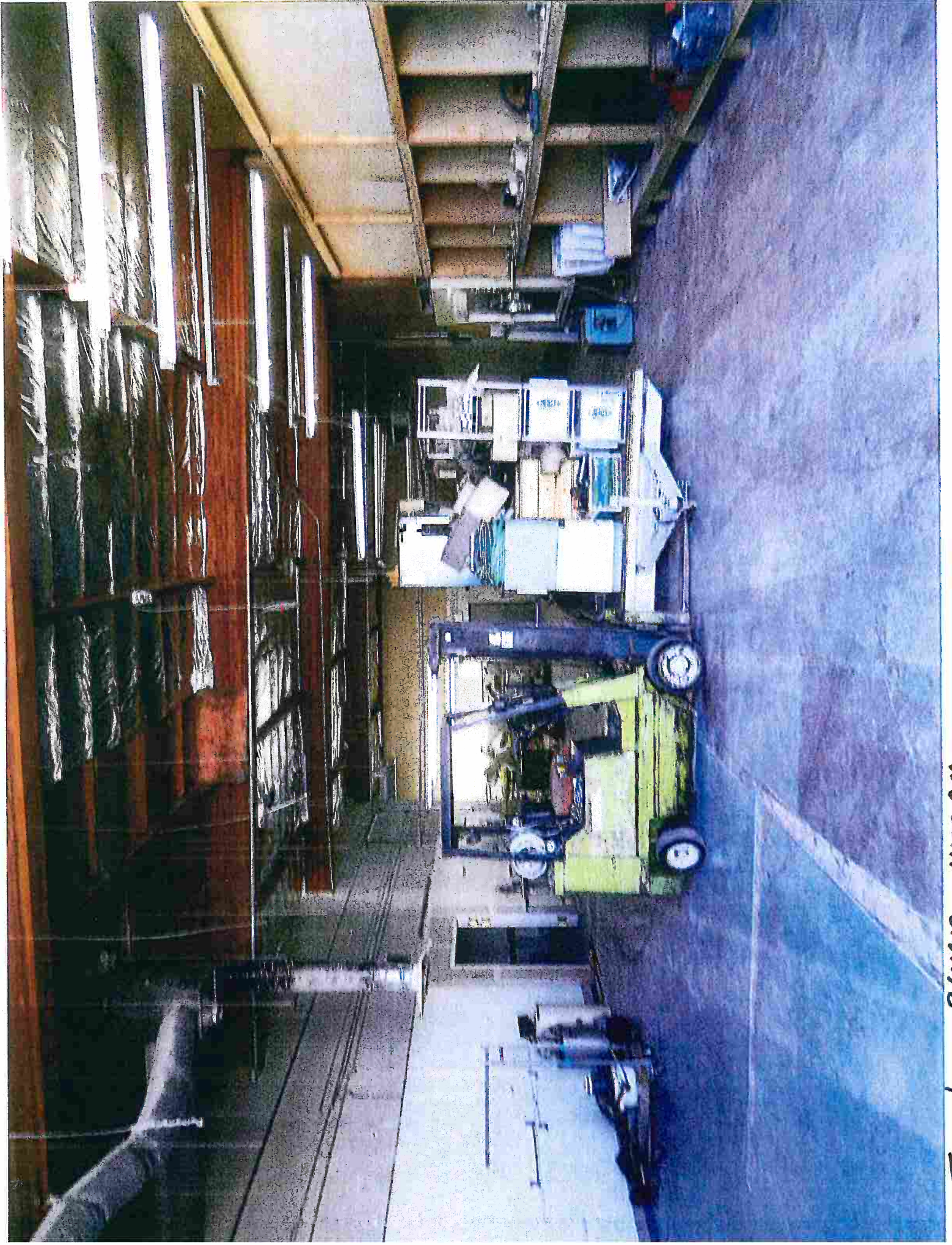
Ex. 12. 8/21/12 10:30 AM.



Ford... 8/31/12 10:30 AM



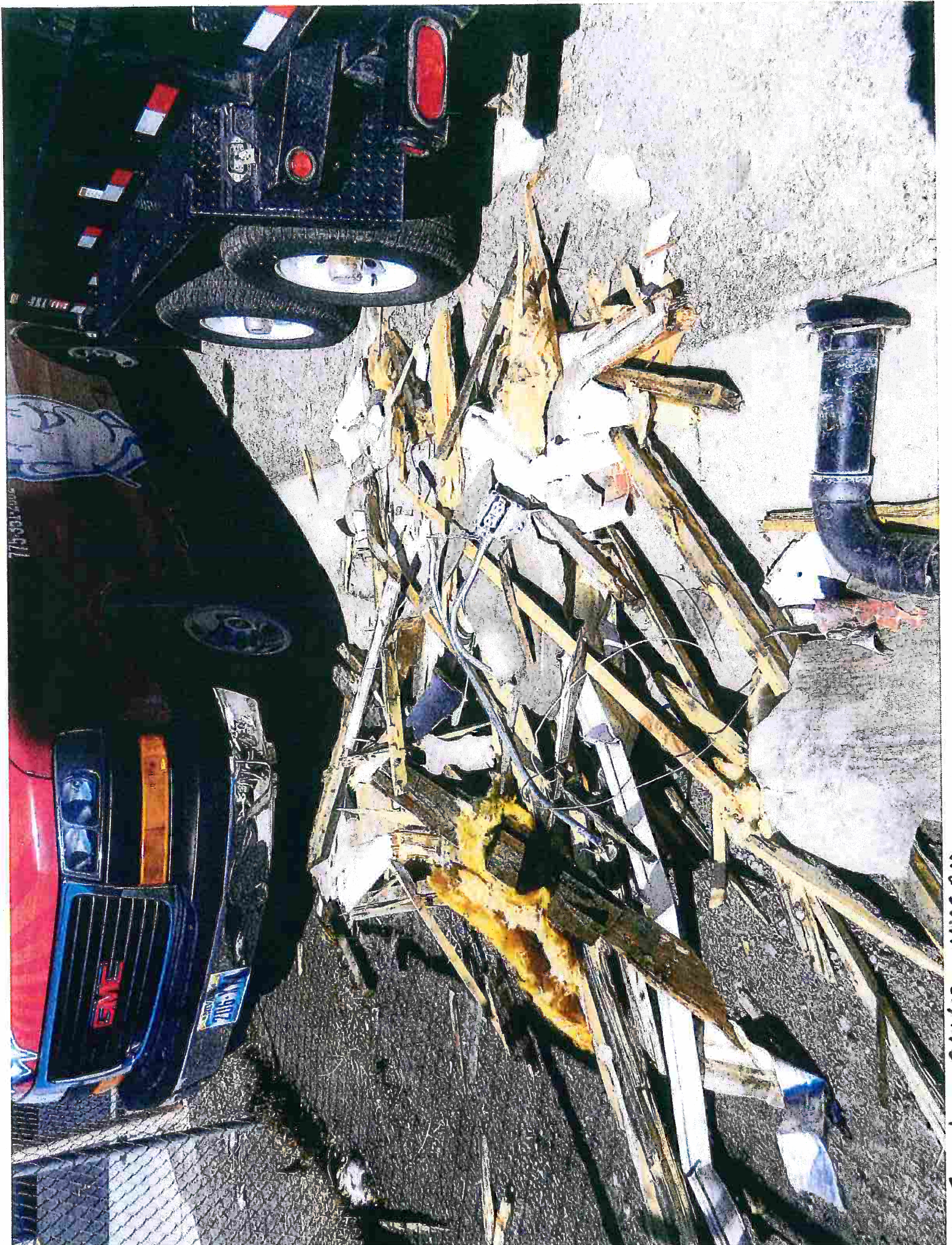
Friday 8/31/12 10:30 AM



Tuesday 9/14/12 11:00 AM



Thursday 9/4/12 11:00 AM



T-1-1-1 9/14/12 11:00 AM



Tues. 9/17/17 11:00 AM

SEPTEMBER 26, 2012 SETTLEMENT MEETING
WITH AQMD AND JERRY L. ENWALD

DATE: September 26, 2012

SUBJECT: Settlement Meeting With Mr. Jerry L. Enwald
Citation #5228 Case #1095

Background

On September 26, 2012, Mr. Jerry Enwald arrived at the Air Quality Management Division office at 8:56 a.m. to discuss a settlement meeting concerning Citation #5228, which was issued by Air Quality Specialist Prichard. Present at the meeting were Mr. Jerry Enwald, Senior Air Quality Specialist Dennis Cerfoglio, and Air Quality Specialist Wallace Prichard.

Specialist Cerfoglio:

Mr. Enwald "Thank you for coming in this morning to speak with us about the citation that Specialist Prichard issued. First after we hear all the facts in the case I would like to tell you that you are under no obligation to accept anything we decide to negotiate in the way of a settlement agreement. As you know Specialist Prichard wrote you a citation under 030.107 and 030.1401 which were two different violations in the same building. First the 030.107 was written for removal of possible asbestos containing materials without the proper sampling and failure to obtain an Acknowledgment of Asbestos Assessment from Air Quality Management.

Second when Specialist Prichard posted a Stop Work Order under 030.1401 it was ignored and work continued in the building for another five days. Mr. Enwald, do you understand why the citation was written?

Mr. Enwald :

I understand a citation was written, but I didn't remove any of the materials in question. As far as the Stop Work order neither myself nor my brother were aware that the Stop Work had been posted.

Specialist Prichard:

So no one from Ribiero Properties called you to tell you that I had spoke to them and informed them that a Stop Work Order had been placed on the building at 105 Cal Lane Unit B?

Mr. Enwald:

I may have gotten a call from someone with the The Ribiero Company that day but I don't recall who

and I don't think they ever mentioned the Stop Work order to me.

Specialist Prichard:

You were written the citation, because I was informed by Mr. Ed Yuill at the offices of Ribiero Properties that you negotiated the lease for Northern Lock and Key LLC. Is that information not correct?

Mr. Enwald :

No. I am not the one leasing the building I negotiated the contract with Ribiero Properties for Mr. David Taggart who is the person that is leasing the building.

Specialist Prichard:

Then you are not an owner of Mr. Rooter Plumbing? I'm asking because there was a Mr. Rooter Plumbing truck at the building and your brother Mark Enwald was driving the truck and doing the demolition of the offices inside the building.

Mr. Enwald:

No. Not anymore I sold that company about six months back to Mr. David Taggart I don't have anything to do with that company anymore!

Specialist Prichard:

So who is moving into the building that is located at 105 Cal Lane Unit B in Sparks, Nevada?

Mr. Enwald :

We were preparing the building for one of Mr. Taggart's businesses .

Specialist Prichard:

What is the name of that business? Do you recall?

Mr Enwald:

I believe it is Northern Lock and Key.

Specialist Prichard:

Do you have an interest in that company at all?

Mr. Enwald:

Absolutely none! The company is entirely owned by David Taggart.

Specialist Prichard:

So you have nothing to do with Northern Lock and Key?

Mr. Enwald:

No I do not!

Specialist Prichard:

You stated earlier that you have nothing to do with Mr. Rooter anymore, also is that correct?

Mr. Enwald:

That's what I said! I sold that company six months ago to Mr. David Taggart.

Specialist Prichard:

So how about Coit Dry Cleaning Services do you have any interest in that company?

Mr. Enwald:

No I do not! Although I do have extensive background in the dry cleaning business.

Specialist Prichard:

What about a company called Amazing Restoration do you have any interest in that company?

Mr. Enwald:

I never heard of that company. I do however have a background in the remediation business as well.

Specialist Prichard :

So then who was it that ordered the removal of the materials in the building without the proper sampling and notification? I ask this question, because when I finally made contact with the person removing the materials in the building I found out that it was your brother Mr. Mark Enwald. He was also driving a van that was clearly decal'd with Mr. Rooter Plumbing all over it.

Mr. Enwald:

I don't know who gave him permission to remove the materials, but it certainly was not me.

Specialist Prichard:

So you don't have anything to do with Mr. Rooter any more yet your brother is driving around in a Mr. Rooter van is that right?

Mr. Enwald:

David Taggart lets him drive the van as far as I know.

Specialist Prichard:

So you never gave your brother instructions to remove materials and you have nothing to do with any of the three companies mentioned before-hand. Is that correct?

Mr. Enwald :

That's correct. I would like you to show me where it states that asbestos samples need to be taken and submitted to a lab by a licensed consultant.

Specialist Prichard:

Stated that it was true that you don't need to be certified to take a sample and submit it to a lab for analysis in the case of a single family residence. This however is a commercial building which falls under NESHAP regulated facility which requires all sampling be done and taken to a lab for analysis by a person possessing U. S. EPA AHERA certification.

Mr. Enwald:

Ok then! I didn't know that was the case when we took the samples and submitted them ourselves.

Specialist Prichard:

Well it seems that you may be off the hook then for now as far as the Citation goes . if you are not the person leasing the building and you didn't order the removal of the materials in question . We will be contacting you later after further investigation.

Thank you this meeting is over.

**AIR QUALITY MANAGEMENT - ACKNOWLEDGE OF ASBESTOS ASSESSMENT
(INCLUDING THE ASBESTOS TESTING RESULTS FROM ASBESTOS TEM LABS)
ISSUED TO AMAZING CARPET CARE & RESTORATION ON
SEPTEMBER 5, 2012**

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT
Washoe County Air Quality Management Division

Permit Number: ASB12-0798

Property Owner: MANOUKIAN FAMILY TRUST

Phone:

Property Being Evaluated: MR ROOTER PLUMBING TENANT IMPROVEMENT - UNIT 105B

Address: 105 CAL LN SPKS

<u>TYPE OF PROJECT</u>	-	<u>TYPE OF PROPERTY</u>	-	<u>PROPERTY BEING ASSESSED</u>
RENO		NON-RES		PARTIAL*

FILING FEE: \$56.00 ✓

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

General Contractor:
TO BE DETERMINED

Consultant or Assessment Company:
ENVIRONMENTAL TESTING & CONSULTING
JACK GOSHOW
14640 TOLL RD
RENO NV 89521

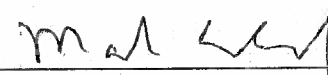
Abatement Contractor:

Assessment Results: ACM ABSENT

Abatement Completed:

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

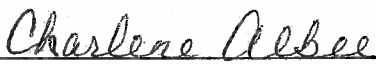
10-DAY NOTIFICATION MANDATORY FOR DEMOLITION



Owner / Representative's Name

Comments:

Tenant improvement space remodel for new occupant. Sampling found no ACM present. Use best methods for dust control during construction.



Health District Representative

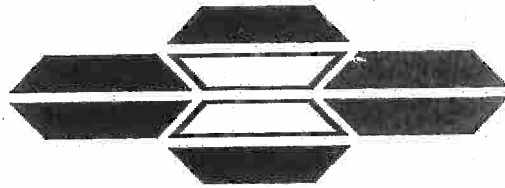
9/5/12

Date

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

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

CASH \$40.00
CHG1 \$16.00
1 0905'12 N048365 TND
1 0905'12 N048365 TND



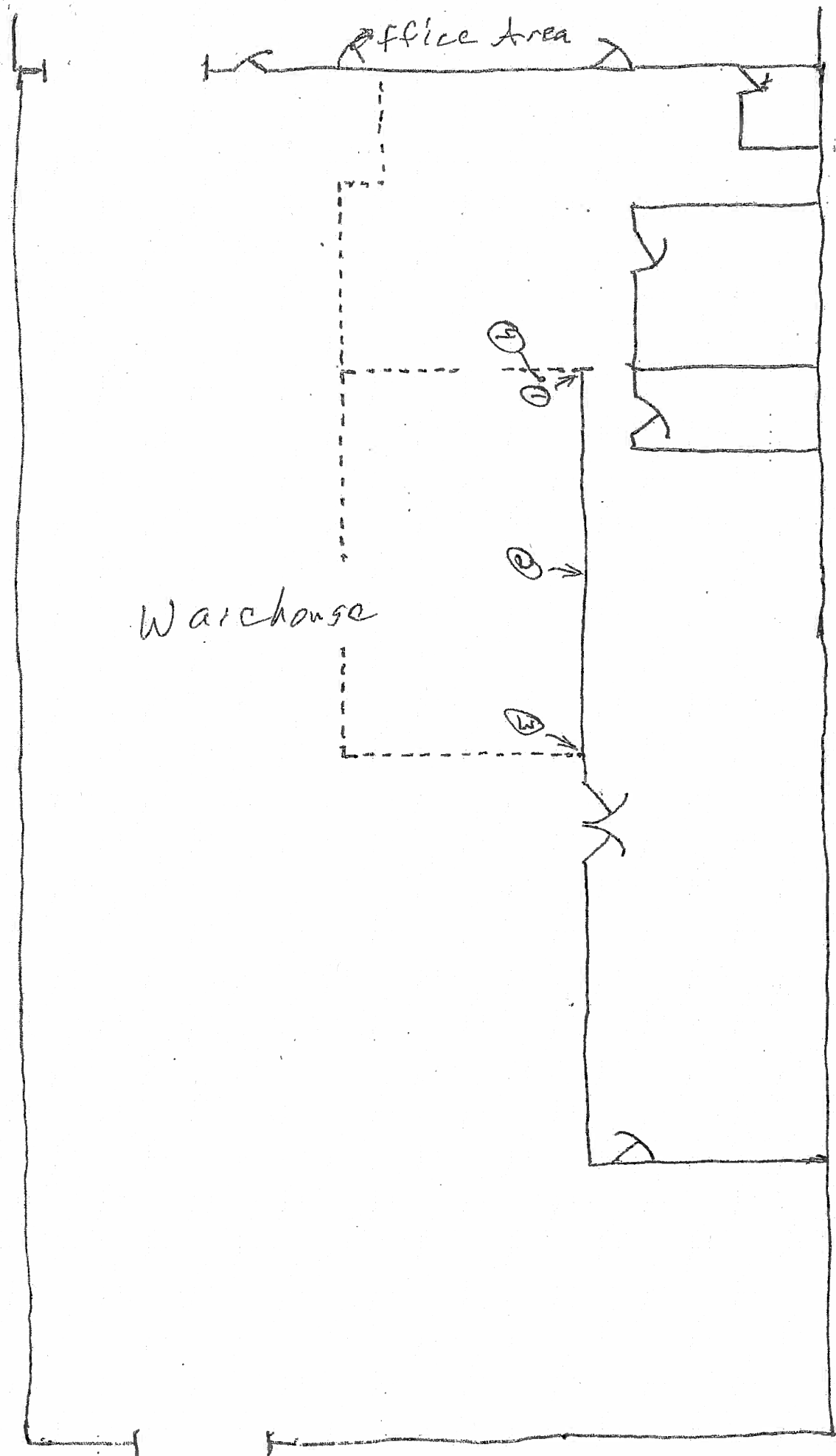
ASBESTOS TEM LABORATORIES, INC.

**EPA Method 600/R-93/116
Polarized Light Microscopy
Analytical Report**

Report No. 120258

1350 Freeport Blvd., Unit 104
Sparks, NV 89431
(775) 359-3377
FAX (775) 359-2798

With Main Office Located At:
630 Bancroft Way, Berkeley, CA 94710
Ph. (510) 704-8930 Fax (510) 704-8929



Office Area

Warehouse

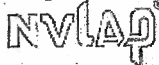
N ↑

105-B
Cal
(sparks)

① →

② →

③ →



POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Jack Goshow	Samples Indicated: 4	Report No. 120258
Address: Environmental Testing & Consulting 14640 Toll Rd Reno, NV 89521	Reg. Samples Analyzed: 4	Date Submitted: Sep-04-12
	Split Layers Analyzed: 1	Date Reported: Sep-04-12
Job Site / No. 105-B Cal, Sparks		

SAMPLE ID	% ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed		FIELD LAB
B-1. Lab ID # 881-03100-001	None Detected	1) 11-25% Cellulose, Fiberglass 2) 75-89% Calc, Gyp, Other m.p.	3) 4) Sep-04-12	Wall Material, Warehouse, East Wall, North Wall Materials-White/Tan
B-2. Lab ID # 881-03100-002	None Detected	1) 11-25% Cellulose, Fiberglass 2) 75-89% Calc, Gyp, Other m.p.	3) 4) Sep-04-12	Wall Material, Warehouse, East Wall, Middle Wall Materials-White/Tan
B-3. Lab ID # 881-03100-003	None Detected	1) 11-25% Cellulose, Fiberglass 2) 75-89% Calc, Gyp, Other m.p.	3) 4) Sep-04-12	Wall Material, Warehouse, East Wall, South Wall Materials-White/Tan
B-4. Lab ID # 881-03100-004A	None Detected	1) <1% Cellulose 2) 100-100% Plast, Qtz, Calc	3) 4) Sep-04-12	Floor Tile, Mastic (12x12 Blue), Warehouse, Middle Floor Tile-Blue
B-4. Lab ID # 881-03100-004B	None Detected	1) 1-5% Cellulose 2) 95-99% Gyp, Calc, Other m.p.	3) 4) Sep-04-12	Floor Tile, Mastic (12x12 Blue), Warehouse, Middle Mastic-Yellow
Lab ID #		1) 2) 3) 4)		
Lab ID #		1) 2) 3) 4)		
Lab ID #		1) 2) 3) 4)		
Lab ID #		1) 2) 3) 4)		

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

Laboratory Analyst

Greg Hanes

**ENVIRONMENTAL
TESTING & CONSULTING INC
14640 Toll Rd. Reno. NV 89521**

September 4, 2012
ETC Project No. 09-12-722

Amazing Carpet Care & Restoration
1092 Greg St
Sparks, NV 89431
Attn: Mark

**Re: ASBESTOS RENOVATION SURVEY
105B Cal Lane, Sparks, NV**

Ladies and Gentlemen:

On Tuesday September 4, 2012 a representative from Environmental Testing & Consulting (ETC) collected samples of building materials (walls and floor) proposed for renovation in the above mentioned facility. The intended scope of work included renovation/removal of the above mentioned building materials. The renovation contractor described the scope of work.

The purpose of this survey was to determine if Asbestos Containing Material (ACM) existed in the building materials that may be disturbed by an intended renovation. With this knowledge, the Owner or the Owner's Agent can determine what abatement action is necessary for appropriate health and safety precautions and to comply with all applicable federal, state and local regulatory requirements prior to and during the proposed renovation.

The survey work included conducting a visual inspection of the proposed work areas to determine types of building materials present, then developing and implementing a sampling plan of all accessible suspect asbestos containing materials in the intended renovation area. Samples were collected from the impacted materials. The samples were analyzed for asbestos content by EPA Method 600/R-93/116.

FINDINGS

The analytical results indicate there is **no ACM** present in the construction materials proposed for renovation. The materials determined not to be ACM because they did not contain regulated quantities of asbestos include:

- Building materials (walls and floor) in the impacted areas (warehouse - ***please see attached sketch for exact sample locations***) in the facility.

CONCLUSION AND RECOMMENDATIONS

Since no ACM was detected in the materials that are intended for demolition, further asbestos regulatory requirements do not apply, except the requirement to submit the survey to the air quality division of the local health department to receive an Acknowledgment of Asbestos Assessment. By doing this you have verifiable documentation that this survey was performed.

We recommend this survey report be retained with project files and property records.

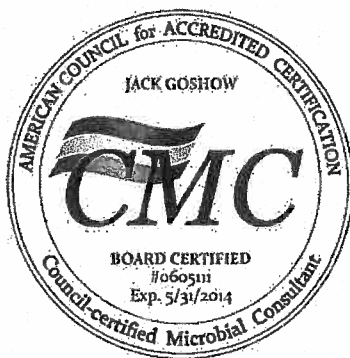
CLOSURE

It was not the intent of this study to find buried materials, conduct excessive destructive sampling, or to sample those materials that are not commonly considered asbestos containing for the purposes of building renovation or demolition. The purpose of this survey was to find and sample accessible suspect materials including multi-layered materials to determine asbestos content. ***If additional suspect Asbestos Containing Materials are encountered during renovation or demolition, that were previously undetected, the consultant requests to be notified so that sampling or other appropriate responses can be determined.***

This report represents information relating to the specific sample locations and material conditions at the time the survey was conducted. No other claims, warranties, or guarantees are either expressed or implied.

Submitted by,

Jack Goshow, Senior Industrial Hygienist, CMC™
Council Certified Microbial Consultant™
Board-awarded by the American Indoor Air Quality Council™
NV Asbestos Consultant # IM 0865
IICRC Water Restoration Technician



Enc. Lab Reports & Chain of Custody & Sample Location Sketch



ASBESTOS TEM LABORATORIES, INC

Accredited by
U.S. Dept. of Commerce
NVLAP[®]
NVLAP Lab Code 200104-0

Sep-04-12

Mr. Jack Goshow
Environmental Testing & Consulting
14640 Toll Rd
Reno, NV 89521

RE: LABORATORY JOB # 881-###
Polarized light microscopy analytical results for 4 bulk sample(s) with 1 sample split(s)
Job Site: 105-B Cal, Sparks
Job No.:
Report No.: 120258

Enclosed please find the bulk material analytical results for one or more samples submitted for asbestos analysis. The analyses were performed in accordance with EPA Method 600/R-93/116 or 600/M4-82-020 for the determination of asbestos in bulk building materials by polarized light microscopy (PLM). Please note that while PLM analysis is commonly performed on non-friable and fine grained materials such as floor tiles and dust, the EPA method recognizes that PLM is subject to limitations. In these situations, accurate results may only be obtainable through the use of more sophisticated and accurate techniques such as transmission electron microscopy (TEM) or X-ray diffraction (XRD).

Prior to analysis, samples are logged-in and all data pertinent to the sample recorded. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper analysis.

Each sample is opened in a class 100 HEPA negative air hood. A representative sampling of the material is selected and placed onto a glass microscope slide containing a drop of refractive index oil. The glass slide is placed under a polarizing light microscope where standard mineralogical techniques are used to analyze and quantify the various materials present, including asbestos. The data is then compiled into standard report format and subjected to a thorough quality assurance check before the information is released to the client.

For possible future reference, samples are normally kept on file for one year.

Sincerely Yours,

Laboratory Analyst
ASBESTOS TEM LABORATORIES, INC.

— These results relate only to the samples tested and must not be reproduced, except in full, with the approval of the laboratory. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. —

**RIBEIRO PERMIT TO COMPLETE THE RENOVATION WORK AT 105 CAL LANE,
UNIT B, SPARKS NV, TO BRING THE UNIT BACK INTO COMPLIANCE WITH
THE SPARKS BUILDING DEPARTMENT
DATED SEPTEMBER 6, 2012**



CITY OF SPARKS
COMMUNITY SERVICES DEPARTMENT
 Fire Division Building Division Planning Division
 (775) 353-2266 (775) 353-2306 (775) 353-2340
 email permitservices@cityofsparks.us

Job Site: 105 CAL LN SPKS

Permit Number: A1201774

Parcel: 034-300-10

Date Issued: 09/06/2012

Owner: MANOUKIAN FAMILY TRUST NOEL C

Inspector: FO

Applicant: RIBEIRO CORPORATION (THE)

Permit Type: NONRES

Phone: (702) 798-1133

Sub Type: INTDEMO

Contractor: RIBEIRO CORPORATION (THE)

Phone: (702) 798-1133

Valuation: \$2,500.00

Mech: \$0.00

Description: DEMO TWO OFFICES IN WAREHOUSE

Fee Details:

Item#	Description	Total Fee	Paid	Prev. Pmts	Curr. Pmts	
10	Building Fee	79.59	79.59	79.59	.00	
					Total Fees:	\$79.59
					Payments:	\$79.59
					Balance Due:	\$0.00

Note: This permit becomes null and void if work or construction authorized is not commenced within 180 days of issuance or if the construction or work is suspended or abandoned for a period of 180 days.

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. I further understand it is my responsibility to request and schedule all necessary inspections, including final inspection. Where a Certificate of Occupancy is required, such building shall not be occupied until final inspection has been conducted and approved and the Certificate of Occupancy issued. The issuance of a Certificate of Occupancy is not a warranty or guarantee as to the quality of construction of the structure and it does not insure or guarantee that there are not violations of local, state, or federal laws. I hereby agree to save, indemnify and hold harmless the City of Sparks, its officers, employees, and agents against all liabilities which may accrue against the City arising from the undersigned's failure to perform in accordance with approved permit and plans.

Owner(s) Authorized Agent

Erminio Souse
Print Name

Signature

Date

9/6/12

**LEASE AGREEMENT FOR
105 CAL LANE, UNIT B, SPARKS NV**

105 Cal Lane, Unit B
SPARKS, NEVADA

REFERENCE PAGES

1. LEASE DATE: August 28, 2012
2. LANDLORD: Noel Craig Manoukian Trust
3. TENANT: David A. Taggart
4. TENANT'S TRADE NAME: Northern Nevada Lock & Key, LLC
5. PREMISES: 105 Cal Lane, Unit B Sparks, Nevada
6. RENTABLE AREA OF PREMISES: 5,707 sq ft
7. TENANT'S ESTIMATED PROPORTIONATE SHARE OF CAM INSURANCE AND TAXES: \$570.00
8. SCHEDULED COMMENCEMENT DATE: November 15, 2012
9. TERM OF LEASE: THREE (3) MONTHS and SIXTEEN DAYS
10. MINIMUM RENT:

11/15/2012 Through 11/30/2012: Eight Hundred Fifty and 00/100 Dollars (\$850.00) Per Month.

12/1/2012 Through 2/28/2013 : One Thousand Seven Hundred and 00/100 Dollars (\$1,700.00) Per Month.

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11. ANNUAL RENTAL INCREASE: Negotiable
12. PERCENTAGE RENT: AGREED PERCENTAGE = 0
13. USE: Storage and office
14. MINIMUM/MAXIMUM HOURS: Unlimited
15. LANDLORDS ADDRESS FOR NOTICES: 6490 South McCarran Blvd, "E"
Reno, Nevada 89509
16. TENANT'S ADDRESS FOR NOTICES: 1285 Marietta Way Sparks
TENANT: David A. Taggart

17. SECURITY DEPOSIT: ONE THOUSAND SEVEN HUNDRED AND 00/100 DOLLARS (\$1,700.00)
To be made in two installments of Eight Hundred Fifty and 00/100 Dollars each

18. BROKER(S): None

19. GUARANTOR(S): David A. Taggart

20. TAX ID/SOCIAL SECURITY NOS.:

The information in this Reference Page is hereby incorporated into and made a part of the Lease. In the event of any conflict between any information in this Reference Page and the printed text of the Lease, the Lease shall control.

TENANT: NORTHERN NEVADA LOCK & KEY, LLC

LANDLORD: Noel Craig Manoukian Trust

By: David A. Taggart
David A. Taggart
Managing Member

By: [Signature]
Edward G. Yuill
Vice President/The Ribeiro Company
As Agent

Execution Date: 8-29-12

Execution Date: 8-31-12

PERSONALLY GUARANTEED:

By: David A. Taggart
David A. Taggart
Managing Member

TABLE OF CONTENTS

1.	Definitions.....	1
2.	Term.....	3
3.	Rent.....	3
4.	Tenant's Share of Adjustments.....	5
5.	Use.....	5
6.	Substitute Parking.....	7
7.	Repair and Maintenance.....	7
8.	Alterations.....	9
9.	Liens.....	9
10.	Signs.....	9
11.	Assignment and Subletting.....	10
12.	Indemnification. Mutual Waiver of Subrogation.....	12
13.	Insurance.....	12
14.	Waiver of Subrogation.....	13
15.	Utilities.....	13
16.	Holding Over.....	13
17.	Subordination.....	14
18.	Rules and Regulations.....	14
19.	Entry by Landlord.....	14
20.	Insolvency and Default.....	15
21.	Remedies.....	17

22.	Quiet Enjoyment.....	18
23.	Damage or Destruction.....	18
24.	Eminent Domain.....	19
25.	Sale by Landlord.....	20
26.	Estoppel Certificates.....	20
27.	Surrender of Premises.....	20
28.	Notices and Consents.....	21
29.	Hazardous Materials.....	21
30.	Commissions.....	22
31.	Attorney's Fees.....	22
32.	Changes by Landlord.....	22
33.	Entire Agreement.....	23
34.	No Partnership.....	23
35.	Recordation.....	23
36.	Limitation and Landlord's Liability.....	23
37.	Guaranty.....	23
38.	Financial Information.....	23
39.	Miscellaneous.....	23
40.	Exhibits.....	24
41.	Corporate Authority.....	24

Rules and Regulations
Exhibit(s) and Addendum

Lease Addendum (may include renewal option language and other standard addendum language)

Exhibit A - Diagram Showing Premises

Exhibit B - Sign Criteria

Exhibit C, C (1), C (2)- Sign Criteria

Exhibit D - Guaranty of Lease

Exhibit E- Tenant Improvements

**105 Cal Lane
INDUSTRIAL LEASE**

THIS INDUSTRIAL LEASE (this "Lease"), which is dated (as of the date set forth in Item 1 of the Reference Pages) for purposes of reference only, is made and entered into by and between the party identified on Item 2 of the Reference Pages ("Landlord") and the party as identified on Item 3 of the Reference Pages ("Tenant"). Landlord hereby leases to Tenant and Tenant hereby leases from Landlord the premises described in Paragraph 1(b) below for the term and upon all of the terms, covenants and conditions herein below set forth, to each and all of which Landlord and Tenant hereby agree.

1. Definitions. Except where the context otherwise specifies or requires, the following terms shall have the meanings specified below:

(a) The term "Building" or "Center" shall mean the land and other real property of the building owned by Landlord and identified at the top of the Reference Pages.

(b) The term "Premises" shall mean the portion of the Center outlined on the diagram attached hereto as Exhibit A, together with certain nonexclusive rights in and to the Common Areas as described in this Lease. Landlord and Tenant agree that the Premises contain the rentable area specified in Item 6 of the Reference Pages. The term "Building" shall mean the building in which the Premises are located.

(c) The term "Lease Year" shall mean each 12-month (or other) period during the Term (as defined below) commencing upon the Commencement Date (as defined below) and ending upon the expiration of the Term.

(d) The term "Adjustments" shall collectively include real estate taxes, insurance, Common Area maintenance charges, enclosed mall maintenance charges and other expenses to be paid pursuant to Section 4.

(e) The term "Common Areas" refers to all areas and facilities within the exterior boundaries of the Center (exclusive of building pads and/or footprint sites reserved for future buildings and the like included within the Center, if any, after the commencement of construction of leasehold improvements thereon) which are now or hereafter made available for general use, convenience and benefit of Landlord and other persons entitled to occupy space in the Center. The Common Areas shall include but are not limited to parking areas, private streets and alleys, landscaping, curbs, loading area, sidewalks, malls and promenades (enclosed or otherwise), lighting facilities, drinking fountains, meeting rooms, public toilets, Center signs, service areas, common utility lines, pipes and conduits and the like but excluding space in buildings (now or hereafter existing) designed for rental for commercial purposes, as the same may exist from time to time and further excluding streets and alleys maintained by a public authority.

(f) The term "Common Area Maintenance Expenses" as used herein shall be construed to include, but not be limited to, all sums expended in connection with the Common Areas for all general maintenance and repairs, operation and replacement of the Common Areas and for all costs of ownership and management of the Center as determined in accordance with generally accepted accounting principles, including by way of illustration, but not limitation the following: power,

Landlord Y Tenant DAT

water, sewer, waste disposal, and other utilities to the extent not separately metered; general landscape and common area maintenance costs; management fees including the cost of maintaining an on-site management office, if any; janitorial, guard and other services; materials and supplies; maintenance and repairs; exterior painting; licenses, permits and inspection fees; wages and salaries, employee benefits and payroll taxes for on-site personnel; accounting and legal fees; exterior window cleaning costs; roof and parking lot repairs and replacement; and equipment costs and costs of service agreements; depreciation on maintenance and operating machinery and equipment, if owned, and rental paid for such machinery and equipment, if rented; the cost of any capital improvements to the Center that are reasonably calculated to reduce Operating Expenses or are required under any governmental law, regulation or ordinance, amortized over such reasonable period as Landlord shall determine together with interest on the unpaid balance at the rate of 18% per annum, or the highest interest rate allowed by law, whichever is lower; maintenance and repair of any fire protection systems, lighting systems, storm drainage systems and any other utility systems; all costs or expenses incurred by reason of any repairs or modifications to the Center and/or its improvements and/or for repair or installation of equipment for energy or safety purposes; all costs and expenses pertaining to a security alarm system for the tenants and/or the Center (if any); renovation of the exterior portion of all or any part of the improvements constructed on the Center; reserves for the maintenance and repair work and reserves for replacement of existing capital improvements in the Common Areas; personal property taxes on the land and improvements located on or used in connection with the Common Areas; insurance premiums such as but not limited to commercial general liability, commercial property, rental interruption, earthquake, flood and worker's compensation insurance covering the Common Areas in amounts as required by Landlord or Landlord's lender and, in the event of a claim under any such insurance, the deductible amount (if any). Landlord may cause any or all of said services to be provided by an independent contractor or contractors or by an affiliate of Landlord, with the costs thereof to be included in the expenses in connection with the Common Areas.

(g) The term "Real Estate Taxes" shall include, without limitation, (i) all taxes (except for franchise, gift, estate, inheritance or net income taxes of Landlord), assessments and reassessments (whether resulting from any new construction, renovation or replacement of existing improvements or a transfer of all or any portion of the Center or otherwise), whether special or general; (ii) bonds, license fees, levies and penalties imposed, assessed or levied against the Center or any portion thereof by any authority having the direct or indirect power to impose, assess or levy the same, including, improvement, sanitary, community facilities or other improvement district thereof (iii) all taxes, fees and/or charges on the operation and use of the Center or Common Areas imposed by any federal, state or local governmental entity; (iv) all imposition (whether or not such impositions constitute tax receipts without limitation, those imposed or required by governmental agencies to increase tax increments to governmental agencies and for such services as fire protection, street, sidewalk and road maintenance, refuse removal and/or for other governmental services formerly provided without charge to property owners or occupants (it being the intention of Landlord and Tenant that all such new and/or increased impositions and all similar impositions be included within the definition of "real estate taxes" for purposes of this Lease); and (v) the costs of professional consultants and/or counsel to analyze tax bills and prosecute any protests, refunds and appeals; provided, that all such payments shall be paid on a cash basis without regard to whether such real estate taxes apply to a period before or after the Lease Term and without regard to whether the tenant was in possession of the Premises during the time covered by the particular tax statement.

(h) The term "Insurance" shall mean all insurance premiums for commercial property insurance, flood, earthquake liability, loss of rents insurance, commercial general liability insurance, and any other insurance and endorsements which may include an "all risk" endorsement or any other insurance, that Landlord or Landlord's lender deems necessary or appropriate on the Center.

Landlord g Tenant DAT

(i) The term "Tenant's Proportionate Share" for the purposes of this Lease with respect to allocations of Tenant's share of real estate taxes, insurance, and Common Area maintenance expenses, shall be a fraction, the numerator of which is the Floor Area of the Premises specified in Item 6 of the Reference Pages and the denominator of which is the gross leasable area of the buildings constructed within the Center. Possible exclusions from the preceding denominator calculation may include but is not limited to (i) Tenants in said buildings who have obtained written approval from Landlord to pay their real estate taxes directly to any taxing authority, (ii) Tenants who receive approval to carry their own insurance, (iii) or Tenants who maintain part of the Common Area at their own expense. The square footage of these Tenants shall not be deemed a part of the floor area of the buildings constructed within the Center for the purposes of pro-rating said real estate taxes, insurance and common area maintenance expenses. Tenant agrees that Landlord's computation of the Tenant's Proportionate Share shall be conclusive and binding upon Tenant. Landlord reserves the right, without obligation to equitably adjust Tenant's Proportionate Share from time to time in the event such adjustment becomes necessary or appropriate (for example, if the gross floor area of the buildings in the Center is expanded or reduced).

2. **Term.** The Scheduled Commencement Date specified in Item 8 of the Reference Page represents an estimate of the commencement date of the term of this Lease (the "Commencement Date"). Landlord shall use reasonable business efforts to deliver the Premises to Tenant on or before the Scheduled Commencement Date, and if the Premises are so delivered, the Lease term (the "Term") shall commence on the earlier of (i) the Scheduled Commencement Date, or (ii) the date on which Tenant opens for business. If, notwithstanding Landlord's reasonable business efforts, the Premises are not delivered until after the Scheduled Commencement Date, then the Term shall commence on the date of delivery of the Premises, provided that in the event of such delay, this Lease shall not be void or voidable, nor shall Landlord be liable to Tenant for any loss or damage resulting therefrom. Landlord shall confirm the Commencement Date by written notice to Tenant. Except to the extent otherwise agreed by Landlord and Tenant in writing, Landlord shall deliver the Premises to Tenant in their existing, "as is" condition as of the date of this Lease with no alterations being made by Landlord. Landlord may give access and entry to the Premises to Tenant and its contractors and subcontractors to enable Tenant to adapt the Premises for its use, provided that, to the extent such entry is prior to the Commencement Date, such entry shall be subject to all of the terms and conditions of the Lease except payment of "Minimum Rent" (as defined below).

(a) Amendment to Lease. Landlord and Tenant each agree that at the request of either they will execute and deliver an amendment to the lease containing the basic provisions of this Lease and acknowledging that Tenant has accepted possession and reciting the exact Commencement Date and termination date of this Lease in the format as depicted in the attached exhibit to the lease.

3. **Rent.** Tenant shall pay to Landlord as rental for the use and occupancy of the Premises, at the times and in the manner hereinafter provided, the sums of money specified below:

(a) **Minimum Rent:** One Thousand Seven Hundred and 00/100 Dollars (\$1,700.00) Per Month.

(1) Tenant shall pay to Landlord throughout the Term minimum rent in the amount per month specified in Item 10 of the Reference Pages (the "Minimum Rent") without notice or offset, subject to adjustment pursuant to Paragraph 3(a)(2) below. Minimum Rent shall be payable

Landlord 8 Tenant DAT

in advance on the commencement of the Term and on or before the first day of each and every successive calendar month during the Term. Notwithstanding the foregoing, the Minimum Rent payable for the first full calendar month during the Term shall be paid on or before the date of execution of this Lease.

(2) Effective as of the first anniversary of the Commencement Date and on each successive anniversary thereafter, the Minimum Rent shall be adjusted to equal the sum of (i) the Minimum Rent as specified in Item 10 of the Reference Pages.

(b) Additional Rent. All sums of money due to Landlord hereunder not specifically characterized as rent shall constitute additional rent ("Additional Rent"), and shall be due and payable at such time as is provided in this Lease (or if there is no specific provision therefore, then within ten (10) days after demand by Landlord), provided that nothing contained herein shall be deemed to suspend or delay the payment of any amount of money at the time it becomes due and payable hereunder, or to limit any other remedy of Landlord.

(c) Proration's. In the event the term of this Lease commences on a day other than the first day of a calendar month or ends on a day other than the last day of a calendar month, the Minimum Rent, Additional Rent and Adjustments for the first and last fractional months shall be appropriately prorated on the basis of a 30-day month.

(d) Late Charges and Interest.

(1) Tenant acknowledges that late payment of will result in administrative expense to Landlord, the extent of which additional expense is extremely difficult and economically impractical to ascertain. Tenant therefore agrees that if rent due from Tenant is not received by Landlord no later than the 5th day of each calendar month, at Landlord's election Tenant shall pay to Landlord a late charge in an amount equal to seven percent (7%) of the overdue amount. Rent shall be considered "received" forty eight (48) hours after it is postmarked by the U.S. Postal Service. The parties hereby agree that such late charge represents a fair and reasonable estimate of the costs Landlord will incur by reason of late payment by Tenant.

(2) Any amount due to Landlord, if not paid when due, shall bear interest from the date due until paid at the lesser of (i) the annual rate announced from time to time by Bank of America's main office in San Francisco as its reference rate, plus four percentage points (4%), or (ii) the highest rate legally permitted, provided that interest shall not be payable on late charges incurred by Tenant nor on any amounts, including rent, upon which late charges are paid by Tenant.

(e) Manner of Payment. All payments due from Tenant to Landlord shall be paid to Landlord, without deduction or offset, in lawful money of the United States of America at Landlord's address for notices hereunder, or to such other person or at such other place as Landlord may from time to time designate in writing to Tenant. If more than one check given in payment of any sum due hereunder is dishonored by the bank on which it is written, at Landlord's election the payment of all sums thereafter due hereunder shall be made by cashier's check.

4. Tenant's Share of Adjustments. In addition to the Minimum Rent and other rental reserved herein, Tenant shall pay to Landlord as Additional Rent hereunder Tenant's Proportionate Share of the Adjustments paid or incurred by Landlord during each calendar year. During December

Landlord 8 Tenant Dat

of each year or as soon thereafter, as reasonable, Landlord shall give Tenant notice of its estimate of the Adjustments payable for the ensuing calendar year which shall include an Administrative Fee (for Landlord's administration of the Common Areas, accounting, bookkeeping and collection of the Adjustments) in an amount equal to fifteen percent (15%) of the total of Tenant's Pro Rata Share of Adjustment Charges. On or before the first day of each month during the ensuing calendar year, Tenant shall pay to Landlord 1/12 of such estimated amount; provided that if such notice is not given in December, Tenant shall continue to pay on the basis of the prior year's estimate until the month after such notice is given. If Landlord determines at any time that the Adjustments will vary from its estimate by more than five percent (5%), Landlord may, by notice to Tenant, revise its estimate for such year and subsequent payments by Tenant for such year shall be based upon such revised estimate. Within ninety (90) days after the close of each calendar year or as soon after such 90-day period as appropriate, Landlord shall deliver to Tenant a statement of actual Adjustments incurred for such calendar year. If Landlord's statement discloses that Tenant owes an amount that is less than the estimated payments for such calendar year previously made by Tenant, Landlord shall within thirty (30) days, refund such excess to Tenant, except that if any delinquent sums are owed to Landlord by Tenant, Landlord shall credit the excess against such delinquent sums. If Landlord's statement discloses that Tenant owes an amount that is more than the estimated payments for such calendar year previously made by Tenant, Tenant shall pay the deficiency to Landlord within 30 days after delivery of the statement. Even though the Lease Term has expired or has been terminated and Tenant has vacated the Premises, when the final determination is made of Tenant's Proportionate Share of said Adjustments and other charges for the year in which the lease expires or terminates, Tenant shall immediately pay any increase due over the estimated Adjustments and other charges previously paid and, conversely, any overpayment made shall be immediately rebated by Landlord to Tenant; provided, that all or any part of such refund may be applied by Landlord in payment of any delinquent or past due sum, including Minimum Rent, Percentage Rent, Additional Rent, charges or any other amounts due from Tenant.

5. Use.

(a) The Premises shall be used solely for the purpose specified in Item 13 of the Reference Pages, and Tenant's business in the Premises shall be conducted under the trade name specified in Item 4 of the Reference Pages. Tenant shall not use or permit the Premises to be used for any other purpose or under any other trade name. Nothing in this Lease shall grant to Tenant the exclusive right to conduct within the Center or the Building the business to be conducted by Tenant in the Premises, or otherwise limit the right of Landlord to lease tenant space in the Center or the Building to such tenants and for such purposes as it deems proper.

(b) Tenant shall take occupancy of the Premises on or before the Commencement Date, shall keep and maintain the Premises fully fixtured, stocked and staffed, shall carry on its business diligently, continually and without interruption at the Premises throughout the Term, and shall keep the Premises open and cause such business to be conducted therein on all business days in accordance with the schedule of minimum hours specified in Item 14 of the Reference Pages. As used in this Paragraph 6(b), "business days" shall mean those days so identified in the Reference Pages. Tenant acknowledges that its failure to be open during the business hours required hereunder will cause damages that will be difficult to ascertain. Such damages include, but are not limited to, the adverse effect on other tenants of reduced industrial activity as well as the loss of Gross Receipts that would have been generated from the Premises. Accordingly, Tenant shall pay to Landlord, at Landlord's election, additional rent equal to one-thirtieth (1/30th) of the monthly Minimum Rent payable pursuant to Paragraph 3(a) hereof for each day Tenant fails to be open during all or part of the business hours required hereunder. Acceptance of such charge shall in no event constitute a

Landlord 8 Tenant DAT

waiver of Tenant's default with respect to the observance of the required business hours or prevent Landlord from exercising any of its other rights or remedies provided for herein. Tenant's failure to timely and appropriately respond to any notice of abandonment given by Landlord to Tenant under Nevada law shall be a violation of Tenant's obligation to diligently, continually and without interruption carry on its business in the Premises throughout the term.

(c) Landlord reserves the right to change from time to time the dimensions and location of the Common Area including, without limitation, changes in the location or configuration of driveways, entrances, exits, vehicular parking spaces, duration of driveways, entrances, exits, vehicular parking spaces, duration of driveways, entrances, exits, vehicular parking spaces, parking areas or the direction of the flow of traffic, as well as the location, number, dimensions, identity, use and type of any buildings in the Center. Any such change to said common area may not adversely affect Tenant's right to quiet enjoyment. Tenant, and its employees and customers and when duly authorized pursuant to the provisions of this Lease, its subtenants, licensees and concessionaires, shall have the non-exclusive right to use the Common Area as constituted from time to time, such use to be in common with Landlord, and other tenants of the Center and other persons permitted by Landlord to use the same, and subject to such reasonable rules and regulations governing use as Landlord may from time to time prescribe, including the designation of specific areas within the Center or in reasonable proximity thereto in which automobiles owned by Tenant, its employees, subtenants, licensees and concessionaires shall be parked.

(d) As a further inducement to Landlord to enter into this Lease, Tenant covenants and agrees as follows:

(1) Tenant shall not conduct or permit to be conducted in the Premises any sale or auction, or any fire, distress or bankruptcy sale unless previous approval is given in writing to Landlord. If at the end of the term or upon assignment of this Lease, Tenant is liquidating its business, then, subject to compliance with applicable local ordinances and with the prior approval of Landlord as to Tenant's methods of advertising and conducting the sale, Tenant may conduct a liquidation sale.

(2) Tenant shall not use any advertising media that can be heard outside of the Premises and Tenant shall not place or permit the placement of any radio or television antenna, loudspeaker, sound amplifier, phonograph, searchlight, flashing light or other device of any nature outside of the boundaries of the Premises (except for Tenant's approved identification sign or signs) or at any place where the same may be seen or heard outside the Premises.

(3) Tenant shall not store, display or sell goods or merchandise outside the boundaries of the Premises, nor shall Tenant place or permit tables, chairs, portable signs or any other objects or devices to be used or stored outside such boundaries, nor shall Tenant solicit in any manner in any portion of the Common Area.

(4) Tenant shall not do or permit to be done in, on or about the Premises, nor bring or keep or permit to be brought or kept therein, anything which is prohibited by or will in any way violate or conflict with any law, statute, ordinance or governmental rule or regulation now in force or which may hereafter be enacted or promulgated, or which is prohibited by the standard form of fire insurance policy or will in any way increase the existing rate of, affect, or cause a cancellation of any fire or other insurance policy covering the Center or any part thereof or any of its contents. Tenant shall not do or permit anything to be done in or about the Premises that will in any way injure, obstruct or interfere with the rights of other tenants in the Center, or use or allow the Premises to be used for any unlawful purpose, nor shall Tenant cause, maintain or permit any nuisance in, on or about the

Landlord 8 Tenant DAT

Premises or commit or suffer to be committed any waste in or upon the Premises. Tenant, at its sole cost and expense, shall promptly comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force, with the requirements of any board of fire underwriters or other similar body now or hereafter constituted, with any direction or occupancy certificate issued pursuant to any law by any public officer or officers, as well as the provisions of all recorded documents affecting the Premises, insofar as any thereof relate to or affect the condition, use or occupancy of the Premises, excluding structural changes not necessitated by Tenant's acts or by improvements made by or for Tenant.

(5) Tenant shall not perform any acts nor carry on any practices, which may injure any portion of the Center or be a nuisance or menace to other tenants or occupants of the Center. Tenant shall keep the sidewalks adjacent to the Premises free and clean from rubbish and dirt and shall store all trash and garbage within the Premises and arrange for the regular pickup and cartage of such trash at Tenant's expense (and agrees to use Landlord's contractor which Tenant shall pay directly, should Landlord so elect).

(6) Tenant will not load or unload in the Center, except on the areas specifically designated for such use by Landlord. Tenant shall not solicit business or display or offer for sale merchandise within the Common Area or at any other point outside the Demised Premises or distribute handbills in the Common Area or take any action, which would interfere with the rights of other persons to use the Common Area. In addition, Tenant shall not, without Landlord's permission, hang, place or otherwise maintain or permit to be hanged, placed or otherwise maintained in the Common Area or on any building in the Center any sign, banner or pennant. If Tenant violates the foregoing prohibition, Landlord shall have the right to remove any such unauthorized sign, banner or pennant and dispose of the same as Landlord sees fit without notice to Tenant, and Tenant shall reimburse Landlord for all costs and expenses incurred by Landlord in effecting such removal and disposition.

(7) Tenant acknowledges and agrees that Landlord may temporarily close any part of the Common Area for such periods of time as may be necessary to make repairs or alterations or to prevent the public from obtaining prescriptive rights, without any abatement or offset of any rent due hereunder or other obligation or liability.

6. **Substitute Parking.** Landlord may from time to time substitute for any parking area other areas reasonably accessible to the tenants of the Center, which areas may be elevated, surface or underground, within the Center or in other locations.

7. **Repair and Maintenance.**

(a) Landlord shall maintain in good repair and condition, reasonable wear and tear and any casualty damage excepted, the foundation, peripheral walls, roof and structural elements of the Premises, all electrical, plumbing or waste lines to the extent they are necessary for Tenant's use of the Premises and are not the responsibility of Tenant or the serving utility to maintain, and the Common Area, subject to reimbursement to the extent provided in Section 4 or elsewhere within this Lease. Tenant shall not enter upon or permit its employees, agents, contractors or any other party to enter upon the roof of the Building without the prior consent of Landlord. Tenant shall immediately give Landlord notice of any defect or need for repairs for which Landlord is responsible under this

Landlord S Tenant DAT

8. **Alterations.** Tenant shall not make or suffer to be made any alterations, additions or improvements, including, but not limited to, the attachment of any fixtures or equipment in, on or to the Premises or any part thereof without the prior consent of Landlord, which may not be unreasonably withheld. Tenant shall request Landlord's consent to any alterations, repairs, or other work to the Premises by written notice received by Landlord no later than ten (10) days prior to the commencement of work, so that if such work is acceptable to Landlord, Landlord may post notices of non-responsibility pursuant to Nevada law, including without limitation, Nevada Revised Statutes. As a condition of Landlord's consent to any alterations, repairs or other work to the Premises requested by Tenant, any alteration, addition or improvement in, on or to the Premises, including carpeting but excepting movable furniture and personal property of Tenant removable without material damage to the property or the Premises, shall be and remain the property of Tenant during the term but shall, unless Landlord elects otherwise, become a part of the realty and belong to Landlord without compensation to Tenant upon the expiration or sooner termination of the term hereof and title shall pass to Landlord under this Lease as by a bill of sale. When applying for such consent, Tenant shall, if requested by Landlord, furnish complete plans and specifications for such alterations, additions and improvements. In the event Landlord consents to the making of any such alteration, addition or improvement by Tenant, the same shall be made using a licensed contractor at Tenant's sole cost and expense. All alterations, additions or improvements proposed by Tenant shall be constructed in accordance with all governmental laws, ordinances, rules and regulations and Tenant shall, prior to construction, provide such assurances to Landlord, including, but not limited to, waivers of lien, surety company performance bonds, and personal guaranties of individuals satisfactory to Landlord, as Landlord shall reasonably require to assure payment of the costs thereof and to protect Landlord against any loss from any mechanics', materialmen's or other liens. Upon the expiration or sooner termination of the Term as herein provided, Tenant shall upon demand by Landlord, at Tenant's sole cost and expense, forthwith and with all due diligence remove any such alterations, additions and improvements designated by Landlord to be removed, and Tenant shall forthwith and with all due diligence, at its sole cost and expense, repair and restore the Premises to their original condition, reasonable wear and tear and loss by any casualty covered by Paragraph 23 excepted. Notwithstanding any other term of this Lease, Tenant shall have the right to remove trade fixtures so long as Tenant repairs any material damage to the Premises before surrendering possession thereof.

9. **Liens.** Tenant shall keep the Premises and Tenant's leasehold interest in the Premises free from any liens arising out of any work performed, materials furnished or obligations incurred by Tenant. In the event that Tenant shall not, within ten days following the imposition of any such lien, cause the same to be released of record, Landlord shall have the right to cause the same to be released by such means as it shall deem proper, including payment of the claim giving rise to such lien. All such sums paid by Landlord and all expenses incurred by it in connection therewith shall be considered additional rent and shall be payable to it by Tenant on demand.

10. **Signs.** Tenant shall not, without first obtaining Landlord's written consent, place on the exterior walls or on the roof or the exterior surfaces of windows or doors of the Premises or within three (3) feet of the interior surfaces of the windows or doors of the Premises any sign or other objects or thing visible to public view outside the Premises. The fact that other tenants in the Center may have signs in or on their windows or doors shall not give rise to the same right for Tenant under this Lease. Tenant, at Tenant's cost and expense paid directly to the sign company, agrees to purchase a sign structure or structures to be installed on the Premises, prior to occupancy. All components of the sign shall conform to Landlord's specifications and shall be subject to Landlord's

Landlord 8 Tenant DAI

written approval. Upon termination of the Lease, Tenant shall remove said sign and restore the Premises and/or the store in accordance with the provisions of Paragraph 8 or, at Landlord's option, said sign shall become part of the realty and belong to Landlord without compensation to Tenant and title shall pass to Landlord under this Lease as by a bill of sale.

11. Assignment and Subletting.

(a) Neither Tenant nor any assignee or subtenant hereunder shall have the right to assign or pledge this Lease or any sublease hereof or to sublet the whole or any part of the Premises, whether voluntarily or by operation of law, or permit the use or occupancy of the Premises by anyone other than Tenant, or permit the use of the Premises for any purpose other than as listed on the Reference Pages, or assign this Lease for security purposes, without the prior consent of Landlord, such consent not to be unreasonably withheld. Upon the occurrence of an "Event of Default" (as hereinafter defined), if the Premises or any part thereof are then sublet, Landlord, in addition to any other remedies provided herein or by law, may collect directly from such subtenant all rents due and becoming due to Tenant under such sublease and apply such rent against any sums due to Landlord from Tenant hereunder. No such collection directly from an assignee or subtenant shall be construed to constitute a novation or a release of Tenant from the further performance of Tenant's obligations here-under, such consent shall not be unreasonably withheld.

(b) Without limiting the instances in which it may be reasonable for Landlord to withhold its consent to any proposed subletting or assignment, Landlord and Tenant acknowledge that it shall be reasonable for Landlord to withhold its consent in the following instances:

(1) If at the time consent is requested or at any time prior to the granting of consent, Tenant is in default under this Lease or would be in default under this Lease but for the pendency of any grace or cure period under Paragraph 20 below;

(2) If, in Landlord's reasonable judgment, the quality or character of the business to be conducted in the Premises is or may be adversely affected during the term of this Lease as a result of the proposed assignment or subletting, or the business as it is to be conducted in the Premises by the proposed assignee or subtenant, would duplicate or conflict with the use of any other tenant, or would otherwise adversely affect the merchandising mix of the Center in Landlord's sole opinion or would present a nuisance or hazard to the Premises at the Center;

(3) If, in Landlord's reasonable judgment, the financial worth of the proposed assignee or subtenant is less than that of Tenant and the proposed assignee or subtenant does not meet the credit standards applied by Landlord for other tenants under leases with comparable terms, or the experience of the proposed transferee, assignee, subtenant, licensee or concessionaire in the type of business conducted in the Premises is not at least equal to that of Tenant, or its reputation for business integrity and quality of operations is not excellent;

(4) In the case of a subletting, if the subletting is of less than the entire Premises.

(c) In the event Tenant desires to sublet the Premises or any portion thereof or to assign this Lease, Tenant shall give notice thereof to Landlord at least 60 days but no more than 120 days prior to the proposed commencement date of such subletting or assignment, which notice shall set forth the name of the proposed subtenant or assignee, the relevant terms of the sublease, and copies of financial reports and other relevant financial or other information of the proposed subtenant

Landlord 8 Tenant DAT

or assignee. Upon receipt of such notice Landlord shall have the option, in its sole discretion, to terminate this Lease, or, in the case of a proposed subletting of less than the entire Premises, to recapture the portion of the Premises to be sublet, effective as of the date the subletting or assignment is to be effective. This option shall be exercisable by notice given to Tenant within 60 days following Landlord's receipt of Tenant's notice. If Landlord recaptures only a portion of the Premises, the rent during the unexpired portion of the Term shall abate, proportionately, based on the rent as of the date immediately prior to such recapture. Tenant shall, at Tenant's own cost and expense, discharge in full any outstanding commission or tenant improvement expense or obligation on the part of Landlord with respect to this Lease, and any commissions or tenant improvements or obligations which may be due and owing as a result of any proposed assignment or subletting, whether or not the Premises are recaptured pursuant hereto and rented by Landlord to the proposed tenant or any other tenant.

(d) Consent by Landlord to any assignment or subletting shall not include consent to the assignment or transfer of any lease renewal, termination or expansion option rights or of any special privileges or extra services granted to Tenant by this Lease or any addendum or amendment hereto or by letter agreement, and such options, rights, privileges and services shall terminate upon such assignment. Any sale, assignment, mortgage, transfer of this Lease or subletting that does not comply with the provisions of this Paragraph 11 shall be void.

(e) In the case of an assignment, 100% of any sums or other economic consideration received by Tenant as a result of such assignment shall be paid to Landlord after first deducting the unamortized cost of leasehold improvements paid for by Tenant, and the cost of any real estate commissions incurred by Tenant in connection with such assignment.

(f) In the case of a subletting, 100% of any sums or economic consideration received by Tenant as a result of such subletting shall be paid to Landlord after first deducting (1) the rental due hereunder, (2) the cost of leasehold improvements made to the Premises at Tenant's cost, amortized over the term of this Lease, and (3) the cost of any real estate commissions incurred by Tenant in connection with such subletting, amortized over the term of the sublease.

(g) In the event Landlord consents to an assignment of this lease, such assignment shall release Tenant of Tenant's obligation and alter the primary liability of Tenant to pay the rental and to perform all other obligations to be performed by Tenant hereunder. However, the consent to one assignment or subletting shall not be deemed consent to any subsequent assignment or subletting. In the event of default by any assignee of Tenant or any successor of Tenant in the performance of any of the terms hereof, Landlord must proceed directly against such assignee or successor. Landlord may consent to subsequent assignments or subletting of this Lease or amendments or modifications to this Lease with assignees of Tenant, without notifying Tenant, or any successor of Tenant, and without obtaining its or their consent thereto.

(h) In the event of any proposed transaction requiring Landlord's consent hereunder, Tenant shall pay Landlord an Assignment Fee of \$300.00 and shall reimburse Landlord for its reasonable attorneys' fees incurred in connection with the review and documentation of the transaction.

12. Indemnification. Mutual Waiver of Subrogation. Each party waives any and every claim which may arise in its favor and against the other party hereto, except for those items where negligence by Landlord or Tenant is apparent, during this Lease term or any renewal or extension

Landlord g Tenant DAT

thereof, for any and all loss of, or damage to, any of its property located within the Business Park or upon, or constituting a part of, the Demised Premises, which loss or damage is covered by valid and collectable fire and extended coverage insurance policies, to the extent that such loss or damage is recoverable under said policies. Said mutual waivers shall be in addition to, and not in limitation of derogation of, any other waiver or release contained in this Lease with respect to any loss of, or damage to, property of the parties hereto. Inasmuch as the above mutual waivers preclude the assignment of any claim by way of subrogation (or otherwise), to an insurance company (or any other company or person), each party hereto agrees immediately to give each insurance company which has issued to, its policies of fire and extended coverage insurance, written notice of the terms of said mutual waivers, and to have said insurance coverage's by reason of said waivers.

13. Insurance.

(a) At all times during the term of this Lease, Tenant shall, at its sole expense, procure and maintain the following types of insurance coverage:

(1) Commercial general liability insurance against any and all damages and liability, including attorneys' fees, on account or arising out of injuries to or the death of any person or damage to property, however occasioned, in, on or about the Premises or the Building, in the minimum amount of \$1,000,000 per occurrence and with an annual aggregate limit of at least \$3,000,000. Such policies shall also contain the following coverage's: products and completed operations aggregate -- \$1,000,000 per policy year; Personal and Advertising Injury -- \$1,000,000 per person/organization per policy year, Fire Legal Liability -- \$50,000 per fire per policy year. If in the opinion of Landlord's insurance advisor the specified amounts of coverage are no longer adequate, Tenant shall cause such coverage to be appropriately increased to such amount as Landlord may reasonably require. Commercial general liability insurance shall insure the performance by Tenant of the indemnity agreement set forth in Paragraph 12 above and shall include, among other coverage's, products liability and, if the Premises may be used for the sale of alcoholic beverages, liquor liability;

(2) Insurance on all plate or tempered glass in or enclosing the Premises, for the replacement cost of such, and

(3) Employer's liability insurance and workers' compensation insurance, as required by applicable law.

(b) The insurance required under this Paragraph and all renewals thereof shall be issued by such good and responsible companies licensed, qualified to do and doing business in the State of Nevada as may be approved by Landlord, which approval shall not be unreasonably withheld. Each policy shall expressly provide that the policy shall not be cancelled or altered in such manner as to adversely affect the coverage afforded thereby without thirty (30) days' prior written notice to Landlord. All insurance under subparagraphs (a)(1) and (a)(2) above shall name Landlord and such other parties (such as but not limited to lenders, property managers and entities related to Landlord) as shall be designated by Landlord as additional insured's, and shall provide that such insurance is primary with respect to Landlord and that any other insurance maintained by Landlord is excess and noncontributing with such insurance.

(c) Prior to taking possession of the Premises, Tenant shall provide Landlord with an original of each policy of insurance required to be carried under this paragraph or a duplicate original or certificate thereof. Thereafter, Tenant shall provide Landlord with an original, duplicate original or certificate which evidences continuing coverage as required by this Lease not less than thirty (30)

Landlord 8 Tenant D&T

days prior to expiration of Tenant's then-existing insurance policies and from time to time upon Landlord's request. Therefore, in the event that Tenant shall fail to insure or shall fail to furnish to Landlord any such policy, duplicate policy or certificate as herein required, Landlord may from time to time effect such insurance for the benefit of Tenant or Landlord or both of them for a period not exceeding one year, and Tenant shall reimburse Landlord for any premium paid by it on demand.

(d) Landlord may, but need not, insure at Tenant's expense all plate and other glass in the Premises for and in the name of Landlord in place of the insurance requirement of paragraph (a)(2) above, upon prior written notice to Tenant of Landlord's intention to do so.

14. Waiver of Subrogation. Landlord and Tenant shall each obtain from their respective insurers under all commercial property insurance policies maintained by either of them at any time during the term hereof insuring or covering the Building or any portion thereof or operations therein, a waiver of all rights of subrogation which the insurer of one party might otherwise, if at all, have against the other party, and Landlord and Tenant shall each indemnify the other against any loss or expense, including reasonable attorneys' fees, resulting from the failure to obtain such waiver.

15. Utilities.

(a) Tenant shall be solely responsible for and promptly pay the appropriate utility company directly for all water, gas, heat, light, power, telephone and other utilities and services supplied to the Premises for which there is a separate meter or sub-meter, to the Premises. Tenant shall pay Landlord for Tenant's share, as reasonably determined by Landlord, of all utilities and services furnished to the Premises for which there is no separate meter or sub-meter, within 10 days after billing by Landlord. Tenant shall pay for all electric light bulbs, tubes and ballasts used in the Premises. Tenant agrees at all times to cooperate fully with Landlord and to abide by all the regulations and requirements Landlord may prescribe for the proper functioning and protection of any utility systems located in the Premises. In no event shall Landlord be liable for any failure of or interruption in utilities or services, nor shall any such failure or interruption entitle Tenant to terminate this Lease or abate any portion of the rental due hereunder. Landlord shall use reasonable efforts to remedy any interruption in the furnishing of services and utilities not furnished directly to the Premises by the serving utility. Landlord shall be entitled, without compensation to Tenant or any abatement of rent, to cooperate voluntarily in a reasonable manner with the efforts of national, state or local governmental bodies or utilities suppliers in reducing energy or other resources consumption.

16. Holding Over.

(a) If, without objection by Landlord, Tenant holds possession of the Premises after expiration of the Term, Tenant shall become a tenant from month to month upon all of the terms specified in this Lease as applicable immediately prior to expiration of the Term, except that Minimum Rent shall be 105% of that applicable immediately prior to expiration of the Term. Each party shall give the other notice of its intention to terminate such tenancy at least one month prior to the date of termination of such monthly tenancy.

(b) If, over Landlord's objection, Tenant holds possession of the Premises after expiration of the Term or expiration of its holdover tenancy, without limiting the liability of Tenant for its unauthorized occupancy of the Premises, Tenant shall indemnify Landlord and any replacement

Landlord 8 Tenant DAT

tenant for the Premises for any damages or loss suffered by either Landlord or the replacement tenant resulting from Tenant's failure timely to vacate the Premises.

17. Subordination.

(a) Without the necessity of any additional document being executed by Tenant for the purpose of effecting a subordination, this Lease shall be subject and subordinate at all times to any ground or underlying leases and to the lien of any mortgages or deeds of trust now or hereafter placed on, against, or affecting the Center, Landlord's interest or estate therein, or any ground or underlying lease, to any and all advances made on the security thereof, and to all renewals, modifications, consolidations, replacements and extensions thereof. Notwithstanding the foregoing, if the ground Landlord, mortgagee, trustee or holder of any such mortgage or deed of trust elects to have Tenant's interest in this Lease be superior to any such instrument, then upon notice thereof to Tenant this Lease shall be deemed superior, whether this Lease was executed before or after the date of said instrument or the recording thereof. Tenant covenants and agrees to execute and deliver upon demand such further instruments evidencing such subordination or superiority of this Lease as may be required by Landlord.

(b) In the event any mortgage or deed of trust to which this Lease is subordinate is foreclosed or a deed in lieu of foreclosure is given to the mortgagee or beneficiary, or in the event any ground lease to which this Lease is subordinate is terminated, this Lease shall not be barred, terminated, cut off or foreclosed nor shall the rights and possession of Tenant hereunder be disturbed if Tenant shall not then be in default in the payment of rental or other sums due hereunder or otherwise be in default under the terms of this Lease, and if Tenant shall attorn to the purchaser, grantee or ground Landlord. Tenant's covenant under subparagraph (a) above to subordinate this Lease to any ground lease, mortgage, deed of trust or other hypothecation hereafter executed is conditioned upon each such senior instrument containing the commitments specified in this subparagraph (b).

18. Rules and Regulations. Landlord reserves the right to promulgate and amend such reasonable rules and regulations relating to the use of the Center or its components as Landlord may deem appropriate and for the best interests of all tenants in the Center. Tenant shall faithfully observe and comply with all of the rules and regulations and, after notice thereof, all reasonable modifications of and additions thereto from time to time put into effect by Landlord, as well as all covenants, conditions and restrictions of record. Landlord shall not be responsible to Tenant for the non-performance by any other tenant or occupant of the Center of any such rules and regulations. Rules and regulations, in addition to those set forth in this Lease and any amendments, shall become effective upon delivery of a copy thereof to Tenant.

19. Entry by Landlord. Landlord reserves and shall at all times have the right to enter the Premises at reasonable hours to inspect the same, to show the Premises to prospective purchasers, mortgagees or tenants, and to alter, improve or repair the Premises and any portion of the Center, during the last six (6) months of the Term for the purposes of showing the Premises to prospective tenants, and at any time for any other reasonable purpose, without abatement of rent, and Landlord may for that purpose erect, use and maintain scaffolding, pipes, conduits and other necessary structures in and through the Center and the Premises where reasonably required by the character of the work to be performed provided that entrance to the Premises shall not be blocked thereby, and further provided that the business of Tenant shall not be interfered with unreasonably. In the event

Landlord 8 Tenant DAT

that Landlord requires access to any under-floor duct, Landlord's liability for carpet (or other floor covering) replacement shall be limited to replacement of the piece removed. Tenant hereby waives any claim for damages for any injury or inconvenience to or interference with Tenant's business, any loss of occupancy or quiet enjoyment of the Premises, and any other loss occasioned thereby.

20. Insolvency and Default.

(a) Insolvency. The continuing rights granted to Tenant under this Lease are expressly made conditional upon Tenant remaining solvent and capable of meeting the financial and other obligations imposed upon Tenant under this Lease at all times during the Term. Failure of Tenant to satisfy this condition shall constitute a default entitling Landlord to cancel and terminate this Lease as hereinafter provided. Without limitation upon the right of the Landlord to demonstrate non-compliance by Tenant with the provisions of this subparagraph 20(a), Tenant shall be deemed to be in default under this subparagraph 20(a) (and an "Event of Default" shall have occurred under this Lease) upon the occurrence of one or more of the following events: (i) any judicial determination of the insolvency of Tenant or any guarantor of Tenant's obligations hereunder ("Tenant's Guarantor") including, without limitation, the entry of an Order for Relief pursuant to the provisions of the Bankruptcy Code whether voluntary or involuntary; (ii) appointment of a receiver or a custodian or other similar officer for any portion of Tenant's property or the property of any Tenant's Guarantor; (iii) the assignment for the benefit of creditors of any portion of Tenant's property or the property of any Tenant's Guarantor; or (iv) a determination, judicial or otherwise, that Tenant or any Tenant's Guarantor is not generally paying its debts as such debts become due; provided, however, that if any such action, case or petition has been commenced against Tenant or any Tenant's Guarantor and the same is dismissed within a period of thirty (30) days, then the event of default shall be deemed cured for purposes hereof. Upon the occurrence of an Event of Default under this subparagraph 20(a), Landlord may elect, by 30 days notice to Tenant, to cancel and terminate this Lease, in which event neither Tenant nor any Person claiming through or under Tenant by virtue of any statute or of an order of any court shall be entitled to possession or to remain in possession of the Premises but shall forthwith quit and surrender the same, and Landlord, in addition to the other rights and remedies Landlord has by virtue of this Lease or any statute or rule of law, may retain as security for its damages any Rent, Security Deposit or monies received by Landlord from Tenant or others on behalf of Tenant. This Lease is upon the further condition that if a petition for relief under any chapter of the Bankruptcy Code is filed by or against Tenant or any Tenant's Guarantor and the trustee or debtor in possession has not cured all defaults hereunder and assigned or assumed this Lease under the Bankruptcy Code within sixty (60) days after the entry of the Order for Relief, then this Lease shall automatically terminate without the necessity of further action by or notice from either party. In case of termination pursuant to any of the foregoing provisions of this subparagraph 20(a), Tenant shall indemnify Landlord against all costs and expenses resulting therefrom, including but not limited to loss of Rent and Additional Rent.

(b) Notwithstanding any other provisions contained in this lease, in the event (a) Tenant or its successors or assignees shall become insolvent or bankrupt, or if it or their interests under this Lease shall be levied upon or sold under execution or other legal process, or (b) the depository institution then operating on the Premises is closed, or is taken over by any depository institution supervisory authority ("Authority"). Landlord may, in either such event, terminate this Lease only with the concurrence of any Receiver or Liquidator appointed by such Authority; provided, that in the event this Lease is terminated by the Receiver or Liquidator, the maximum claim of Landlord for rent, damages, or indemnify for injury resulting from the termination, rejection, or abandonment of the unexpired Lease shall by law in no event be an amount greater than all accrued and unpaid rent to the date of the termination.

(c) Default. Tenant shall be in default of this Lease if any of the following events shall occur (each is called an "Event of Default"):

(i) Tenant fails to pay any installment of Minimum Rent, Percentage Rent or Additional Rent or other charges hereunder for a period of three (3) days after receipt of notice by Landlord; or

(ii) Tenant fails to perform any other covenant, term, agreement or condition of this Lease within thirty (30) days following receipt of notice by Landlord (except if the default involves a hazardous condition, in which case cure must commence immediately and be promptly completed using Tenant's best efforts); provided, however, that if the nature of such default is such that the same cannot reasonably be cured within such thirty (30) day period, Tenant shall be deemed to have cured the default if Tenant shall commence such cure within said thirty (30) day period and thereafter diligently prosecute the same to completion and shall furnish Landlord with such assurances and indemnities that Landlord may require to ensure completion thereof and fully and completely protect Landlord from any loss or liability by reason of any delay; or

(iii) The leasehold interest of Tenant shall be levied upon under execution or shall be attached by process of law and Tenant shall fail to secure a release of such levy or attachment within ten (10) days thereafter, or Tenant shall, within five (5) days after receipt of notice by Landlord, fail to contest diligently the validity of any lien or claimed lien and/or give sufficient security to Landlord to ensure payment thereof or shall fail to satisfy immediately any judgment rendered thereon; or

(iv) Tenant vacates or abandons or ceases to do business 30 days or more in the Premises (no notice shall be required by Landlord with respect to such an occurrence). "Abandonment" shall mean Tenant has vacated the Premises and is no longer operating as a going concern for 30 days or more.

Upon the occurrence of an Event of Default, Landlord may, immediately or at any time thereafter, elect to terminate this Lease by notice, lawful entry or otherwise, whereupon Landlord shall be entitled to recover possession of the Premises from Tenant and those claiming through or under Tenant. Such termination of this Lease and any repossession of the Premises shall be without prejudice to any remedies, which Landlord might otherwise have for arrears of rent or for a prior breach of any of the provisions of this Lease.

This Lease is upon the further condition that if Tenant shall fail to pay Minimum Rent, Percentage Rent or Additional Rent when due three (3) times in any twelve (12) month period, or shall neglect or fail to perform any one or more of Tenant's other covenants hereunder four (4) times in any twelve (12) month period then, notwithstanding that Tenant may have previously cured any such defaults within the allowed cure periods, Landlord may elect to treat the third default in payment of rent or the fourth default in other covenants as a non-curable Event of Default, and may at any time thereafter and without demand or further notice, avail itself of and/or exercise any remedies and/or avail itself of any benefits permitted by this Paragraph 20 or by law including but not limited to termination of this Lease.

21. Remedies.

(a) Termination. Upon the occurrence of any Event of Default by Tenant hereunder, then Landlord may, at its option and without any further notice or demand, in addition to any other rights and remedies given hereunder or by law, terminate this Lease and exercise its remedies relating thereto in accordance with the following provisions:

(1) Landlord shall have the right, so long as the Event of Default remains uncured, to give notice of termination to Tenant in a manner set forth by paragraph 28 of this lease, and on the date specified in such notice this Lease shall terminate. Any notice provided to Tenant under Section 21(b) shall be in lieu of, and not in addition to, any notice required under the Nevada Revised Statutes.

(2) In the event of any such termination of this Lease, Landlord may then or at any time thereafter by judicial process, re-enter the Premises and remove therefrom all persons and property and again repossess and enjoy the Premises, without prejudice to any other remedies that Landlord may have by reason of Tenant's default or of such termination.

(3) In the event of any such termination of this Lease, and in addition to any other rights and remedies Landlord may have, Landlord shall have all of the rights and remedies of a landlord provided by Nevada Law. The amount of damages which Landlord may recover in event of such termination shall include, without limitation, (i) the worth at the time of award (computed by discounting such amount at the discount rate of the Federal Reserve Bank of San Francisco at the time of award plus one percent) of the amount by which the unpaid rent for the balance of the term after the time of award exceeds the amount of rental loss that can be proved to be reasonably avoided, (ii) all legal expenses and other related costs incurred by Landlord following Tenant's default, (iii) all costs reasonably incurred by Landlord in restoring the Premises to good order and condition, or in remodeling, renovating or otherwise preparing the Premises for re-letting, and (iv) all costs (including, without limitation, any brokerage commissions) incurred by Landlord in re-letting the Premises.

(4) For the purposes of determining the unpaid rent in the event of a termination of this Lease, or the rent due hereunder in the event of a re-letting of the Premises, the monthly rent reserved in this Lease shall be deemed to be the sum of the following; (i) the Minimum Rent payable by Tenant pursuant to paragraph 3(a) above, including any adjustments pursuant to paragraph 3(a)(2); (ii) the amounts last payable by Tenant pursuant to Paragraph 4 above and Paragraph 31 below.

(5) After terminating this Lease, Landlord may remove any and all personal property located in the Premises and place such property in a public or private warehouse or elsewhere at the sole cost and expense of Tenant. In the event that Tenant shall not immediately pay the cost of storage of such property after the same has been stored for a period of 30 days or more, Landlord may sell any or all thereof at a public or private sale in such manner and at such times and places as Landlord in its sole discretion may deem proper, without notice to or demand upon Tenant. Tenant waives all claims for damages that may be caused by Landlord's removing or storing or selling the property as herein provided, and Tenant shall indemnify and hold Landlord free and harmless from and against any and all losses, costs and damages, including without limitation all costs of court and attorneys' fees of Landlord occasioned thereby. Tenant hereby appoints Landlord as Tenant's attorney-in-fact with the rights and powers necessary in order to effectuate the provisions of this subparagraph(5).

(b) Continuation After Default. In the event Tenant breaches this Lease and abandons the Premises and Landlord does not elect to terminate this Lease by reason of such

Landlord 8 Tenant DAT

any public or quasi-public authority under the power of eminent domain or conveyance in lieu thereof, and regardless of whether the Premises or any part thereof are so taken or appropriated, Landlord shall have the right, at its sole option, to terminate this Lease. Landlord and Tenant shall each be entitled to receive and retain such separate awards and/or portion of lump sum awards as may be allocated to their respective interests in any condemnation proceedings; provided that Tenant shall be entitled to receive an award for Tenant's loss of its leasehold interest. Any portion of the Center that may be taken by eminent domain, private purchase, or be dedicated to public use shall, upon such taking, purchase or dedication, be excluded from the Center.

25. Sale by Landlord. In event of a sale or conveyance by Landlord of the Center, the same shall operate to release Landlord from any future liability upon any of the covenants or conditions, expressed or implied, herein contained in favor of Tenant, and in such event Tenant agrees to look solely to the responsibility of the successor in interest of Landlord in and to this Lease. Except as set forth in this Paragraph, this Lease shall not be affected by any such sale, and Tenant agrees to attorn to the purchaser or assignee. If any security has been given by Tenant to secure the faithful performance of any of the covenants of this Lease, Landlord may transfer or deliver said security, as such, to Landlord's successor in interest and thereupon Landlord shall be discharged from any further liability with regard to said security, provided that any successor shall not be liable for such security unless such successor receives the same.

26. Estoppel Certificates. Within ten days following Landlord's request, from time to time, Tenant shall execute and deliver to Landlord or any prospective landlord or mortgagee or prospective mortgagee a sworn statement certifying: (a) the Commencement Date of this Lease, (b) the fact that this Lease is unmodified and in full force and effect (or, if there have been modifications hereto, that this Lease is in full force and effect, as modified, and stating the date and nature of such modifications), (c) the date to which the rent and other sums payable under this Lease have been paid, (d) the fact that there are no current defaults under this Lease by either Landlord or Tenant except as specified in Tenant's statement, and (e) such other matters requested by Landlord. Landlord and Tenant intend that any statement delivered pursuant to this Paragraph may be relied upon by any mortgagee, beneficiary or purchaser and Tenant shall be liable for all loss, cost or expense resulting from the failure of any sale or funding of any loan caused by any material misstatement contained in such estoppel certificate. Tenant's breach under this paragraph 26 shall be a default under the Lease. In addition to any other legal remedies available to Landlord, Tenant shall pay Landlord \$150 per day for each day Tenant is in breach of this paragraph 26.

27. Surrender of Premises.

(a) Tenant shall, at least 90 days before the last day of the Term arrange to meet Landlord for a joint inspection of the Premises. In the event of Tenant's failure to arrange such joint inspection, Landlord's inspection at or after Tenant's vacating the Premises shall be conclusively deemed correct for purposes of determining Tenant's responsibility for repairs and restoration.

(b) At the end of the Term or any renewal thereof or other sooner termination of this Lease, Tenant shall peaceably deliver up to Landlord possession of the Premises, together with all improvements or additions upon or belonging to the same, by whomsoever made, in the same condition as received or first installed, broom clean and free of all debris, excepting only ordinary wear and tear and such damage, if any, as Tenant is not required by the terms of this Lease to repair. Tenant may, upon termination of this Lease, remove all movable partitions of less than full height from floor to ceiling, counters and other personal property of Tenant removable without material damage to such property or the Premises previously installed by Tenant, at Tenant's sole cost, title to which shall be in Tenant until such termination, repairing such damage caused by such removal.

Property not removed shall be deemed abandoned by Tenant and title to the same shall thereupon pass to Landlord under this Lease as by a bill of sale. Upon request by Landlord, Tenant shall remove any or all permanent improvements or additions to the Premises installed at Tenant's cost and all movable partitions, counters and other personal property of Tenant removable without material damage to such property or the Premises which may be left by Tenant and repair any damage resulting from such removal. Tenant shall indemnify Landlord against any loss or liability resulting from delay by Tenant in so surrendering the Premises, including without limitation, any claims made by any succeeding tenant founded on such delay.

(c) All obligations of Tenant hereunder not fully performed as of the expiration or earlier termination of the Term survive the expiration or earlier termination of the Term. Upon the expiration or earlier termination of the Term, Tenant shall pay to Landlord the amount, as estimated by Landlord, necessary: (i) to repair and restore the Premises as provided herein; and (ii) to discharge Tenant's obligation for unpaid amounts due Landlord. All such amounts shall be used and held by Landlord for payment of such obligations of Tenant, with Tenant being liable for any additional costs upon demand by Landlord, or with any excess to be returned to Tenant after all such obligations have been determined and satisfied. Any Security Deposit shall be credited against the amount payable by Tenant hereunder.

28. Notices and Consents. Any notice, demand or request required hereunder shall be given in writing (at the addresses set forth opposite Landlord's and Tenant's respective signatures on the Reference Pages) by any of the following means: (a) personal service; (b) overnight courier; or (a) registered or certified, first class mail, return receipt requested. Any notice, demand or request sent pursuant to subparagraph (a) hereof shall be deemed received upon such personal service. Any notice, demand or request sent pursuant to subparagraph (b) hereof shall be deemed received on the business day immediately following deposit with the overnight courier and, if sent pursuant to subparagraph (c), shall be deemed received forty-eight (48) hours following deposit in the U.S. Mail. The parties' addresses may be changed by notice to the other parties given in the same manner as above provided.

29. Hazardous Material.

(a) Tenant agrees that neither Tenant nor any of its agents, employees, contractors, licensees or invitees shall handle, use, manufacture, store, or dispose of any flammables, explosives, radioactive materials, hazardous wastes or materials, toxic wastes or materials, or other similar substances, petroleum products or derivative (collectively "Hazardous Materials") in, on, under or about the Premises, the Building or any other portion of the Center without Landlord's prior written consent (which consent may be given or withheld in Landlord's sole discretion), provided that Tenant may handle, store, use or dispose of reasonable quantities of products of a type customarily found in offices and households (such as aerosol cans containing insecticides, toner for copies, paints, paint remover, and the like), so long as any such handling, storage, use and/or disposal is done in a safe and lawful manner and in strict accordance with all applicable law, rules and regulations.

(b) Without limiting the above, Tenant shall reimburse, defend, indemnify and hold Landlord harmless from and against any and all claims, losses, liabilities, damages, costs and expenses, including without limitation, loss of rental income, loss due to business interruption, and attorneys' fees and costs arising out of or in any way connected with the use, manufacture, storage or disposal, with or without Landlord's consent of hazardous materials by Tenant or any of its employees, agents, licensees, invitees or contractors in, on, under or about the Premises, the Building, or any other portion of the Center including, without limitation, the costs of any required or necessary investigation, repair, cleanup or detoxification and the preparation of any disclosure or

Landlord 8 Tenant DAT

Lease and its exhibits. This Lease may not be modified except by a written instrument duly executed by the parties hereto.

34. No Partnership. It is expressly understood that Landlord does not, in any way or for any purpose, become a partner of Tenant in the conduct of its business, or otherwise, or joint venture or member of a joint enterprise with Tenant.

35. Recordation. Neither Landlord nor Tenant shall record this Lease or a short form memorandum hereof without the prior consent of the other party, and the party offering the same for recording shall pay all charges and taxes incident thereto.

36. Limitation of Landlord's Liability. Redress for any claims against Landlord under this Lease shall only be made against Landlord to the extent of Landlord's interest in the property of which the Premises are a part. The obligations of Landlord under this Lease shall not be personally binding on, nor shall any resort be had to the private properties of, Landlord or any of its trustees or directors and officers, as the case may be, its investment manager, the general partners thereof or any beneficiaries, stockholders, officers, directors, employees, or agents of either Landlord or its investment manager, property manager or leasing agent.

37. Guaranty. Tenant shall cause this Lease to be guaranteed by the Guarantor(s) specified in the Reference Pages pursuant to Landlord's standard form of Guaranty, and any event referred to in paragraph 20 in respect of any Guarantor shall also constitute an Event of Default under Paragraph 20.

38. Financial Information. Annually, during the Lease term or any extension thereof, Tenant shall upon ten (10) days prior written notice from the Landlord, provide Landlord with the following current financial information for the corporation signing the Lease limited to quarterly call reports or audited financial statements: tax ID number(s), copies of previous two (2) years IRS tax returns, business P&L statement, or other financial information as the Landlord should require. The financial information shall be prepared in accordance with generally accepted accounting principles or in such form acceptable to Landlord and, if such is the normal practice of Tenant, shall be audited by an independent certified public accountant.

39. Miscellaneous. The words "Landlord" and "Tenant" as used herein shall include the plural as well as the singular. If there be more than one Tenant, the obligations hereunder imposed upon Tenant shall be joint and several. Any married individual executing this Lease executes it on behalf of him/herself and on behalf of his/her marital community. Time is of the essence of this Lease and each and all of its provisions. Submission of this instrument for examination or signature by Tenant does not constitute a reservation of or option for lease, and it is not effective as a lease or otherwise until execution and delivery by both Landlord and Tenant. The terms, covenants, agreements and conditions herein contained, shall, subject to the provisions as to assignment, apply to and bind the heirs, successors, executors, administrators and assigns of the parties hereto. If any provision of this Lease shall be determined to be illegal or unenforceable, such determination shall not affect any other provision of this Lease and all such other provisions shall remain in full force and effect. This Lease shall be governed by and construed pursuant to the laws of the State of Nevada. Landlord and Tenant hereby agree that sole jurisdiction and venue shall be in the Nevada state and federal courts for the area in which the Premises are located, each party hereto hereby consents to the personal jurisdiction of said courts and each party hereby waives objections to personal jurisdiction and venue, including without limitation, objections based upon inconvenient forum.

Landlord 8 Tenant DAT

41. **Exhibits.** The exhibit(s) and addenda, if any, specified in the Table of Contents are attached to this Lease and by this reference made a part hereof.

42. **Corporate Authority.** If Tenant is a corporation, Tenant represents and warrants that this Lease and the undersigned's execution of this Lease has been duly authorized and approved by the corporation's Board of Directors. The undersigned officers and representatives of the corporation executing this Lease on behalf of the corporation represent and warrant that they are officers of the corporation with authority to execute this Lease on behalf of the corporation.

IN WITNESS WHEREOF, the parties have executed this Lease on the respective date indicated below.

TENANT: David A. Taggart

**LANDLORD: Noel Craig Manoukian
Trust**

By: David A. Taggart
David A. Taggart
Managing Member

By: [Signature]
Edward G. Yuill
Vice President/The Ribeiro Company
As Agent

Date: 8-29-12

Date: 8-31-12

PERSONALLY GUARANTEED:

By: David A. Taggart
David A. Taggart
Managing Member

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By: David A. Taggart
David A. Taggart
Managing Member

By: [Signature]
Edward G. Yuill
Vice President/The Ribeiro Company
As Agent

Date: 8-29-12

Date: 8-31-12

PERSONALLY GUARANTEED:

By: David A. Taggart
David A. Taggart
Managing Member

Landlord 8 Tenant DAT

9. Employees of Landlord shall not perform any work to do anything outside of their regular duties unless under special instructions from Landlord, and no employee of Landlord will admit any person (Tenant or otherwise) to any Premise without specific instructions from Landlord.
10. The delivery of shipping or merchandise, supplies and fixtures to and from the Premises shall be subject to such Rules and Regulations as in the judgment of Landlord are necessary for the proper operation of the premises or Center.
11. Landlord shall designate certain areas of the parking lot/garage as "employee parking areas" and no Tenant or employees of Tenant shall park outside of such designated areas.
12. Landlord may waive any one or more of these Rules and Regulations for the benefit of any particular Tenant or Tenants, but no such waiver by Landlord shall be construed as a waiver of such Rules and Regulations in favor of any other Tenant or Tenants, nor prevent Landlord from thereafter enforcing any such Rules and Regulations against any or all of the Tenants of the Center.
13. These Rules and Regulations are in addition to, and shall not be construed to in any way modify or amend, in whole or in part, the terms, covenants, agreements and conditions of any lease of premises in the Center.
14. Landlord reserves the right to make such other and reasonable Rules and Regulations as in its judgment may from time to time be needed for safety and security, for care and cleanliness of the Center and for the preservation of good order therein. Tenant agrees to abide by all such Rules and Regulations hereinabove stated and any additional Rules and Regulations, which are adopted.
15. Tenant shall be responsible for the observance of all the foregoing Rules by Tenant's employees, agents, clients, customers, invitees and guests.

DUTIES OWED BY A NEVADA REAL ESTATE LICENSEE

This form does not constitute a contract for services.

In Nevada, a real estate licensee can (1) act for only one party to a real estate transaction, (2) act for more than one party to a real estate transaction with written consent of each party, or (3) if licensed as a broker, assign different licensees affiliated with the broker's company to separate parties to a real estate transaction. A licensee, acting as an agent, must act in one of these capacities in every real estate transaction.

LICENSEE: The licensee in the real estate transaction is ED YUILL ("Licensee") whose license number is 18931. The licensee is acting for THE LANDLORD.

BROKER: The broker in the real estate transaction is ED YUILL ("Broker"), whose company is THE RIBEIRO COMPANY ("Company").

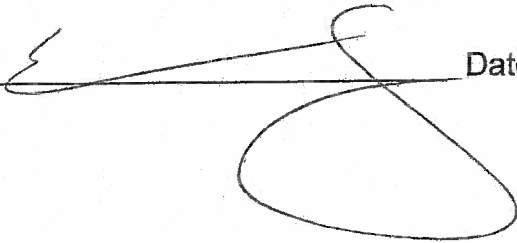
A NEVADA REAL ESTATE LICENSEE IN A REAL ESTATE TRANSACTION SHALL:

1. Disclose to each party to the real estate transaction as soon as is practicable:
 - a) Any material and relevant facts, data or information which Licensee knows, or which by the exercise of reasonable care and diligence licensee should have known, relating to the property which is the subject of the real estate transaction.
 - b) Each source from which Licensee will receive compensation as a result of the transaction.
 - c) That Licensee is a principal to the transaction or has an interest in a principal to the transaction.
 - d) Any changes in Licensee's relationship to a party to the real estate transaction.
2. Disclose, if applicable, that Licensee is acting for more than one party to the transaction. Upon making such a disclosure the Licensee must obtain the written consent of each party to the transaction for whom Licensee is acting before Licensee may continue to act in Licensee's capacity as agent.
3. Exercise reasonable skill and care with respect to all parties to the real estate transaction.
4. Provide this form to each party to the real estate transaction.
5. Not disclose, except to the Broker, confidential information relating to a client.
6. Exercise reasonable skill and care to carry out the terms of the brokerage agreement and to carry out Licensee's duties pursuant to the terms of the brokerage agreement.
7. Not disclose confidential information relating to a client for 1 year after the revocation or termination of the brokerage agreement, unless Licensee is required to do so by order of the court. Confidential information includes, but is not limited to the client's motivation to purchase, sell or trade and other information of a personal nature.
8. Promote the interest of his client by:
 - a) Seeking a sale, lease or property at the price and terms stated in the brokerage agreement or at a price acceptable to the client.
 - b) Presenting all offers made to or by the client as soon as practicable.
 - c) Disclosing material facts of which the licensee has knowledge concerning the transaction.
 - d) Advising the client to obtain advice from an expert relating to matters which are beyond the expertise of the licensee.
 - e) Accounting for all money and property Licensee receives (in which the client may have an interest) as soon as is practicable.
9. Not deal with any party to a real estate transaction in a manner which is deceitful, fraudulent or dishonest.
10. Abide by all duties, responsibilities and obligations required of Licensee in chapters 119, 119A, 119B, 645, 645A, and 645C of the NRS.

Landlord 8 Tenant DAT

I/We acknowledge receipt of a copy of this list of licensee duties, and have read and understand this disclosure.

Tenant David A. Taggart Date 8-29-12 Time 1:14 am/pm
David A. Taggart
Managing Member

Landlord  Date 8-31-12 Time _____ am/pm

I/We acknowledge receipt of a copy of this list of licensee duties, and have read and understand this disclosure.

Tenant David A. Taggart Date 8-29-12 Time _____ am/pm
David A. Taggart
Managing Member

Landlord [Signature] Date 8-31-12 Time _____ am/pm

EXHIBIT A
TENANT INSURANCE REQUIREMENTS

This sheet is intended to assist your insurance broker in providing you with coverage that meets the requirements of your Lease Agreement. Please refer to Paragraphs 27 and 28 of the Lease for the complete requirements.

Per the Lease, Landlord must be provided with proof of insurance prior to Tenant taking possession of the Premises. You may provide insurance under a blanket policy, provided said insurance shall have a Landlord's protective liability endorsement attached to the policy.

PLEASE NOTE:

THE FOLLOWING MINIMUM COVERAGE MUST BE PROVIDED BY A COMPANY WITH AN A. M. BEST RATING OF AT LEAST A-VIII OR GREATER:

\$1,000,000.00 combined single limit for injury to or death of one or more persons and property damage in any one occurrence

\$3,000,000.00 for injury, death, or property damage in the aggregate for any one policy year. Optional coverage for personal property and loss of income shall be provided by Tenant.

- The insured location shall be listed as:
105 Cal Lane, Unit B, Sparks, Nevada 89431

- The policy must name the following as additional insured:
NOEL CRAIG MANOUKIAN TRUST, as owner, and RIBEIRO MANAGEMENT COMPANY, LLC, dba THE RIBEIRO COMPANY, as property manager.
6490 S. McCarran Blvd. Bldg E
Reno, NV 89509

- The policy must contain a **Waiver of Subrogation** endorsement waiving any and all rights of subrogation by Tenant, its Insurer and all others against the additional insured and any encumbrancer of the Building.

- The policy must provide a thirty (30) day written notice to Landlord prior to cancellation.

For your convenience, Certificates and/or Binders may be faxed to 775-825-8272 and followed up with a hard copy by mail.

For further information, contact Property Management at The Ribeiro Company 775-825-7979.

EXHIBIT B

This Exhibit is attached to and made a part of that certain Lease bearing the reference date of 8/28/2012 between Noel Craig Manoukian Trust, hereinafter known as Landlord, and Northern Nevada Lock & Key, LLC, hereinafter known as Tenant, for the property located at 105 Cal Lane. Sparks, Nevada 89431 known as unit(s) #B.

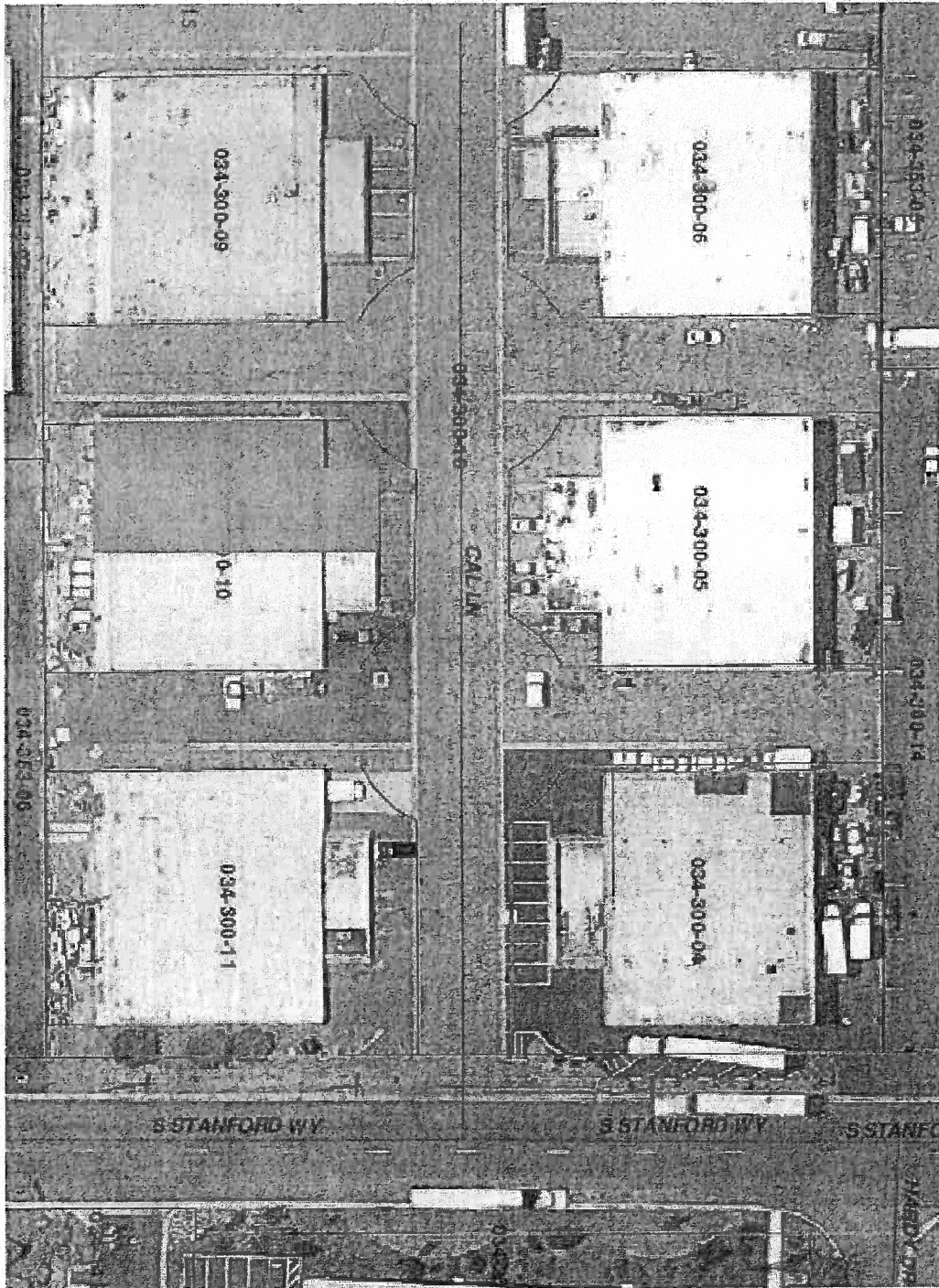


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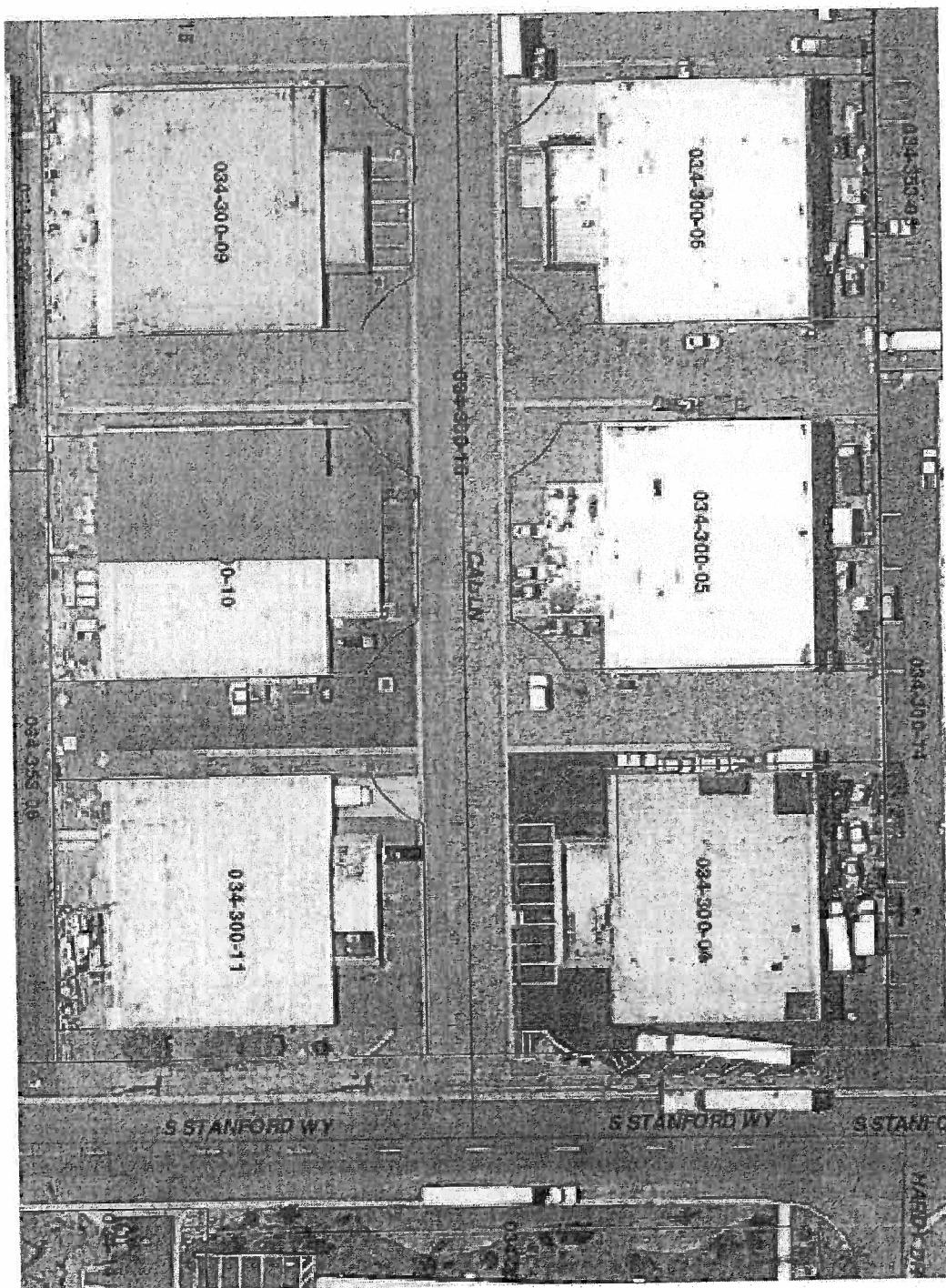
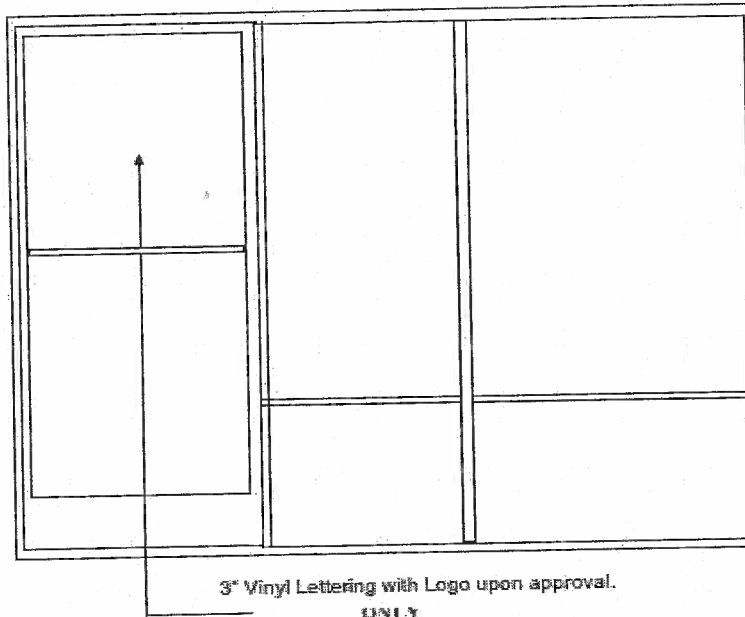


EXHIBIT C

This Exhibit is attached to and made a part of that certain Lease bearing the reference date of 8/27/2012, between CRAIG MANOUKIAN, SOLE PROPRIETOR, hereinafter known as Landlord, and NORTHERN NEVADA LOCK & KEY, LLC, hereinafter known as Tenant, for the property located at 105 CAL LANE, SPARKS, NEVADA 89431, known as unit(s) #B

SIGN CRITERIA #1
TYPICAL SIGN FOR OFFICE WITH GLASS FRONT DOOR



3" Vinyl Lettering with Logo upon approval.

ONLY
TOP HALF

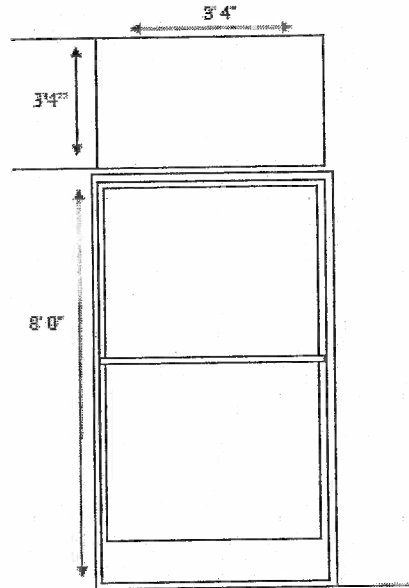
IMITATION GOLD OR OXFORD BROWN WITH GOLD TRIM
LETTERING
IN ACCORDANCE WITH PARAGRAPH 13 OF LEASE

Landlord g Tenant DAT

EXHIBIT C, C(1)

This Exhibit is attached to and made a part of that certain Lease bearing the reference date of 8/27/2012, between CRAIG MANOUKIAN, SOLE PROPRIETOR, hereinafter known as Landlord, and NORTHERN NEVADA LOCK & KEY, LLC, hereinafter known as Tenant, for the property located at 105 CAL LANE, SPARKS, NEVADA 89431, known as unit(s) #B.

SIGN CRITERIA #2
TYPICAL TENANT SIGN ABOVE METAL WAREHOUSE PEDESTRIAN DOOR
- NOT ON OR ABOVE MILL SET DOOR



IN ACCORDANCE WITH PARAGRAPH 11 OF THE LEASE
TENANT TO PROVIDE LETTERING BY PROFESSIONAL SIGN PAINTER,
LETTERS AND BACKGROUND TO BE TENANT'S OPTION
SIGN TO BE PAINTED ON BUILDING, NOT ATTACHED

NO PLASTIC LETTERS, MIRROR LETTERS, RAISED LETTERS, OR PLASTIC SIGNS
NO SUBSTITUTIONS

EXHIBIT C, C(2)

This Exhibit is attached to and made a part of that certain Lease bearing the reference date of 8/27/2012, between CRAIG MANOUKIAN, SOLE PROPRIETOR, hereinafter known as Landlord, and NORTHERN NEVADA LOCK & KEY, LLC, hereinafter known as Tenant, for the property located at 105 CAL LANE, SPARKS, NEVADA 89431, known as unit(s) #B.

Approved Sign #3

IN ACCORDANCE WITH PARAGRAPH 13 OF LEASE
NO SUBSTITUTIONS

Your Logo Here

18" x 96" MDO DISPLAY

TYPICAL TENANT SIGN FOR OFFICE FRONT
SIGN TO BE HUNG FROM FASCIA OF UNIT
OR MOUNTED ON LATTICE FRONT WITH
APPROVED PRIMED AND PAINTED BRACKET.

COLORS, BACKGROUND AND LETTERS WILL BE TENANT OPTION

EXAMPLE: DIGITAL PRINTING, PAINTED OR CUT VINYL GRAPHICS

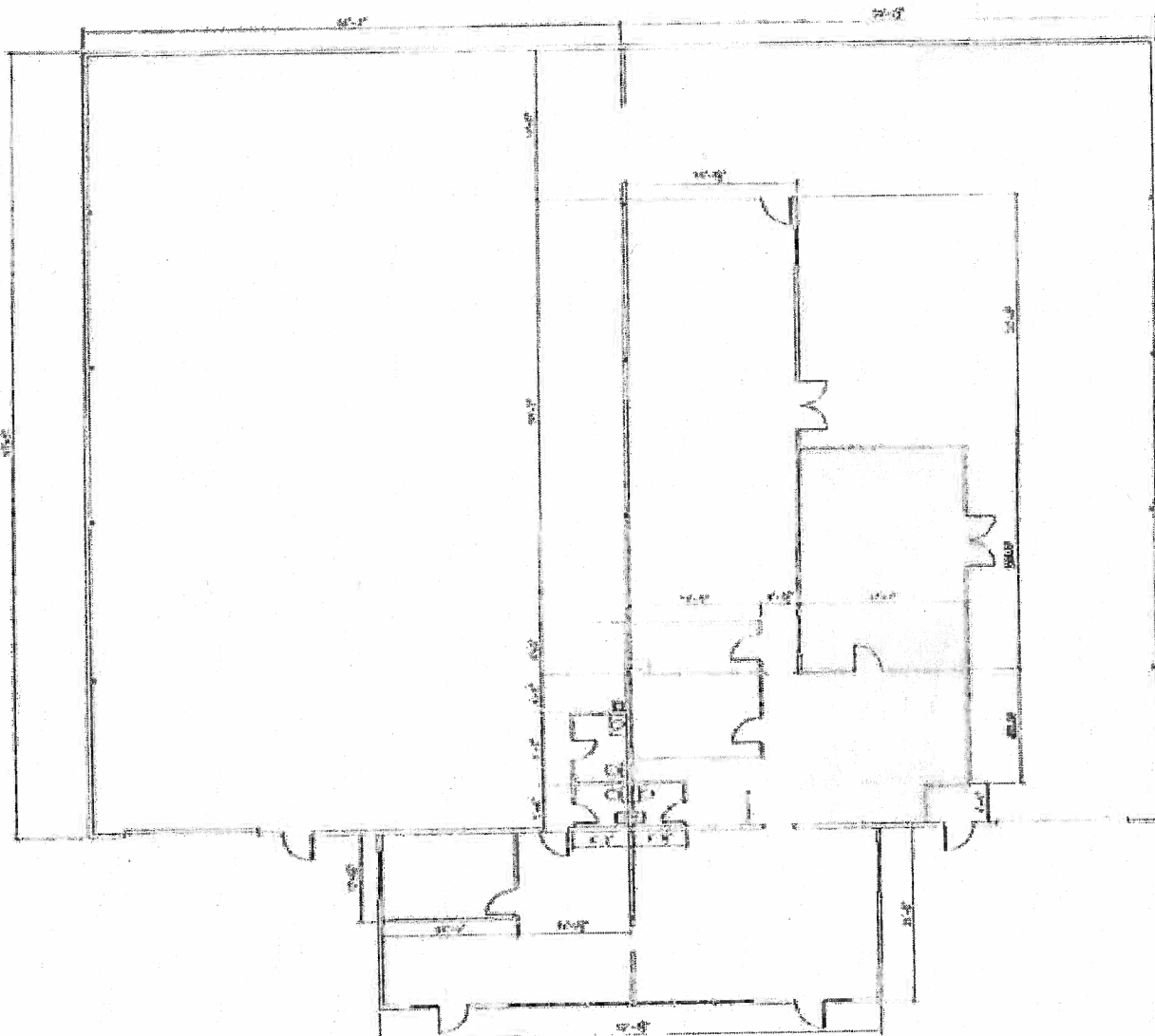
NO PLASTIC LETTERS OR SIGN
NO MIRROR OR RAISED LETTERING

EXHIBIT E

This Exhibit is attached to and made a part of that certain Lease bearing the reference date of 8/27/2012, between CRAIG MANOUKIAN, SOLE PROPRIETOR, hereinafter known as Landlord, and NORTHERN NEVADA LOCK & KEY, LLC, hereinafter known as Tenant, for the property located at 105 CAL LANE, SPARKS, NEVADA 89431, known as unit(s) #B.

Tenant, at Tenant's sole cost shall demolish and remove the wall area (including electrical, lighting, etc.) depicted on the attached floor plan (highlighted in yellow). Landlord shall re-attach roof insulation and remove all unused or non-applicable duct work.

105 CAL LANE



Landlord 8 Tenant DAT



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Reno Sun LLC/Florsheim Homes – Case No. 1097
Unappealed Citation No. 5308
Agenda Item: 8. A. 1. b.

Recommendation

Air Quality Management Staff recommends that Citation No. 5308 be upheld and a fine of \$2,500 be levied against Reno Sun LLC/Florsheim Homes for operating a ten acre construction site without a valid dust control permit. Operating without a permit constitutes a major violation of the District Board of Health Regulation Governing Air Quality Management, specifically Section 030.000, Source Permitting and Operations.

Recommended Fine: \$5,000.00

Negotiated Fine: \$2,500.00

Background

On October 4, 2012, Air Quality Specialist II Michael Osborn was dispatched to Whitehorse Avenue and Summer Sun Lane in Sun Valley, Nevada in response to a complaint regarding alleged huge plumes of dirt and dust from the use of a grizzly screen. On arrival at the site, the grizzly was not in use however, AQ Specialist Osborn did identify a small quantity of dust being generated by the equipment operating on two building lots. AQ Specialist Osborn made contact with Mr. Lance Johnson, the grading contractor, to ascertain when a water truck had last been used on the site. Mr. Johnson told AQ Specialist Osborn that just earlier that morning the lots had been wet down.

AQ Specialist Osborn then asked to see the dust control permit for the project and was told that Mr. John Vosbein, the project manager, would have a copy of the permit. AQ Specialist Osborn then made contact with Mr. Vosbein to inspect the permit and required water truck documentation. After a long search at numerous locations, the determination was made that Mr. Vosbein did not have a current dust control permit for the job site in question.

A review of the Air Quality Management records determined the previous dust control permit for this project site expired on October 19, 2007. Based on the fact that there was not a valid dust control permit for the project, AQ Specialist Osborn issued Citation No. 5308 for a major violation of Section 030.000, Source Permitting and Operation.

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

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS
Printed on Recycled Paper

DBOH AGENDA ITEM NO. 8.A.1.b.

Settlement

On October 25, 2012, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by AQ Specialist Osborn and Mr. Randy Bling, representative for Reno Sun LLC/ Florsheim Homes. After consideration of all the facts of this case, Senior AQ Specialist Cerfoglio proposed that Citation No. 5308 be upheld with a fine of \$2,500. Mr. Bling agreed to the condition of the negotiated settlement and a Memorandum of Understanding was signed by all parties. A completed application for a dust control permit was submitted at the end of the meeting.

Alternatives

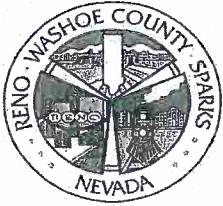
1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5308.
2. The Board may determine to uphold Citation No. 5308 but levy any fine in the range of 0 to \$10,000 per day.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Reno Sun LLC/Florsheim Homes may be properly noticed.



Kevin Dick, Division Director
Air Quality Management

KD/DC: ma



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: 10-25-2012

Company Name: Fleishman Homes / Reno Scan LLC

Address: 2701 SW. March Lane Ste D

Notice of Violation No.: 5308 Case No.: 1097

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.000 OPERATING WITHOUT A PERMIT or Dust Control Permit.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,500⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 15, 2012.

RBe
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

RANDY BLING
Print Name

DENNIS A. CERFOGLIO
Print Name

MANAGER
Title

Sr. Air Quality Specialist
Title

[Signature]
Witness

Witness

Witness

Witness

RECOMMENDED FINE WORKSHEET

DATE: 10-04-2012 CASE NO.: 1097 NOV NO.: 5308

COMPANY NAME: RENO SUN LLC

CONTACT NAME: RANDY BLING, MANAGER

(MAJOR / MINOR)

VIOLATION OF SECTION(S): 030.000 OPERATING WITHOUT A PERMIT

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

<u>YES</u>	HAZARDOUS AIR POLLUTANT	YES / NO	<u>PM</u>	TYPE OF AIR CONTAMINANT (CO, NOX, SOX, PM, VOC'S, HAP'S)	
<u>NO</u>	LEGALLY PERMITTED SOURCE	YES / NO	<u>YES</u>	PUBLIC HEALTH EXPOSURE	YES / NO
<u>1810</u>	NUMBER OF DAYS IN VIOLATION	YES / NO	<u>YES</u>	PUBLIC COMPLAINTS	YES / NO

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

No Dust control Permit on file with AQMD.

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

Cost of the Dust Control Permit, water trucks, and water

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

Good cooperation

4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$5,000


AQ SPECIALIST'S SIGNATURE

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



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5308

DATE ISSUED: 10-4-12

ISSUED TO: Reno Sun LLC PHONE #: 209-473-1106

MAILING ADDRESS: 1701 W. March Lane #A CITY/ST: Stockton CA ZIP: 95207

NAME/OPERATOR: John Vosberg PHONE #: 209-992-0584

PERMIT NO. WORK ON FILE COMPLAINT NO. CMA12-0168

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON Oct 4, 12 (DATE) AT 0256 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: NO DUST CONTROL PLAN ON FILE FOR Sun Mesa Subdivision; Approx 40 lots on 7 to 8 Acres.

LOCATION OF VIOLATION: SUN MESA + WHITE HORSE DRIVE

POINT OF OBSERVATION: ON SITE

Weather: WARM/WINDY Wind Direction From: N E S (W)

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

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

Signature _____

CITATION: You are hereby notified that effective on _____ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within _____ hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 10-4-12

Issued by: [Signature] Title: AQSR

PETITION FOR APPEAL FORM PROVIDED

AIR QUALITY MANAGEMENT
DUST CONTROL PERMIT # DCP12-0040
ISSUED TO RENO SUN LLC
FOR THE DEVELOPMENT NAME "SUN MESA"



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Dust Control Permit #: DCP12-0040

Name of Development: SUN MESA

Location of Development: SUN MESA DRIVE, SUN VALLEY NV

Acres: 10

of Water Trucks: 1

Issued Date: 10/31/2012

Expiration Date: 04/30/2014

Issued To: RENO SUN LLC

The following requirements are special conditions of approval for this dust control permit in addition to the standard conditions noted in the permit application. The special conditions noted below must be followed in all activities covered in this permit.

1. The required number of water trucks will be assigned and available for operation 24 HOURS A DAY, 7 DAYS A WEEK for the purpose of water application for control of fugitive dust. If the required number cannot control fugitive dust emissions from equipment operations and/or gusty wind conditions, the applicant shall immediately provide additional water trucks. CESSATION OF OPERATIONS IS REQUIRED IF DUST CANNOT BE CONTROLLED DUE TO EQUIPMENT OPERATIONS AND/OR GUSTY WIND CONDITIONS. IF CESSATION OF OPERATIONS IS USED AS A DUST CONTROL MEASURE, CONTINUED WATERING OF THE PROJECT IS REQUIRED.
2. Dust emissions generated on any entrance or exit haul roads due to equipment operations or gusty wind conditions must be controlled 24 hours a day, 7 days a week, by the use of water application or an environmentally safe dust palliative (District Regulation 040.030, Section C. 2. a. and b.) Any palliative used must comply with state and local regulations and not provide a noxious odor or contaminate ground water.
3. All projects importing or exporting dirt, rock or other fill materials must comply with the work practice standards in District Regulation 040.030, Section C. 4., including load tarping, watering or Freeboard. Any soil tracked onto adjoining paved roadways will be promptly removed by wet broom or washing. Regular vacuum or wet sweeping will be performed at least daily, and more often if necessary or if ordered by the Control Officer due to a violation. Any materials tracked out or spilled which cause visible fugitive dust for a period of five (5) minutes in any hour period shall be cleaned up immediately.
4. Any soil or fill storage piles operated or maintained as a part of this construction lot will be covered or wetted down sufficiently to prevent wind blown dust. Dust emissions from screening operations will be controlled by the use of a water truck or other control measure that prevents fugitive dust.

Dust Control Permit #: DCP12-0040

SUN MESA

- SUN MESA DRIVE, SUN VALLEY NV

5. The applicant shall implement additional dust control measures, such as extra water trucks, water cannons, re-vegetation, environmentally safe dust palliatives (which comply with all applicable regulations and do not emit a noxious odor and do not contaminate ground water), wind fencing, and/or cessation of operations should these measures fail to control fugitive dust emissions from this project.
6. Once final grade has been completed, and if no structures are being constructed, the owner/developer shall be required to establish a long-term stable surface. This shall include re-vegetation or covering the disturbed soil with rock or crushed asphalt products within 30 days of completion of final grade. The use of an approved palliative is an option, but must be approved by the Air Quality Management Division (AQMD) prior to application.
7. The applicant shall provide a Material Safety Data Sheet (MSDS) and dilution ratio to AQMD staff for any dust palliative selected for use as a dust control measure at this site.
8. A copy of this dust control permit shall be maintained at the construction project site and available to any sub-contractor or Air Quality Management Division inspector to review upon request.
9. ANY CHANGES MADE TO THE PROPOSED OPERATIONS, SCOPE OF WORK OR SURFACE DISTURBANCES UNDER THIS DUST CONTROL PERMIT shall be submitted to the Washoe County Health District, AQMD in writing and must receive approval from the Control Officer prior to implementation.
10. The owner or the general contractor shall erect an informational sign at the main entrance to the project site. The sign shall be a minimum of 4 ft by 4 ft in size, and shall be in place prior to initiation of disturbance of the ground surface. The sign lettering shall be at least 4 inches high and shall be bold and easily readable by the public. The sign shall remain in place for the life of the project. The sign shall include the following information, also see attached example:
 - a) The name of the project.
 - b) A statement identifying the General Contractor.
 - c) A statement proclaiming that "All operators at this site are required to control dust emissions from their operations. The General Contractor is required to oversee and control project wide dust emissions."
 - d) A statement proclaiming that "For dust related problems coming from this site, or to make a dust complaint, call this phone number 24 hours per day, seven days per week: (775) 784-7200. A 24-hour phone number for both the Contractor/Developer and the Air Quality Management Division shall also be posted. The 24-hour phone number for complaints to the Air Quality Management Division is (775) 784-7200.

Dust Control Permit #: DCP12-0040

SUN MESA

- SUN MESA DRIVE, SUN VALLEY NV

11. A log book of all dust control operations, containing all information as required by the Control Officer in the standard "**WASHOE COUNTY DUST CONTROL LOG**" must be maintained on a daily basis (copies of blank log sheets are available at the Air Quality Management Division Office). Required information includes, but is not limited to, the number of **OPERATING** water trucks/pulls, the size of **OPERATING** water trucks/pulls (gallons capacity of each truck/pull), and the condition of the surface crust on disturbed areas. The operator shall record in the logbook all dust control efforts and the compliance level of the site with dust control requirements. The logbook shall be kept at the project site and made available to District representatives upon request.
12. Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1). All disturbed areas must maintain a visible surface crust or other cover in compliance with Regulation 040.030, Section C.2.c. Compliance shall be determined using US Environmental Protection Agency Reference Method 22, with an observation period of not less than 5 minutes in any hour period. Copies of District Regulations, enforcement policies and USEPA Reference Testing Methods may be obtained by contacting the Air Quality Management Division at (775) 784-7200.
13. Failure to comply with all of the requirements of this Dust Control Permit shall be considered a citable violation of District Regulations and this dust control permit. Citations may be issued for each day of violation, in amounts up to \$10,000 per day as stated in District Regulations.
14. Any use of recycled wastewater from a public or private sewer treatment plant must take into account the protection of public health.

NOTE: All operators who clear more than one (1) acre of land also need an NPDES permit addressing water quality issues related to storm run-off from the Nevada Division of Environmental Protection. Contact the Bureau of Water Pollution Control at (775) 687-9418 for further information.


Control Officer

THIS IS NOT A GRADING PERMIT. THESE CONDITIONS ADDRESS DUST CONTROL ONCE THE GRADING PERMIT HAS BEEN OBTAINED. IF THE GRADING PERMIT IS DENIED THIS PERMIT IS VOID.

DUST CONTROL PERMIT APPLICATION

AIR QUALITY MANAGEMENT DIVISION
PO Box 11130, Reno NV 89520-0027 * (775) 784-7200 * Fax (775) 784-7225

FEE as of July 1, 2012: \$108.00 per acre - plus a \$33.00 administration fee per permit
(Less than .5 acres round down; .5 and greater round up)

THE "APPLICANT" IS RESPONSIBLE FOR ALL DUST CONTROL 24 HOURS A DAY, SEVEN DAYS A WEEK,
Including weekends and holidays, from commencement of project to completion.

The Applicant must be the Property Owner/Developer, and signed by the Applicant or his
Attorney in Fact. Fill in the application completely or it will be returned for completion.

To be filled in by AQ Staff
Permit No. DCP12-0040
Area: 1
Water Truck(s): 1
Hydro Basin: Yes/No

- 1. Name of Development: Sun Mesa
2. Development Address: 0 Sun Mesa Drive Sun Valley
3. Size of Project (disturbed acres): 10.3
4. Type of Project (choose one): Residential - Single Family X
5. If renewing an existing permit, list permit number:

NOTE - - The Dust Control Permit is valid for eighteen (18) months from the date of approval. If
the project is not complete or has not commenced by the expiration date, the Applicant must
submit a renewal application to the Air Quality Management Division. Failure to do so will result
in the Permit expiring and could result in a citation.

- 7. APPLICANT -- Name and current Address of Property Owner/Developer:
Owner/Developer: RENO SUN, LLC Contact: Randy Bling
Address: 1701 W. March Lane, Suite D.
City: Stead State: CA Zip: 95207
Phone Number: (209) 493-1106 Email: RBLing@florshaimhomes.com

- 8. Name and current Address of Project Engineer/Consultant:
Engineer/Consultant: Wood Rodgers Contact: Cary Chisum
Address: 5440 Reno Corporate Drive.
City: Reno State: NV Zip: 89511
Phone Number: (775) 823-4063 Email: cchisum@woodrogers.com

- 9. Name and Address of General Contractor:
Contractor: Contact:
Address:
City: State: Zip:
Phone Number: Email:

- 10. Name and Address of Grading/Excavating Contractor:
Contractor: Lance Johnson Inc Contact: Lance Johnson
Address: P.O. Box 2408
City: Fallon State: NV Zip: 89407
Phone Number: (775) 690-4560 Email: LJIInc4560@gmail.com

CHECK \$113.00
2 1025'12 1048759 TND

11. Proposed Construction Dates – Per Phase:

*** provide grading and phasing maps ***

On-Site Grading/Excavation: Start: 10/15/12 Complete: 10/15/14
Building Construction: Start: 10/15/12 Complete: 10/15/14

- 12. Will fill material be required? Yes _____ yd³ _____; No X
- 13. Will there be an excess of native material as a result of excavation? Yes _____ yd³ _____
No X
- 14. Amount of Material to be excavated (yd³): N/A Finish Lot Grading for Home Construction
- 15. Is there a soil analysis report available? Yes X No _____
- 16. On-Site soil type: Clayey Sand
- 17. Method of dust control to be utilized (per phase): (attach a map showing dust control strategy-utilize scale with contours)

Water Truck(s) 1 (number of trucks)
Chemical Sealant _____ (type – attach MSDS Sheets)
Sprinklers/Water Cannons _____ (locations)
Compaction _____ (percent)
Enclosure _____ (fences, windbreaks)
Revegetation _____ (type – attach seeding schedule)
Will temporary irrigation be supplied? Yes _____ No X
Water Source: _____
Speed Limits _____ Other _____

NOTE - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant/palliative, or other approved method(s) of dust suppression must occur "within 30 days of grading completion". Dust suppression must continue regardless of construction status.

- 18. Method to control mud and soil being tracked onto adjacent paved roadways: No vehicle access is allowed on the Home sites
- 19. Frequency of daily street cleaning: 1/day
- 20. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s): _____
- 21. Persons to be contacted during non-working hours in case of dust problems:
Name & Phone no: John Vosbein (209) 992-0584 Email: JVosbein@Florsheimhomes.com ✓
Name & Phone no: Lance Johnson (775) 690-4560 Email: LJInc4560@Gmail.com ✓

22. The Applicant's (Owner/Developer) signature or that of his/her Attorney in fact on this application shall constitute agreement by the Applicant to accept responsibility for meeting the "Conditions of Plan" (attached):

RBE _____ Date 10/25/12
Signature _____ Date
RANDY BINK _____ Title MANAGER
Print or type name _____ Title
RENO CON, LLC _____ Phone Number 209-477-1100
Company Name _____ Phone Number

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0168**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: CNSTDUST

Date Received: 10/04/2012

Time: 1:05 P.M.

Inspector: MOSBORN

Inspector Area: 1

Complaint Description: NOV 5308 CASE 1097 - HUGE PLUMES OF DIRT & DUST FROM USE OF GRIZZLY

Address:

Location: WHITEHORSE AVE & SUMMER SUN LANE, SUN VA

Parcel Number:

Related Permit Number:

Complainant:

DONNA BAKKE

5455 SUMMER SUN COURT
SUN VALLEY NV 89433
775-453-2525

Responsible Party:

RENO SUN LLC
RANDY BLING, MANAGER
1701 WEST MARCH LANE STE D
STOCKTON CA 95207
209-473-1106

Investigation:

On October 4, 2012 at approximately 1300 hrs Specialist Osborn was dispatched to White Horse lane and Summer Sun Lane for alleged huge plumes if dirst and dust from use of a grizzly.

On arrival at the above location the grizzly was not in use and only small plumes of dirt were visible from equipment in use on the two building lots.

This Specialist spoke to mr. Lance Johnson and asked when the last time a water truck was used on the property. Johnson stated earlier in the morning. He was asked for a copy of the dust control plan for the area and he stated he did not have one but the project manager might.

The Project manager, Mr. John Vosbein was called and asked if I could meet with him to review his dust control plan. NOTE: Earlier this Specialist had the AQ Office run a check on file to see if a dust control plan could be found. No listings were found for the property. Mr. Vosbein reported that the dust control plan was probably located in his storage bin down by Hobeys Casino. Specialist Osborn stated that I would meet him down there to review the plan with him. On arrival at the storage area Mr Vosbein stated that there was none found.

He was asked to call his home office bercause surely they would have a copy. After calling he stated that all people who would have knowledge were apparently gone.

Mr Vosbein was issued NOV #5308 for 030.000 not having a dust control plan on file. Mr. Vosbein was explained the boards and appeal process and given his petition for appeal form.

Photographs were taken of some lots currently being used for screening, building or new builds and attached to this report. To the best of this specialist knowledge the last Duct Control issued was April 2006 and expired on Oct 19, 2007. Estimated amount of time with a lapsed dust control plan appears to be approximately five years. Originally filed for 59 acres of land.

Michael Osborn, AQSI
Washoe County Air Quality
Washoe County District Health Dept.

Enforcement Activities

Warning Citation..:	Citation Number: 5308
NOV.....: 10/04/2012	NOV Number....: 0
	Case Number.....: 1097
Settlement.....: 10/25/2012	Amount.....: \$2,500.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON	Completed Date...:
Date Assigned.....: 10/04/2012	Completed By.....:

PHOTOS TAKEN BY AQ SPECIALIST II, MICHAEL OSBORN
OF THE PROPERTY LOCATED AT
WHITEHORSE AVENUE & SUMMER SUN LANE IN SUN VALLEY, NEVADA



10/04/2012 3:07:00 PM



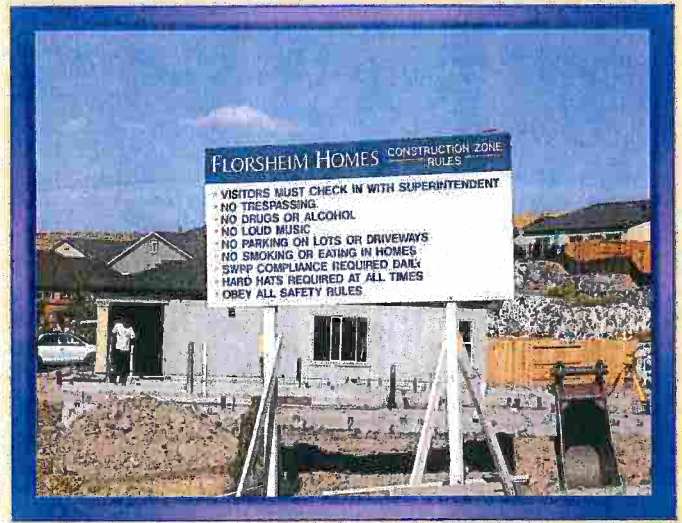
10/04/2012 3:07:06 PM



10/04/2012 3:08:25 PM



10/04/2012 3:07:00 PM



10/04/2012 3:07:06 PM



10/04/2012 3:08:25 PM



10/04/2012 3:08:48 PM



10/04/2012 3:09:28 PM



10/04/2012 3:12:25 PM



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Western Pavement Solutions – Case No. 1099
Unappealed Citation No. 4615
Agenda Item: 8. A. 1. c.

Recommendation

Air Quality Management Division Staff recommends that Citation No. 4615 be upheld and a fine of \$2,500 be levied against Western Pavement Solutions for operating a portable asphalt recycling circuit without a permit to operate. Operating without a permit constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000, Source Permitting and Operation. This is a negotiated settlement.

Recommended Fine: \$5,000.00

Negotiated Fine: \$2,500.00

Background

On October 4, 2012, Senior Air Quality Specialist Dennis Cerfoglio was dispatched to the west end of Pagni Lane in Pleasant Valley to investigate a dust complaint. Upon his arrival at the site, AQ Specialist Cerfoglio observed a portable asphalt recycling circuit set up on a vacant lot, approximately 3 acres in size. AQ Specialist Cerfoglio observed haul trucks from Lakeside Trucking, as well as Washoe County Roads Department, entering and leaving the site. AQ Specialist Cerfoglio also observed the use of a water truck on the site to wet down the area where the trucks were entering and leaving the site. No fugitive dust was observed at this time.

On October 5, 2012, AQ Specialist Wallace Prichard was dispatched to the same area to investigate another dust complaint. Upon his arrival, AQ Specialist Prichard made contact with Mr. Harold Stone, an inspector for Washoe County Engineering, Mr. Mitch Mansfield and Mr. Randy Thompson, both of whom are superintendents for Western Pavement Solutions. AQ Specialist Prichard observed the operation of a portable 500 kilowatt generator, a TRex CMI bin feeder, a pug mill, and a two deck power screen with accompanying conveyor belts. Upon further investigation at the Air Quality office, the determination was made that the equipment did not have a permit to operate and there was not a dust control permit on file for the site.

Mr. Stone Washoe County Engineering Inspector contacted Ms. Charlene Albee, Permitting and Enforcement Branch Chief, to request permission to continue to operate the equipment over the weekend in order to complete the paving project prior to the arrival of inclement weather. Mr. Albee approved the continued operation with the condition a representative of Western Pavement Solutions would come in to the Air Quality office first thing Monday morning to submit the required applications.

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DBOH AGENDA ITEM NO. 8.A.1.c.

November 15, 2012

DBOH/Western Pavement Solutions/Case No. 1099

Page 2

On Monday, October 8, 2012, a representative of Western Pavement Solutions did not appear at the Air Quality office to submit applications. At this time, AQ Specialist Cerfoglio returned to the Pagni Lane site. AQ Specialist Cerfoglio made arrangements for Mr. Stone to meet him on site along with Mr. Mansfield and Mr. Thompson. After a lengthy discussion, it was confirmed that a dust control permit was never applied for or issued for the site and that the portable equipment was operating without a permit. At that time, AQ Specialist Cerfoglio issued Notice of Violation Citation No. 4615 to Western Pavement Solutions for a major violation of Section 030.000 a for operating without a permit. Additionally, Notice of Violation Warning No. 4616 was issued to Washoe County Engineering, as the owner/operator of the project, for the same violations.

Settlement

On October 11, 2012, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by AQ Specialist Wallace Prichard and Mr. Douglas Olsen, Regional Manager for Western Pavement Solutions. After consideration of all the facts presented in the case, Senior AQ Specialist Cerfoglio proposed that Citation No. 4615 be upheld with a fine of \$2,500. Mr. Olsen agreed to the condition of the negotiated settlement and a Memorandum of Understanding was signed by all parties.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 4615.
2. The Board may determine to uphold Citation No. 4615 but levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Western Pavement Solutions may be properly noticed.



Kevin Dick, Division Director
Air Quality Management

KD/DC: ma



DISTRICT HEALTH DEPARTMENT

AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: 10-11-2012

Company Name: Western Pavement Solutions
Address: 5050 E. Russell Road
Notice of Violation # 4615 Case # 1099

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 030.000 Operating w/o Permit + 040.030
No current Dust Control Plan for site

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,500⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 15, 2012.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

Douglas R Olsen
Print Name

DENNIS A. CERFOGLIO
Print Name

Regional Manager
Title

Sr. Air Quality Specialist
Title

Witness

[Signature]
Witness

Witness

Witness

RECOMMENDED FINE WORKSHEET

DATE: 10-08-2012 CASE NO.: 1099 NOV NO.: 4615

COMPANY NAME: WESTERN PAVEMENT SOLUTIONS

CONTACT NAME: KEN BARKER

(MAJOR / MINOR)

VIOLATION OF SECTION(S): 030.000 OPERATING W/O A PERMIT; 040.030 DUST CONTROL

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

NO HAZARDOUS AIR POLLUTANT YES / NO ALL TYPE OF AIR CONTAMINANT
(CO, NOX, SOX, PM, VOC'S, HAP'S)

NO LEGALLY PERMITTED SOURCE YES / NO YES PUBLIC HEALTH EXPOSURE YES / NO

TEN NUMBER OF DAYS IN VIOLATION YES / NO YES PUBLIC COMPLAINTS YES / NO

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

Operating a portable crushing /screening equipment without valid Air Quality permits.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR

ESTIMATED COST \$ 1,000.00

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

Approximate cost of permitting portable paving equipment, plus obtaining a Dust Control Permit for the job site.

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

This was a Washoe County Engineering paving job with a Washoe County inspector on the site. On Friday, October 5, 2012 the responsible parties were instructed come to the Air Quality office on Monday, October 8, 2012 by 8 a.m., to obtain the proper permit s, but no one came in. I then went to the job site to issue the Citation.

4. **ADDITIONAL COMMENTS:**

After the Citation was issued, the situation was immediately addressed by Justin Tenpenny, job site manager for Western Pavement Solutions.

RECOMMENDED FINE: \$5,000


AQ SPECIALIST'S SIGNATURE



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



CMP12-0167

NOTICE OF VIOLATION

NOV 4615

DATE ISSUED: 10-8-2012

ISSUED TO: Western Pavement Solutions PHONE #: 888-755-2388

MAILING ADDRESS: 5050 E. Russell Road CITY/ST: Las Vegas, Nev. ZIP: 89122

NAME/OPERATOR: Brendy Thompson PHONE #: 702-540-0299

Justin Terpenney DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 10-8-2012 (DATE) AT 8:30 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Operating asphalt crushing & screening equipment w/o proper permits. Plus stockpiles staggng area needs a dust control permit.

LOCATION OF VIOLATION: Pagni Lane off Old 395 South.

POINT OF OBSERVATION: On site off Pagni Lane

Weather: Clear, no wind 62°F Wind Direction From: N E S W

Emissions Observed: Fugitive dust from haul trucks & crushing
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on 10-8-2012 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within Immediately hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: Justin Terpenney Date: 10-8-12
 Issued by: Dennis A. Cafoglia Title: Sr. Air Quality Spec.

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0167**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: GENDUST

Date Received: 10/04/2012

Time: 9:35 A.M.

Inspector: DCERFOGLIO

Inspector Area: 3

Complaint Description: NOV CITATION 4615, CASE 1099 & (WARNING 4616 TO WC ENG-HAROLD STONE) TRUCKS HAULING ASPHALT/CONCRETE-LOTS OF DUST. TRU

Address:

Location: PAGNI LANE, RENO NV

Parcel Number:

Related Permit Number:

Complainant:

BILL CHRONISTER

100 SUNBEAM LANE
RENO NV 89521
232-7689

Responsible Party:

WESTERN PAVEMENT SOLUTIONS
KEN BARKER
5050 E RUSSELL ROAD
LAS VEGAS, NV 89122
888-755-2388

Investigation:

On October 4, 2012, Senior Air Quality Specialist Dennis Cerfoglio was dispatched to a dust complaint on Pagni Lane in Washoe County. Upon his arrival at the complaint site Specialist Cerfoglio did not observe any fugitive dust being generated by truck traffic entering and leaving the staging area.

On October 5, 2012, Specialist Wallace Prichard received a complaint about fugitive dust at the Western Pavement Solutions site off Pagni Lane for fugitive dust. At that time Specialist Prichard made contact with Harold Stone an inspector for Washoe County Engineering, Mitch Mansfield and Randy Thompson both of whom were superintendents for the Western Pavement Solutions Company. Specialist Prichard observed the use of a portable 500 k.w. generator, TRex CMI bin feeder, a pug mill and a two deck screen while on site. Upon further investigation back at the office of the Air Quality Division it was learned that the equipment being used on the site was not permitted and there was no dust control permit issued.

On October 8, 2012, Specialist Cerfoglio was again dispatched to the staging site off Pagni Lane. Upon entering the job site Specialist Cerfoglio made contact with Mitch Mansfield and Randy Thompson superintendents for Western Pavement Solutions, and also Harold Stone, inspector for Washoe County Engineering. After a lengthy conversation with all three gentlemen it was established that in fact no dust control permit had been applied for or issued and that the equipment in the site had not been properly permitted.

NOV's ISSUED:

Specialist Cerfoglio issued NOV Warning #4616 to Washoe County Engineer, Harold Stone.

and NOV Citation #4615 to Western Pavement Solutions under 030.000 a major violation for not permitting their portable equipment and 040.030 a minor violation for not having a dust control permit.

Enforcement Activities

Warning Citation..: 10/08/2012
NOV.....: 10/08/2012

Citation Number: 4616
NOV Number....: 4615
Case Number.....: 1099
Amount.....: \$0.00

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

Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON
Date Assigned.....: 10/04/2012

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

AQMD - NOTICE OF VIOLATION "WARNING"
ISSUED TO WASHOE COUNTY ENGINEERING, HAROLD STONE
DATED OCTOBER 8, 2012



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



NOTICE OF VIOLATION

NOV **4616**

DATE ISSUED: 10-8-2012

ISSUED TO: Washoe County Engineering PHONE #:

MAILING ADDRESS: 1001 E. Ninth Street CITY/ST: Reno, Nev. ZIP: 89520

NAME/OPERATOR: Harold Stone PHONE #: 240-2654

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 10-8-2012 (DATE) AT 8:30 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Operating asphalt crushing + screening equipment w/o permit. Plus stockpiles + staging piles + staging area needs dust control permit.

LOCATION OF VIOLATION: Pagni Lane off Old 395 South

POINT OF OBSERVATION: On site off Pagni Lane

Weather: Clear, no wind 62°F Wind Direction From: N E S W

Emissions Observed: Fugitive dust from haul trucks + crushing
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective 8:30 (a.m./p.m.) 10-8-2012 (date) you are hereby ordered to abate the above violation within Immediately hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

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

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 10-8-12

Issued by: Dennis A. Cerfoglio Title: Sr. Air Quality Spec.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Golden Gate Petroleum – Case No. 1101
Unappealed Citation No. 5310
Agenda Item: **8. A. 1. d.**

Recommendation

Air Quality Management Staff recommends that Citation No. 5310 be upheld and a fine of \$1,250 be levied against Golden Gate Petroleum for a violation of Permit to Operate No. K0102GS, Condition 4, which requires stations with a Balance Phase II Recovery System to conduct a Static Pressure Decay Test once every three years. In this case, the last time the testing was conducted was in August, 2009. Failure to conduct the required testing constitutes a major violation of the District board of Health Regulations Governing Air Quality Management, specifically Section 030.2175, Operations Contrary to Permit. This is a negotiated settlement.

Recommended Fine: \$1,500.00

Negotiated Fine: \$1,250.00

Background

On October 9, 2012, Air Quality Specialist Michael Osborn conducted a routine inspection of the Golden Gate Petroleum facility located at 5190 Sun Valley Boulevard in Sun Valley, Nevada. During the inspection, it was noted that Condition 4 of Permit to Operate No. K0102GS states:

A Static Pressure Decay Test must be completed once every three (3) years to demonstrate compliance with the CARB Executive Orders for balance phase II vapor recovery systems. Once the monthly distribution of gasoline exceeds 100,000 gallons, the Pressure/Vacuum Vent Valves must also be tested once every three (3) years to demonstrate compliance with the NESHAP Subpart CCCCC. The AQMD must be notified at least 72 hours prior to the test(s).

AQ Specialist Osborn reviewed the file and determined the most recent compliance demonstration testing had been conducted on August 10-11, 2009. Therefore, the subsequent testing was required to be completed by August, 2012.

Based on the results of the inspection and file review, AQ Specialist Osborn issued Mr. Larry Bechard, Manager of the Golden Gate Petroleum facility, Notice of Violation Citation No. 5310 for a major violation of Section 030.2175 for operations contrary to the permit.

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DBOH AGENDA ITEM NO. 8.A.1.d.

November 15, 2012

DBOH/Golden Gate Petroleum/Case No. 1101

Page 2

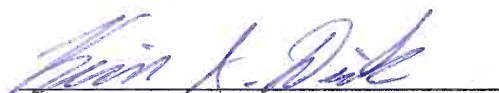
Settlement

On October 15, 2012, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by AQ Specialist Osborn and Mr. David Kette, Director for Golden Gate Petroleum. After consideration of all the facts presented in the case and noting that this was the second violation written to Golden Gate Petroleum in just over a year, AQ Specialist Cerfoglio proposed that Citation No. 5310 be upheld with a fine of \$1,250. Mr. Kette agreed to the condition of the negotiated settlement and a Memorandum of Understanding was signed by all parties.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5310.
2. The Board may determine to uphold Citation No. 5310 but levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Golden Gate Petroleum may be properly noticed.



Kevin Dick, Division Director
Air Quality Management

KD/DC: ma



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: October 15, 2012

Company Name: Golden Gate Petroleum

Address: 5190 Sun Valley Blvd.

Notice of Violation No.: 5310 Case No.: EMP12-0177

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.2175 Violation of Permit Condition

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,250.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 15, 2012.

David Kette
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

DAVID KETTE
Print Name

DENNIS A. CERFOGLIO
Print Name

DIRECTOR
Title

Sr. Air Quality Specialist
Title

Witness

[Signature]
Witness

Witness

Witness

RECOMMENDED FINE WORKSHEET

DATE: 10-09-2012 CASE NO.: 1101 NOV NO.: 5310

COMPANY NAME: GOLDEN GATE PETROLEUM

CONTACT NAME: LARRY BECKARD

(MAJOR / MINOR)

VIOLATION OF SECTION(S): 030.2175 VIOLATION OF PERMIT CONDITION

1ST VIOLATION 2ND VIOLATION 3RD VIOLATION

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

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

No testing submitted as required in Air Quality Permit K0102GS.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR
ESTIMATED COST \$ 750
(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

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

Cooperated well

4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$1,500


AQ SPECIALIST'S SIGNATURE

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



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5310

DATE ISSUED: Oct 9, 2012

ISSUED TO: Galden Gate Astrolum PHONE #: 673-3200

MAILING ADDRESS: 5190 Sun Valley Blvd. CITY/ST: Sun Valley, NV ZIP: 89433

NAME/OPERATOR: Larry Beckard PHONE #: Same

PERMIT NO. K010245 COMPLAINT NO. Cmp12-0172

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON Oct 9, 2012 (DATE) AT 1037 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Violation of permit condition #4. A Static Pressure Decay and Pressure Vacuum Vent Valve test required every 3 years. Last test date Aug 2009.

LOCATION OF VIOLATION: 5190 Sun Valley Blvd, Sun Valley, Blvd

POINT OF OBSERVATION: on site and file (see photos)

Weather: Clear / calm Wind Direction From: N E S W

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

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

Dave Kettie 830-4535 Signature _____

CITATION: You are hereby notified that effective on _____ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within _____ hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: _____
 Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

AIR QUALITY MANAGEMENT
PERMIT TO OPERATE *K010265*
ISSUED TO GOLDEN GATE PETROLEUM
LOCATED AT 5190 SUN VALLEY BLVD, SPARKS NV



PERMIT TO OPERATE

An Air Pollution Emission Source

No. K0102GS

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

GOLDEN GATE PETROLEUM Gen Air - Gasoline

ISSUED TO:

ADDRESS:

10651 PROFESSIONAL CR, SUITE B, RENO NV, 89502

LOCATION:

5190 SUN VALLEY BLVD., SPARKS, NV 89433

EQUIPMENT COVERED UNDER THIS PERMIT GASOLINE DISPENSING FACILITY WITH PHASE II VAPOR RECOVERY, 24 GASOLINE NOZZLES

THE CONDITIONS OF OPERATION LISTED ON THIS PERMIT SUPERCEDE ALL PREVIOUS PERMIT CONDITIONS

CONDITIONS OF OPERATION LISTED ON THIS PERMIT:

- A. **ALTERATIONS:** This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.
- B. **POSTING:** This permit shall be posted on or near the equipment listed above. This permit shall be made readily available at all times while the equipment is operating.
- C. **MODIFICATION OF EQUIPMENT:** Any modification of the equipment other than normal repair and maintenance will require a new permit.
- D. **RECORDS:** Any records of operation which effect the potential of the source to emit air pollutants, such as fuel or products consumed, products produced, hours of operation, chemicals or supplies used in source operation, must be maintained for a period of at least 5 years and made available to the Control Officer upon request.
- E. **EQUIPMENT FAILURE:** All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
- F. **ACCESS:** The Control Officer will be provided access to the facility to inspect operations and equipment covered under this permit whenever necessary to determine compliance with this permit and any other air pollution limitations specified in District regulations.

ADDITIONAL CONDITIONS:

- 1: The annual throughput/consumption figures must be submitted in writing to the A.Q.M.D. no later than the 20th of the month, approximately 6 weeks prior to the expiration date of the permit.
- 2: All gasoline transfer and dispensing facilities must operate in accordance with Section 040.080 of the Washoe County District Board of Health Regulations governing Air Quality Management.
- 3: To reduce evaporative loss all components of the Phase I and Phase II vapor recovery systems shall be installed and maintained in accordance with California Air Resources Board (CARB) Executive Orders, or New York State Department of Environmental Conservation approvals.
- 4: A Static Pressure Decay Test must be completed once every three (3) years to demonstrate compliance with the CARB Executive Orders for balance phase II vapor recovery systems. Once the monthly distribution of gasoline exceeds 100,000 gallons, the Pressure/Vacuum Vent Valves must also be tested once every three (3) years to demonstrate compliance with the NESHAP Subpart CCCCCC. The AQMD must be notified at least 72 hours prior to the test(s).
- 5: A flow limiter is required on dispensers that have a maximum flow rate in excess of 10 gallons/minute.
- 6: All hoses, boots, faceplates/flexible cones, nozzle shut off mechanisms, check valves, swivels, tanks, tank fill tubes, and fill tube cap seals must be maintained in good working order with regular maintenance to prevent leakage and excess escape of vapors (i.e.. no tears, slits, holes, leaks, or malfunctions -- Section 040.080.)
- 7: In accordance with Section 040.095 of the Washoe County Air Quality Regulations and 40 CFR, Part 80, all gasoline dispensed to motor vehicles between October 1 and January 31 must contain the proper amount of oxygenate and each dispenser must be properly labeled with the following statement: The gasoline dispensed from this pump is oxygenated and will reduce carbon monoxide pollution from motor vehicles. The label must be clearly visible to the public on the upper two-thirds of the pump on the vertical surface near the gallonage and price meters.

Joseph P. Iser MD, DrPH, MS
CONTROL OFFICER

10/31/2012
EXPIRATION DATE

\$935.00
ANNUAL RENEWAL FEE

K0102GS
PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION

WASHOE COUNTY



HEALTH DISTRICT

PERMIT TO OPERATE

An Air Pollution Emission Source

No. K0102GS

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

ISSUED TO: GOLDEN GATE PETROLEUM Gen Air - Gasoline

ADDRESS: 10651 PROFESSIONAL CR, SUITE B, RENO NV, 89502

LOCATION: 5190 SUN VALLEY BLVD., SPARKS, NV 89433

EQUIPMENT COVERED UNDER THIS PERMIT GASOLINE DISPENSING FACILITY WITH PHASE II VAPOR RECOVERY, 24 GASOLINE NOZZLES

8: Fuel spills or leaks must be cleaned up or corrected immediately using proper waste disposal methods. (Including accumulations of fuel in spill containers, condensation pots, and liquid collectors).

9: "Instructions for operating the phase II vapor recovery equipment must be posted for the customers, and must stress that "Topping Off" is prohibited --Section 040.080.C. The Air Quality Management Division's answer line phone number must be posted for customers with comments/problems regarding the nozzles - (775) 784-7200."

10: All operations must comply with 40 CFR Part 63, Subpart CCCCCC - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Category: Gasoline Dispensing Facilities.

Joseph P. Ison MDDrPHMS
CONTROL OFFICER

10/31/2012
EXPIRATION DATE

\$935.00
ANNUAL RENEWAL FEE

K0102GS
PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0172**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 10/09/2012

Time: 10:37 A.M.

Inspector: MOSBORN

Inspector Area: 1

Complaint Description: NOV CITATION 5310, CASE 1101 - 030.2175 VIOLATION OF PERMIT
CONDITION #4

Address: 5190 SUN VALLEY BLVD WCTY

Location:

Parcel Number: 08585115

Related Permit Number: K0102GS

Complainant:

MICHAEL OSBORN, AQ SPECIALIST II
AIR QUALITY MANAGEMENT DIVISION
1001 E 9TH ST STE B171
RENO NV 89512
775-784-7231

Responsible Party:

GOLDEN GATE PETROLEUM
LARRY BECHARD, MANAGER
5190 SUN VALLEY BOULEVARD
SUN VALLEY NV 89433
775-673-3200

Investigation:

BACKGROUND:

Golden Gate Petroleum has been issued Air Quality Permit to operate #K0102GS for a gasoline dispensing Facility with phase II Vapor Recovery and 24 Nozzles.

INSPECTION:

On Oct 9th, 2012, Specialist Osborn conducted a permit renewal inspection at the above location. During the inspection It was noted that Condition #4 requires a static pressure decay and pressure vacuum vent valve test every three years. A check of golden Gate Petroleum's file revealed that the last test submitted was in August of 2009.

Larry Bechard, Manager of the Facility was issued Notice of Violation #5310 for Violation of Permit to Operate #K0102GS Condition #4. Mr. Bechard was further presented with an appeal form after explaining the procedure of the appeal. He stated it would be forwarded to corporate.

Michael R. Osborn, AQSII
Air Quality Management Office
Washoe County Health District

Enforcement Activities

Warning Citation..:
NOV.....: 10/09/2012

Settlement.....: 10/15/2012
Appealed.....:
Upheld.....:

Citation Number: 0
NOV Number....: 5310
Case Number.....: 1101
Amount.....: \$1,250.00

Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON
Date Assigned.....: 10/09/2012

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

**SUMMARY OF SOURCE TEST RESULTS
FOR GOLDEN GATE PETROLEUM
LOCATED AT 5190 SUN VALLEY BLVD, SPARKS NV
DATED AUGUST 2009**

FIGURE 4

Report No: _____
 Test Date: _____
 Test Times: _____
 Run A: _____
 Run B: _____
 Run C: _____

SUMMARY OF SOURCE TEST RESULTS

SOURCE INFORMATION

FACILITY PARAMETER

Firm Name and Address
 Golden Gate Petroleum
 5190 Sun Valley Blvd
 Sun Valley NV 89433

Firm Representative and Title
 Jerry Mau
 Manager
Phone No. 673 3200

PHASE II SYSTEM TYPE
 (Check One)

Balance
 Hirt _____
 Red Jacket _____
 Hasstech _____
 Healy _____
 Manifolded?(Y or N)

Permit Conditions

Source:
 Vapor Recovery System
Plant No. _____ **Permit No.** _____
 Operates 24 hr/day & 365 days/yr

Operating Parameters:

Tank #	Capacity	Gallons Present
1	12079	4486
2	10063	2052
3	8047	2802

Applicable Regulations:

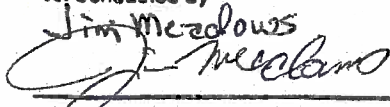
VN Recommended:

Source Test Results and Comments:

Tank #:	Tank 1 isolated 12:26	Tank 2 isolated 12:46	Tank 3 isolated 1:20	Sub tank + Disps 11:AM
Product Grade:	RUL	MID	SUP	11:08:09
Actual Tank Capacity, gallons	12079	10063	8047	8047
Gasoline Volume, gallons	4486	2052	2802	2656
Ullage, gallons	7593	8011	5245	5391
Initial Pressure, inches H ₂ O	2.00	2.00	2.00	2.00
Pressure After 1 Minute, inches H ₂ O	2.00	2.00	2.00	2.00
Pressure After 2 Minutes, inches H ₂ O	2.00	2.00	2.05	2.00
Pressure After 3 Minutes, inches H ₂ O	2.00	2.00	2.05	2.00
Pressure After 4 Minutes, inches H ₂ O	2.00	2.00	2.10	2.00
Final Pressure After 5 Minutes, inches H ₂ O	2.00	2.00	2.10	2.00
Pass threshold	1.88	1.88	1.81	1.79

NO COMMERCIAL USE OF THESE RESULTS IS AUTHORIZED

Test Conducted by

Jim Meadows


Test Company

Petroleum Maintenance
 550E 4th St Reno

Date of Test

10-11 Aug 2009

**AQMD "CHRONOLOGY OF COMPLIANCE ACTIONS"
FOR GOLDEN GATE PETROLEUM**

CHRONOLOGY OF COMPLIANCE ACTIONS

GOLDEN GATE PETROLEUM

Notice of Violation - WARNINGS

<u>Date</u>	<u>Action</u>	<u>Reason</u>
<u>7/22/11</u>	<u>WARNING 4846</u>	<u>FAILURE TO TEST - 1050 S. ROCK</u>
<u>10/10/11</u>	<u>WARNING 4881</u>	<u>FAILURE TO TEST - 1445 E 6TH ST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notice of Violation - CITATIONS

<u>Date</u>	<u>Action</u>	<u>Reason</u>
<u>7/22/11</u>	<u>CITATION 4849</u>	<u>EQUIPMENT MAINTENANCE</u>

Details: CASE # 1065 - UPHOLD \$1000 FINE
1055 S. ROCK BLVD.

Details: _____

Details: _____



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: 11/15/12

DATE: November 5, 2012

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us *PB*

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us *ES*

SUBJECT: Approval of Subgrant Amendment #1 Scope of Work for the Assistant Secretary for Preparedness and Response – Hospital Preparedness Program for the period July 1, 2012 to June 30, 2013; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Notice of Subgrant Award from the Nevada State Health Division for the period July 1, 2012 through June 30, 2013 in the total amount of \$404,040 in support of the Assistant Secretary for Preparedness and Response (ASPR) – Hospital Preparedness Grant Program. Subgrant Amendment #1 is to execute the detailed Scope of Work for the current Subgrant. A copy of Subgrant Amendment #1 is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.
BCC Strategic Outcome supported by this item: Healthy communities.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

AGENDA ITEM # _____

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award from the Nevada State Health Division for the period July 1, 2012 through June 30, 2013 in the total amount of \$404,040 (with \$40,404 or 10% Health District match) at their August 23, 2012 board meeting.

BACKGROUND

The Notice of Subgrant Award approved by the District Board of Health on August 23, 2012 did not include a detailed Scope of Work. The Subgrant Amendment is to execute the attached detailed Scope of Work which is broken down by capability and function.

Achievement of the following capability objectives are to be completed by June 30, 2013: 1) Healthcare System Preparedness 2) Healthcare System Recovery 3) Emergency Operations Coordination 4) Fatality Management 5) Information Sharing and 6) Volunteer Management. Each funded capability requires substantial achievement and demonstration of completion as specified in the Scope of Work of the funded functions and resource elements. In accordance with Section A, Item 11 of the Original Subgrant Award, representatives of the Nevada State Health Division will perform site visits to monitor the progress of the planned activities and performance measures as outlined in Attachment B. This audit will include an objective and systematic appraisals of percentage of activities completed and percentage of funds expended. If objectives are not met, Health Division may reduce the amount of this Subgrant Award and reallocate funding to other preparedness priorities within the state.

FISCAL IMPACT

Should the Board approve the Scope of Work as outlined in Subgrant Amendment #1, there will be no additional impact to the adopted FY13 budget, as this amount was anticipated and included in the adopted budget in the ASPR – Hospital Preparedness Grant, Internal Order 10708.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #1 Scope of Work for the Assistant Secretary for Preparedness and Response – Hospital Preparedness Program for the period July 1, 2012 to June 30, 2013; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Subgrant Amendment #1 Scope of Work for the Assistant Secretary for Preparedness and Response – Hospital Preparedness Program for the period July 1, 2012 to June 30, 2013; and if approved authorize the Chairman to execute.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Program #: ASPR07-12

Budget Account #: 3218

Category #: 23

GL #: 8516

SUBGRANT AMENDMENT #1

Program Name: Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
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Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89520
--	---

Subgrant Period: July 1, 2012 through June 30, 2017	Subgrantee's
Subgrant Budget Period: July 1, 2012 through June 30, 2013	EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 073786998

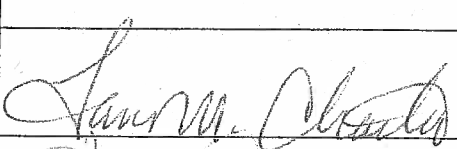
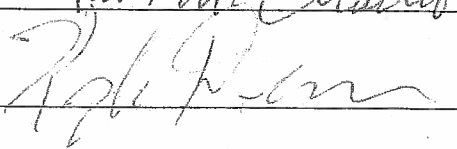
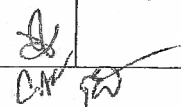
Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. ASPR Hospital Preparedness Program	100%	93.889	1U90TP000534-01

Amendment #1: This amendment is to execute the attached detailed Scope of Work for the current Subgrant Budget Period as stated in Section B of the Notice of Subgrant Award. The attached Scope of Work is broken down by capability and function.

Attachment A: Capability Summary, shows the estimated allocation of awarded funds and proposed subgrantee effort by capability. Attachment B contains the 8 capabilities under this subgrant award including, but not limited to, the subgrantee planned activities and performance measure planned activities.

In accordance with Section A, Item 11 of the Original Subgrant Award, representatives of the Nevada State Health Division will perform site visits to monitor progress of the planned activities and performance measures as outlined in Attachment B. This audit will include an objective and systematic appraisals of percentage of activities completed and percentage of funds expended. The representative of the Nevada State Health Division will contact the Subgrantee to schedule a mutually agreeable date for each site visit and will give Subgrantee a minimum of a 30 day notice prior to visit.

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new scope of work for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Tami M. Chartraw, MPA:HA Health Program Manager II, PHP		10/15/12
Kyle Devine, MSW Health Program Manager II, PHP		10/15/12
Richard Whitley, MS Administrator, Health Division		

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Attachment A: Capability Summary
Wahoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
July 1, 2012 - June 30, 2013
Funding - Budget Period 1: \$ 404,040

Budget %	Fund Allocation	Capability / Function Name		
22%	\$88,889	1	Healthcare System Preparedness	
		Refine	F1	Develop, refine, or sustain Healthcare Coalitions
			Build	P1 Healthcare Coalition regional boundaries
			Build	P2 Healthcare Coalition primary members
			Sustain	P3 Healthcare Coalition essential partner memberships
			No Activity	P4 Additional Healthcare Coalition partnerships/memberships
			Refine	P5 Healthcare Coalition organization and structure
			Sustain	P6 Multi-agency coordination during response
		Build	F2	Coordinate healthcare planning to prepare the healthcare system for a disaster
			Build	P1 Healthcare system situational assessments
			Sustain	P2 Healthcare System disaster planning
		No Activity	F3	Identify and prioritize essential healthcare assets and services
			No Activity	P1 Identify and prioritize critical healthcare assets and essential services
			No Activity	P2 Priority healthcare assets and essential services planning
			No Activity	E1 Equipment to assist healthcare organizations with the provision of critical services
		Build	F4	Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
			Build	P1 Healthcare resources assessment
			Refine	P2 Healthcare resource coordination
			Build	P3 Address healthcare information gaps
		Sustain	F5	Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
			Sustain	P1 Healthcare organization – National Incident Management System (NIMS) training
			No Activity	S1 Training to address healthcare gaps and corrective actions
		Sustain	F6	Improve healthcare response capabilities through coordinated exercise and evaluation
			Sustain	P1 Exercise Plans
			Sustain	P2 Exercise implementation and coordination
			Sustain	P3 Evaluation and improvement plans
			Sustain	P4 Best practice and lessons learned sharing
			Sustain	S1 Exercise and evaluation training
		Build	F7	Coordinate with planning for at-risk individuals and those with special medical needs
			Build	P1 Healthcare planning for at-risk individuals and functional needs
			Build	P2 Special medical needs planning
21%	\$84,848	2	Healthcare System Recovery	
		Build	F1	Develop recovery processes for the healthcare delivery system
			Build	P1 Healthcare recovery planning
			Build	P2 Assessment of healthcare delivery recovery needs post disaster
			Build	P3 Healthcare organization recovery assistance and participation
		Build	F2	Assist healthcare organizations to implement Continuity of Operations (COOP)
			Build	P1 COOP planning assistance for healthcare organization
			BP2	P2 Healthcare organization COOP implementation assistance
			Build	P3 Healthcare organization recovery assistance
22%	\$88,889	3	Emergency Operations Coordination	
		Sustain	F1	Healthcare organization multi-agency representation and coordination with emergency operations
			Sustain	P1 Healthcare organization multi-agency coordination during response
			Build	P2 Healthcare organization and emergency operations decision coordination
		Build	F2	Assess and notify stakeholders of healthcare delivery status
			Sustain	P1 Healthcare organization resource needs assessment
			Build	P2 Incident information sharing
			Build	P3 Community notification of healthcare delivery status
		Build	F3	Support healthcare response efforts through coordination of resources
			Build	P1 Identify available healthcare resources
			Build	P2 Resource management implementation
			Sustain	P3 Public health resource support to healthcare organizations
			Build	P4 Managing and resupplying resource caches
			No Activity	E1 Inventory management system
		No Activity	F4	Demobilize and evaluate healthcare operations
			No Activity	P1 Resource demobilization
			No Activity	P2 Evaluation and continuous program improvement
			No Activity	S1 Evaluation training
24%	\$96,970	5	Fatality Management	
		Build	F1	Coordinate surges of deaths and human remains at healthcare organizations with community
			Sustain	P1 Anticipate storage needs for a surge of human remains
			Sustain	P2 Healthcare organization human remain surge plans
			Build	E1 Mortuary storage equipment and supplies

Attachment A: Capability Summary
Wahoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
July 1, 2012 - June 30, 2013
Funding - Budget Period 1: \$ 404,040

Budget %	Fund Allocation	Capability / Function Name		
		Build	F2	Coordinate surges of concerned citizens with community agencies responsible for family assistance
			Build	P1 Procedures for surge of concerned citizens
		Build	F3	Mental/behavioral support at the healthcare organization level
			Build	P1 Mental/behavioral health support
1%	\$4,040	6	Information Sharing	
		Build	F1	Provide healthcare situational awareness that contributes to the incident common operating picture
			Build	P1 Healthcare information sharing plans
			Build	P2 Healthcare essential elements of information
		No Activity	P3	Healthcare incident information validation
		No Activity	P4	Healthcare information sharing with the public
		Sustain	P5	Bed tracking
		No Activity	P6	Patient tracking
		No Activity	P7	Patient record tracking
		No Activity	E1	Healthcare information systems
		Sustain	E2	Bed tracking system
		Sustain	E3	Patient tracking system
		No Activity	S1	Bed tracking system training
		Sustain	F2	Develop, refine, and sustain redundant, interoperable communication systems
		No Activity	P1	Interoperable communications plans
		Sustain	E1	Interoperable communications system
		No Activity	S1	Communication training
0%	\$0	10	Medical Surge	
		No Activity	F1	The Healthcare Coalition assists with the coordination of the healthcare organization response
			No Activity	P1 Healthcare Coalition preparedness activities
			No Activity	P2 Multi-agency coordination during response
		No Activity	F2	Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services
			No Activity	P1 Healthcare organization coordination with EMS during response
			No Activity	P2 Coordinated disaster protocols for triage, transport, documentation, CBRNE
			No Activity	S1 Training on Local EMS disaster triage methodologies
			No Activity	S2 Coordinated CBRNE training
		No Activity	F3	Assist healthcare organizations with surge capacity and capability
			No Activity	P1 Medical surge planning
			No Activity	P2 Medical surge emergency operations coordination
			No Activity	P3 Assist healthcare organizations Maximize surge capacity
			No Activity	P4 Assist healthcare organizations maximize surge capacity
			No Activity	P5 Medical surge information sharing
			No Activity	P6 Healthcare organization patient transport assistance
			No Activity	P7 Medical surge considerations for at-risk individuals and those with special medical needs
			No Activity	P8 Mobile medical assets for surge operations
			No Activity	P9 Decontamination assistance to healthcare organizations
			No Activity	P10 Mental/Behavioral health support
			No Activity	E1 Speciality equipment to increase medical surge capacity and capability
			No Activity	E2 Mobile medical assets
			No Activity	E3 Decontamination Assets
			No Activity	S1 Special training to maximize medical surge competency
			No Activity	S2 Decontamination Training
		No Activity	F4	Develop Crisis Standards of Care guidance
			No Activity	P1 State crisis standards or care guidance
			No Activity	P2 Indicators for crisis standards of care
			No Activity	P3 Legal protections for healthcare practitioners and institutions
			No Activity	P4 Provide guidance for crisis standards of care implementation processes
			No Activity	P5 Provide guidance for the management of scarce resources
			No Activity	S1 Crisis standards of care training
		No Activity	F5	Provide assistance to healthcare organizations regarding evacuation and shelter in place operations
			No Activity	P1 Healthcare organization evacuation and shelter-in-place plans
			No Activity	P2 Healthcare organization preparedness to receive evacuation surge
			No Activity	P3 Transportation options for evacuation
			No Activity	E1 Specialized equipment needed to evacuate patients

Attachment A: Capability Summary
Wahoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
July 1, 2012 - June 30, 2013
Funding - Budget Period 1: \$ 404,040

Budget %	Fund Allocation	Capability / Function Name		
0%	\$0	14	Responder Safety and Health	
		No Activity	F1	Assist healthcare organizations with additional pharmaceutical protection for healthcare workers
			No Activity	P1 Pharmaceutical needs assessment
			No Activity	P2 Pharmaceutical cache storage, rotation, replacement, and distribution
			No Activity	P3 Medical Countermeasure dispensing
			No Activity	E1 Pharmaceutical cache protection
			No Activity	S1 Pharmaceutical cache training
		No Activity	F2	Provide assistance to healthcare organizations with access to additional Personal Protective
			No Activity	P1 Personal protective equipment needs assessment
			No Activity	P2 Personal protective equipment caches
			No Activity	P3 Personal protective equipment supply and dispensing
			No Activity	E1 Personal protective equipment for healthcare workers
			No Activity	S1 Personal protective equipment training
10%	\$40,404	15	Volunteer Management	
		No Activity	F1	Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations
			No Activity	P1 Volunteer needs assessment for healthcare organizations response
			No Activity	P2 Collect, assemble, maintain, and utilize volunteer information
			Sustain	E1 Electronic volunteer registration system
		Build	F2	Volunteer notification for healthcare response needs
			Build	P1 Process to contact registered volunteers
			Build	P2 Process to confirm credentials of responding volunteers
			Build	P3 Volunteer request process
		No Activity	F3	Organization and assignment of volunteers
			No Activity	P1 Volunteer deployment protocols
			No Activity	P2 Briefing template for healthcare volunteers
			No Activity	P3 Volunteer support services
		Build	F4	Coordinate the demobilization of volunteers
			Build	P1 Volunteer release processes
			Build	P2 Volunteer exit screening protocols
100%	\$404,040	TOTAL (Must equal 100%)		

Attachment A: Capability Summary
Wahoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
July 1, 2012 - June 30, 2013
Funding - Budget Period 1: \$ 404,040

Budget %	Fund Allocation	Capability / Function Name
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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 1: Healthcare System Preparedness

Description: Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:

- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community
- Provide timely monitoring and management of resources
- Coordinate the allocation of emergency medical care resources
- Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Goal: Build resilience through collaboration with community partners. Hold discussions and formalize significant decisions affecting collaboration among coalition members as part of preparedness activities. Avoid ambiguities that would otherwise burden responders and slow down a health response.

Performance Measures: The Performance Measure that will be used to capture awardee progress toward building this capability is: Percent of healthcare coalitions (HCCs) that have established formalized agreements and demonstrate their ability to function and execute the capabilities for healthcare preparedness, response, and recovery as defined in Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness.

Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$88,889

Performance Measure Data Element:

HPP 1.1: Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, contracts, charters, or other supporting formal documents that define:

- 1.1.1 - The member organizations of the HCC?
- 1.1.2 - Formal agreement to aid coalition members and to share resources and information
- 1.1.3 - A process to allow representation of subject matter experts (SMEs) to the HCC?
- 1.1.4 - Joint or cooperative activities with non-healthcare constituencies?
- 1.1.5 - Formal agreements to prepare to respond as part of the HCC?

HPP 1.2: Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?

HPP 1.3: Please estimate the total percentage of the State population covered by each HCC within the State.

HPP 1.4: Does the HCC include emergency management and public health as integral partners?

HPP 1.5: Has the HCC and its members participated in at least one HSEEP-compliant exercise to test State, regional and facility-level healthcare disaster plans considering scenarios identified by a Hazard Vulnerability Assessment (HVA) within the past year?

1.5.1 - If so, did the HCC achieve its established exercise participation goals for its member organizations' engagement in exercises or real events to test State, regional and facility-level healthcare disaster plan?

1.5.2 - If so, did the exercises or real events to test State, regional and facility-level healthcare disaster plans demonstrate the HCC capabilities to function as a coordinated entity?

HPP 1.6: Has the HCC successfully implemented "lesson learned" and corrective actions from an exercise or event within the past year?

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 1: Healthcare System Preparedness		
Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved.		
Function #1		
Function #1: Develop, refine, or sustain Healthcare Coalitions	Task 1: Form a collaborative preparedness planning group that provides integration, coordination, and organization for the purpose of regional healthcare preparedness activities and response coordination. (See Pg 1)	
	Task 2: Provide a regional healthcare multi-agency coordination function to share incident specific healthcare situational awareness to assist with resource coordination during response and recovery activities. (See Pg 1)	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Refine	Washoe County Health District (WCHD) will continue to collaborate with regional partners through the Local Emergency Planning Committee (LEPC) and Inter-Hospital Coordinating Council (IHCC). WCHD, with the approval of the IHCC Chair, will facilitate the inclusion of regional partners not currently represented.	The IHCC meetings monthly and the LEPC meetings quarterly. IHCC and LEPC meeting agendas and attendance sheets will be available to show participation of WCHD and the other community organizations.
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planned Activity Description		
Planning Resource Element 1: Healthcare Coalition regional boundaries. (See Pg 2)		Build
	Through the IHCC bylaws, the member hospitals and supporting organizations are clearly defined. In addition, each monthly meeting is captured via audio recording and minutes that are distributed for approval by the membership. Additionally, WCHD will be collaborating with Carson City Health & Human Services (CCHHS) to develop a committee for the Skilled Nursing Facilities (SNF). These will take place quarterly and will address the unique needs of the SNFs.	
Planning Resource Element 2: Healthcare Coalition primary members. (See Pg 2)		Build
	The Inter-Hospital Coordinating Council has representatives from several emergency management and response organizations. In addition, a hospital representative is a member of the Local Emergency Preparedness Council and has a seat at the Emergency Operations Center. The formation of the SNF committee will primarily consist of SNF personnel to begin with. However, after the group has been established, WCHD will reach out to other emergency management and response organizations for their participation.	
Planning Resource Element 3: Healthcare Coalition essential partner memberships. (See Pg 2)		Sustain
	The Inter-Hospital Coordinating Council has representation from almost all of the above recommended partners. This is evidenced through the monthly minutes and sign-in sheets.	

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 1: Healthcare System Preparedness		
Planning Resource Element 4: Additional Healthcare Coalition partnerships/memberships. (See Pg 2)	No Activity	Fire and Law Enforcement are currently represented on the distribution list with sporadic attendance; additionally, invitations have been extended to Red Cross and a community clinic.
Planning Resource Element 5: Healthcare Coalition organization and structure. (See Pg 3)	Refine	Through the Inter-Hospital Coordinating Council, bylaws exist that establish the organization and structure of the membership. There is no advisory board however, as there is no need on a local level. The IHCC has been in existence since 2001, with WCHD support but no specific federal funding. The IHCC is not a fiscal agent and does not accept funding directly. However, during BP1, the WCHD will work to develop a Standard Operating Procedure to clearly outline the interface with hospital command centers and the Emergency Operations Center.
Planning Resource Element 6: Multi-agency coordination during response. (See Pg 3)	Sustain	There is a hospital representative on the Local Emergency Planning Committee as well as a seat at the Emergency Operations Center during exercises and real events.
Agency POC:		
Who will be your agency's lead point of contact (POC) on this?	Start and End Date:	
Name: <input type="text"/>	When will your agency's POC start their work on this function?	
Contact Info: <input type="text"/>	Date: <input type="text"/>	
	When will your agency's POC complete their work on this function?	
	Date: <input type="text"/>	
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function? and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 1: Healthcare System Preparedness

Function #2

Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster.

Task 1: Engage relevant response and healthcare partners to assess the probability of hazards deemed likely to affect the healthcare delivery capability within a geographic area and prioritize response and mitigation activities given available resources. (See Pg 4)

Task 2: Engage healthcare partners to coordinate healthcare planning efforts with local and state emergency operations planning to integrate healthcare organization priorities and unique needs into response and recovery operations. (See Pg 4)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	As identified in the Inter-Hospital Coordinating Council's annual goals, WCHD and CCHHS will partner to sponsor a workshop directed at Active Assailant emergency planning. WCHD, in coordination with CCHHS, will facilitate training opportunities for the Northern Nevada (Reno/Sparks, Carson City) Skilled Nursing Facilities (SNF). These opportunities will include Hazard Vulnerability Analysis (HVA) and	Training announcements, training sign-in sheets, and training materials.
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planning Resource Element 1: Healthcare system situational assessments. (See Pg 4)		Build
Planning Resource Element 1: Healthcare System disaster planning. (See Pg 5)		Sustain
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC <u>start</u> their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 1: Healthcare System Preparedness

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 1: Healthcare System Preparedness

Function #3		
Function #3: Identify and prioritize essential healthcare assets and services.		Task 1: Identify and prioritize the essential healthcare assets and services of the community. (See Pg 5) Task 2: Coordinate planning and preventative measures to assist with the protection of prioritized healthcare assets and essential services. (See Pg 5)
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planning Resource Element 1: Identify and prioritize critical healthcare assets and essential services. (See Pg 6)		No Activity
Planning Resource Element 2: Priority healthcare assets and essential services planning. (See Pg 6)		No Activity
Equipment Resource Element 1: Equipment to assist healthcare organizations with the provision of critical services. (See Pg 6)		No Activity
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC <u>start</u> their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 1: Healthcare System Preparedness

Function #4

Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps.

Task 1: Perform a resource assessment by analyzing healthcare organization needs and evaluating exercises, training, and actual incidents or events to determine gaps and corrective action. (See Pg. 7)

Task 2: Deconflict resources by ensuring response resources are not over allocated to multiple stakeholders within the community. (See Pg. 7)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	Nevada Hospital Association conducted a gap analysis in FY11-12, once the results are shared on a regional level, WCHD will work with Inter-Hospital Coordinating Council to develop plans to help meet the needs of the hospitals.	Gap analysis information and subsequent activities.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Healthcare resource assessment. (See Pg 7)	Build	Nevada Hospital Association conducted a gap analysis in FY11-12, once the results are shared on a regional level, WCHD will work with Inter-Hospital Coordinating Council develop plans to help meet the resource gaps identified in the hospitals.
Planning Resource Element 2: Healthcare resource coordination. (See Pg 8)	Refine	Nevada Hospital Association conducted a gap analysis in FY11-12, once the results are shared on a regional level, WCHD will work with Inter-Hospital Coordinating Council develop plans to help meet the resource gaps identified in the hospitals. However, there are existing Hospital Requesting Procedures that are trained annually by WCHD for Northern Nevada hospitals.
Planning Resource Element 3: Address healthcare information gaps. (See Pg 8)	Build	Nevada Hospital Association conducted a gap analysis in FY11-12, once the results are shared on a regional level, WCHD will develop plans to help meet the information gaps identified in the hospitals. However, as part of the Inter-Hospital Coordinating Council annual goals, a Standard Operating Procedure will be written for the interfacing of the Emergency Operations Center and Hospital Command Centers.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC <u>start</u> their work on this function? Date: _____ When will your agency's POC <u>complete</u> their work on this function? Date: _____

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 1: Healthcare System Preparedness

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 1: Healthcare System Preparedness

Function #5			
Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond.		<p>Task 1: Assist with the provision of National Incident Management System training for healthcare organizations in order to refine and improve response knowledge, skills, and abilities in accordance with the National Response Framework (NRF). (See Pg 8)</p> <p>Task 2: Assist with the provision of training for healthcare organizations based on existing response gaps in order to improve and refine required response knowledge, skills, and abilities. (See Pg 8)</p>	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
Sustain	As identified, WCHD will provide training opportunities for healthcare and Medical Reserve Corps professionals. These trainings could include: ICS 300, ICS 400, Responder Safety, Risk Communication, and Mental Health Resiliency.	Information promoting the training and sign-in sheets if a WCHD sponsored training.	
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	
Planning Resource Element 1: Healthcare organization — National Incident Management System (NIMS) training. (See Pg 8)		Sustain	
Skills and Training Resource Element 1: Training to address healthcare gaps and corrective actions. (See Pg 9)		No Activity	
Agency POC:		Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	
Demonstration Plan:			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 1: Healthcare System Preparedness

Function #6

Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation.

Task 1: Coordinate and implement capability based exercises that test disaster planning efforts. (See Pg 9)

Task 2: Utilize a coordinated evaluation method to evaluate exercises and actual incident responses. (See Pg 9)

Task 3: Address findings from gap analysis and subsequent corrective actions to revise planning, training, and exercises to minimize response gaps. (See Pg 9)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	WCHD will work on a local and regional level to participate in exercises to assess and validate the identified capabilities.	Exercise plan and after-action report/improvement plan.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Exercise plans. (See Pg 10)	Sustain	Washoe County Emergency Management hosts the Regional Training & Exercise Planning Workshop (TEPW) annually. WCHD and hospital representatives participate in the TEPW to have a regional exercise schedule. Additionally, WCHD participates in the Nevada State Health Division's TEPW.
Planning Resource Element 2: Exercise implementation and coordination. (See Pg 10)	Sustain	WCHD, when participating in exercise planning, will follow HSEEP guidelines with planning conferences, correspondence, EXPLAN and AARIP documentation.
Planning Resource Element 3: Evaluation and improvement plans. (See Pg 10)	Sustain	At the conclusion of any WCHD exercise, an AARIP will be written to HSEEP standards. At the Department Emergency Management Planning Committee, the improvement planning items will be tracked and followed up on.
Planning Resource Element 4: Best practice and lessons learned sharing. (See Pg 10)	Sustain	Upon completion of an exercise, if the County partners are in agreement, the information will be pushed as a best practice and learning opportunity.
Skills and Training Resource Element 1: Exercise and evaluation training. (See Pg 10)	Sustain	Nevada Division of Emergency Management has HSEEP trainers and conduct annual trainings on exercise coordination, implementation and evaluation. WCHD will promote the trainings to regional partners.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC <u>start</u> their work on this function? Date: When will your agency's POC complete their work on this function? Date:

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 1: Healthcare System Preparedness

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 1: Healthcare System Preparedness

Function #7		
Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.		<p>Task 1: Participate in the planning process that identifies and determines multiple care options for individuals with special medical needs that are not suitable for mass care shelters and require care at medical facilities during incidents. (See Pg 11)</p> <p>Task 2: Participate in coordinated planning with public health and ESF#6 agencies to determine protocols for the transfer of patients between mass care and healthcare settings during a disaster. (See Pg 11)</p>
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD is collaborating with CCHHS to creating a Northern Nevada Access & Functional Needs working group. This group's purpose is to connect and communicate with community partners and citizens to ensure no one group is disproportionately affected in a public health emergency.	Meeting announcements, meeting minutes and attendance sheets.
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planning Resource Element 1: Healthcare planning for at-risk individuals and functional needs. (See Pg 11)		Build
Planning Resource Element 1: Special medical needs planning. (See Pg 11)		Build
Planned Activity Description		
The Northern Nevada Access & Functional Needs work group will be developed to provide two way communications relating to emergency planning for AFN citizens.		
The Northern Nevada Access & Functional Needs work group will meet quarterly and once educated on emergency planning will review the various health emergency preparedness plans.		
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____		When will your agency's POC <u>start</u> their work on this function? Date: _____ When will your agency's POC <u>complete</u> their work on this function? Date: _____
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 2 : Healthcare System Recovery

Definition: Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Goal: Determine whether recovery is planned for as part of the preparedness process as well as response. Communities think through how they can reinstate a level of functioning comparable to pre-incident levels, and improved levels where possible, in the aftermath of a disaster.

Performance Measures: The Performance Measure that will be used to capture awardee progress toward building this capability is: Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations. Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$84,848.40

Performance Measure Data Element:

HPP 2.1: Has a risk-based regional/jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the past 3 years that identifies events and incidents that may impact the ability of an HCC's hospitals and other healthcare organizations (HCOs) to deliver healthcare?

HPP 2.2: If yes, have those identified events or incidents been assessed as to their potential impacts on the hospital and other HCC members, such as power outages, water outages, road outages and supply chain disruptions?

HPP 2.3: If yes, have healthcare recovery needs been identified and prioritized based on those potential impacts?

HPP 2.4: Does the HCC ensure that its hospitals and other HCOs are integrated in the jurisdiction's Emergency Operations Plan that is intended to meet prioritized essential health care recovery needs?

HPP 2.5: COOP Planning

HPP 2.6: Has the HCC, its hospitals, and other HCO members implemented AND tested plans and processes for continuing and sustaining operations (e.g., hardening facilities) within the past three years?

HPP 2.7: Does the HCC coordinate with each of its hospitals and other HCOs to enhance member support in planning for continuity of operations plans?

HPP 2.8: Has the HCC coordinated with the State and with its HCOs to develop a regional recovery and continuity of operations plan?

HPP 2.9: Does the HCC coordinate its hospitals' and other HCOs' use of Electronic Medical Records, and link their use in their continuity of operations plans?

HPP 2.10: Do HCC hospitals and other HCOs incorporate guidance on messaging to their workforce into their continuity of operations plans?

HPP 2.11: Can HCC hospitals and other HCOs maintain essential functions (e.g. continue to bill for payment with healthcare insurers) to sustain revenues to operate during and after an emergency?

HPP 2.12: Has the HCC successfully tested processes for short-term recovery of healthcare service delivery and continuity of business operations in an exercise or event within the past year?

HPP 2.13: If yes, has the HCC successfully implemented lessons learned and corrective actions from this exercise or event?

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 2 : Healthcare System Recovery

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved

Function #1

Function #1: Develop recovery processes for the healthcare delivery system.

Task 1: Assess the impact of an incident on the healthcare systems ability to deliver essential services to the community and prioritize healthcare recovery needs. (See Pg 12)

Task 2: Promote healthcare organization participation in state and/or local pre and post-disaster recovery planning activities as described in the National Disaster Recovery Framework (NRDF) in order to leverage recovery resources, programs, projects, and activities. (See Pg 12)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD will work with Skilled Nursing Facilities (SNF) by hosting a workshop on Hazard Vulnerability Assessments (HVA) and how to prioritize planning for response and recovery relating to disasters.	Workshop invitation, workshop materials and workshop sign-in sheets.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Healthcare recovery planning. (See Pg 12)	Build	WCHD will work with Skilled Nursing Facilities (SNF) by hosting a workshop on Hazard Vulnerability Assessments (HVA) and how to prioritize planning for response and recovery relating to disasters.
Planning Resource Element 2: Assessment of healthcare delivery recovery needs post disaster. (See Pg 13)	Build	Once planning priorities have been identified, WCHD will assist SNFs with the development of plans that address the gaps. In addition, WCHD will partner with Carson City Health & Human Services (CCHHS) to begin hosting quarterly SNF meetings to begin community coordination for meeting the needs of each facility during a disaster.
Planning Resource Element 3: Healthcare organization recovery assistance and participation. (See Pg 13)	Build	WCHD will develop a Standard Operating Procedure relating to the interfacing of the Emergency Operations Center and Hospital Command Centers. This protocol will be vetted through the Inter-Hospital Coordinating Council and given to hospitals and SNFs to have as an annex to their emergency operations plans.

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 2 : Healthcare System Recovery

Agency POC:	Start and End Date:
<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: _____</p> <p>Contact Info: _____</p>	<p>When will your agency's POC <u>start</u> their work on this function?</p> <p>Date: _____</p> <p>When will your agency's POC complete their work on this function?</p> <p>Date: _____</p>
Demonstration Plan:	
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>	<div style="border: 1px solid black; height: 100px;"></div>

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 2 : Healthcare System Recovery

Function #2

Function #2: Assist healthcare organizations to implement Continuity of Operations (COOP).	Task 1: Identify the healthcare essential services that must be continued to maintain healthcare delivery following a disaster. (See Pg 14)
	Task 2: Encourage healthcare organizations to identify the components of a fully functional COOP and develop corresponding plans for implementation. (See Pg 14)
	Task 3: If a disaster notice can be provided, alert healthcare organizations within communities threatened by disaster and if requested and feasible, assist them with the activation of COOP such that healthcare delivery to the community is minimally impacted. (See Pg 14)
	Task 4: Develop coordinated healthcare strategies to assist healthcare organizations transition from COOP operations to normalcy or the new norm for healthcare operations. (See Pg 14)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD will host a workshop for Skilled Nursing Facilities (SNF) that focuses on Continuity of Operations Planning (COOP) and provides a basic template to work from. The regional hospitals have been included in the Washoe County Emergency Management & Homeland Security project on COOP.	Workshop invitation, workshop materials and workshop sign-in sheets.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: COOP planning assistance for healthcare organizations. (See Pg 14)	Build	WCHD will host a workshop for Skilled Nursing Facilities (SNF) that focuses on Continuity of Operations Planning (COOP) and provides a basic template to work from. The regional hospitals have been included in the Washoe County Emergency Management & Homeland Security project on COOP.
Planning Resource Element 2: Healthcare organization COOP implementation assistance. (See Pg 14)	BP2	Upon the completion of SNF or hospital COOPs, WCHD will assist with the implementation of the facility COOP plans as requested. This resource element will be addressed in BP2.
Planning Resource Element 3: Healthcare organization recovery assistance. (See Pg 15)	Build	WCHD will host a workshop for Skilled Nursing Facilities (SNF) that focuses on Continuity of Operations Planning (COOP) and provides a basic template to work from. The regional hospitals have been included in the Washoe County Emergency Management & Homeland Security project on COOP.

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 2 : Healthcare System Recovery	
Agency POC:	Start and End Date:
<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name:</p> <p>Contact Info:</p>	<p>When will your agency's POC <u>start</u> their work on this function?</p> <p>Date:</p> <p>When will your agency's POC complete their work on this function?</p> <p>Date:</p>
Demonstration Plan:	
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>	Empty space for demonstration plan details

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 2 : Healthcare System Recovery

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3 : HPP Emergency Operations Coordination

Definition: Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Goal: To assess the level at which healthcare coalitions are organized around an integrated Incident Command Structure and make use of this structure to coordinate the most effective use of resources in a disaster situation.

Performance Measure: The Performance Measure that will be used to capture awardee progress toward building this capability is: Percent of healthcare coalitions (HCCs) that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among HCC organizations (including emergency management and public health) during disasters. Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$88,888.80

Performance Measure Data Element:

HPP 3.1: Have the HCC and its members successfully exercised protocols for notifying non-partner support agencies to activate mutual aid agreements for resource support within the last year?

HPP 3.2: Has the HCC planned with partner hospitals and other HCOs to identify each hospital and other HCO's maximum patient capacity to establish its baseline as a coalition?

HPP 3.3: Has the HCC coordinated healthcare response operations with appropriate patient transport operations within the community, in an exercise or event, within the past year?

HPP 3.4: If yes, which of the following functions were successfully demonstrated by the HCC's hospitals and other HCOs in the exercise or event in which the HCC participated?

3.4.1 - Triage

3.4.2 - Treatment

3.4.3 - Transport

3.4.4 - Tracking of patients

3.4.5 - Documentation of care

3.4.6 - Off-loading

HPP 3.5: Has there been an HCC-triggered activation of the HCC incident response within the last year, in an event or exercise? Has the HCC successfully exercised notification protocols for its hospitals and other HCOs within the last year?

HPP 3.6: Are HCC members integrated into an HCC incident command structure such that the members are included in HCC Regional Plans?

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved.

Function #1

Function #1: Healthcare organization multi-agency representation and coordination with emergency operations.

Task 1: Determine the process for healthcare organizations representation with local and state emergency operations during an incident response. (See Pg 16)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	There is a hospital representative on the Local Emergency Planning Committee (LEPC) as well as a seat at the Emergency Operations Center during exercises and real events.	Minutes of the Inter-Hospital Coordinating Council meeting reviewing the regional emergency operations plan position of hospital representative. LEPC membership list showing representation of the Inter-Hospital Coordinating Council.

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3 : HPP Emergency Operations Coordination		
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Healthcare organization multi-agency coordination during response. (See Pg 16)	Sustain	There is a hospital representative on the Local Emergency Planning Committee as well as a seat at the Emergency Operations Center during exercises and real events.
Planning Resource Element 2: Healthcare organization and emergency operations decision coordination. (See Pg 16)	Build	WCHD, in collaboration with the Inter-Hospital Coordinating Council will develop Standard Operating Procedures addressing the communication between the Regional Emergency Operations Center and Hospital Command Centers on activations, notifications, and updates during an emergency.
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3: HPP Emergency Operations Coordination

Function #2

Function #2: Assess and notify stakeholders of healthcare delivery status.

Task 1: During an incident, implement information sharing processes that supports ongoing communication to inform local incident management of the operational status and resource needs of healthcare organizations (See Pg 17)

Task 2: During an incident, implement information sharing processes that supports ongoing communication to inform healthcare organizations about the status of the incident and of healthcare delivery in the community. (See Pg 17)

Task 3: During an incident, implement coordinated information sharing processes that provide relevant and timely healthcare messages to the community and other stakeholders through a Joint Information System (JIS). (See Pg 17)

Planned Activity Type

Planned Activity Description

Performance Measure Planned Activities

Build

WCHD, in collaboration with the Inter-Hospital Coordinating Council will develop Standard Operating Procedures addressing the communication between the Regional Emergency Operations Center (EOC) and Hospital Command Centers (HCC) on activations, notifications, and updates during an emergency. This plan will address sharing process to include HavBED and WebEOC as well as resource status needs.

Standard Operating Procedure addressing interface between EOC and HCCs.

Resource Element: Plans (P), Equipment (E), Skills (S)

Planned Activity Type

Planned Activity Description

Planning Resource Element 1: Healthcare organization resource needs assessment. (See Pg 17)

Sustain

WCHD annually trains the regional hospitals on the Statewide Hospital Requesting Procedures. These procedures address the communication of resource needs from an affected healthcare organization.

Planning Resource Element 2: Incident information sharing. (See Pg 17)

Build

WCHD, in collaboration with the Inter-Hospital Coordinating Council will develop Standard Operating Procedures addressing the communication between the Regional Emergency Operations Center and Hospital Command Centers on activations, notifications, and updates during an emergency.

Planning Resource Element 3: Community notification of healthcare delivery status. (See Pg 18)

Build

WCHD will invite regional healthcare PIOs to the NIMS courses sponsored. Those trainings could include, but are not limited to, Crisis Emergency Response Training and Joint Information Center training.

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 3 : HPP Emergency Operations Coordination

Agency POC:		Start and End Date:	
<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: _____</p> <p>Contact Info: _____</p>	<p>When will your agency's POC start their work on this function?</p> <p>Date: _____</p> <p>When will your agency's POC complete their work on this function?</p> <p>Date: _____</p>		
Demonstration Plan:			
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>	<div style="border: 1px solid black; height: 100px;"></div>		

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3: HPP Emergency Operations Coordination

Function #3

Function #3: Support healthcare response efforts through coordination of resources.

Task 1: Implement processes that assists local and state incident management to identify resource gaps and allocate available resources for healthcare organizations when requested during a response. (See Pg 18)

Task 2: Implement the Healthcare Coalition's process to allocate resources, if any, and coordinate with emergency management and other response partners. (See Pg 18)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD annually trains the regional hospitals on the Statewide Hospital Requesting Procedures. These procedures address the communication of resource needs from an affected healthcare organization. WCHD will work collaboratively with Washoe County Emergency Management to develop a Standard Operating Procedure to address the process to allocate and track regional resources during an emergency.	Meeting minutes capturing training content and sign-in sheet for the hospital requesting procedures training. Standard Operating Procedures addressing the allocation and tracking of resources during an emergency.
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Identify available healthcare resources. (See Pg 18)	Build	WCHD will continue to work with Washoe County Emergency Management (WCEM) to encourage the regional hospitals to establish a list of resources that could be accessed during an emergency. In addition, WCHD will work collaboratively with WCEM to develop a Standard Operating Procedure to address the process to allocate regional resources during an emergency.
Planning Resource Element 2: Resource management implementation. (See Pg 18)	Build	WCHD will work collaboratively with Washoe County Emergency Management to develop a Standard Operating Procedure to address the process to allocate regional resources during an emergency.
Planning Resource Element 3: Public health resource support to healthcare organizations. (See Pg 19)	Sustain	WCHD works closely with community partners on epidemiological investigations, surveillance services, and prevention measures. In addition, WCHD has worked during FY 11-12 to give Skilled Nursing and Assisted Living Facilities the tools to develop an Alternate care site. BP1 and BP2 will include trainings for these facilities that will continue to build upon this project.

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3 : HPP Emergency Operations Coordination		
Planning Resource Element 4: Managing and resupplying resource caches. (See Pg.19)	Build	WCHD will work collaboratively with Washoe County Emergency Management to develop a Standard Operating Procedure to address the process to allocate, track, and resupply regional caches that are utilized during an emergency.
Equipment Resource Element 1: Inventory management system. (See Pg.19)	No Activity	Not applicable for Washoe County.
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC <u>start</u> their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3 - HPP Emergency Operations Coordination

Function #4

Function #4: Demobilize and evaluate healthcare operations:

Task 1: Develop a process to assist healthcare organizations with the return of shared healthcare owned resources to a condition of "the normal state of operations". (See Pg 19)

Task 2: Engage in evaluation processes that ensure the timely implementation of corrective actions and refine best practices to enhance preparedness for the healthcare delivery during response. (See Pg 20)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Resource demobilization. (See Pg 20)	No Activity	
Planning Resource Element 2: Evaluation and continuous program improvement. (See Pg 20)	No Activity	
Skills Resource Element 1: Evaluation training. (See Pg 20)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC <u>start</u> their work on this function? Date: When will your agency's POC <u>complete</u> their work on this function? Date:

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 3: HPP Emergency Operations Coordination

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 5 : HPP Fatality Management

Definition: Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Goal: To determine whether healthcare coalitions coordinate with leaders/officials who manage fatalities, as well as other jurisdictional partners, to develop a shared understanding of roles and responsibilities related to fatality management.

Performance Measure: The Performance Measure that will be used to capture awardee progress toward building this capability is: Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.

Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$96,969.60

Performance Measure Data Element:

HPP 5.1: Has the HCC identified the roles and responsibilities of member organizations and other key partners for managing mass fatalities, including but not limited to the following:

5.1.1 - Identifying response actions of HCC members, including local health departments, local emergency management, hospitals, other HCOs, and other key partners (e.g., funeral directors, coroners, medical examiners)

5.1.2 - Identifying who is responsible for each of the Fatality Management functions

5.1.3 - Identifying legal/regulatory authority of member organizations and key partners that govern fatality management in the local jurisdiction,

HPP 5.2: Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities, including but not limited to the following:

5.2.1 - Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan

5.2.2 - Identifying critical pathways/trigger points for response actions

5.2.3 - Providing training on fatality management coordination

5.2.4 - Establishing communication systems among members and key partners, including mental/behavioral health professionals

5.2.5 - Developing concepts of operations and standard operating procedures

HPP 5.3: Has the HCC established systems and processes to manage a surge of concerned citizens requesting information about missing family members, including how to contact the responsible agency for family support, and protocols to ensure its HCOs can connect with family assistance and/or family reception centers?

HPP 5.4: Has the HCC successfully tested its systems and processes for managing mass fatalities during an exercise or event within the past year?

HPP 5.5: Has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved.

Function #1

Function #1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations.

Task 1: Prior to an incident, assist healthcare organizations with determining the amount of morgue space that is available to them during periods of death surges and develop the processes to request support from local and state agencies. (See Pg 21)

Task 2: Prior to an incident, coordinate with healthcare organizations to identify alternate storage and disposal options for human remains. (See Pg 21)

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability #5: HPP Fatality Management		
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	As a way to further regional response capabilities, WCHD, in close collaboration with Washoe County Medical Examiner's Office, will facilitate the development of a Northern Nevada Body Recovery Team (NNBRT). This project will extend to surrounding jurisdictions, to include Carson City, Douglas County, Storey County, and California border counties. This project will span BP1-3.	The following activities will be completed in BP1: <ul style="list-style-type: none"> • Identified list of recovery supplies/resources • Job action sheets for NNBRT members • Develop NNBRT team member requirements • Develop NNBRT response plan • Create search & recovery guidelines • Organizational conference
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planning Resource Element 1: Anticipate storage needs for a surge of human remains. (See Pg 21)		Sustain
Planning Resource Element 2: Healthcare organization human remain surge plans. (See Pg 22)		Sustain
Equipment Resource Element 1: Mortuary storage equipment and supplies. (See Pg 22)		Build
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC <u>start</u> their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC <u>complete</u> their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 5 : HPP Fatality Management

Function #2

Function #2: Coordinate surges of concerned citizens with community agencies responsible for family assistance.

Task 1: Prior to an incident, assist healthcare organizations by coordinating options for surges of concerned citizens and their direction to the appropriate location for family assistance when these surges arrive at the facility seeking family member information. (See Pg 22)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD, working in close collaboration with regional partners, will assist with the development of a community Family Assistance Center (FAC) plan. This plan will outline the objectives of a FAC, the reunification of families with victims, and the role of the FAC with identification of decedents.	A FAC plan will be developed for Washoe County.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Procedures for a surge of concerned citizens. (See Pg 22)	Build	WCHD will assist with the development of a Family Assistance Center (FAC) plan. It will include the integration of the community FAC with the hospital FAC so that concerned citizens are not receiving mixed messages. Additionally, WCHD will send staff to the NOVA (National Organization for Victims' Assistance) Advanced Crisis Response Training to obtain operational knowledge of crisis response to be utilized while developing plans relating to community resiliency.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 5: HPP Fatality Management

Function #3		
Function #3: Mental/behavioral support at the healthcare organization level.		Task 1: Coordinate the options for mental/Behavioral support for healthcare organizations during disasters which cause a death surge involving a large amount of human remains. (See Pg 23)
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	While developing the FAC plan, mental health components will be included. Once the plan is written, the requesting procedures for mental health support will be finalized and training will be provided.	FAC plan that includes mental health considerations.
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planned Activity Description		
Planning Resource Element 1: Mental/behavioral health support. (See Pg 23)		Build
		As part of the FAC plan, an annex of community resources will be developed that will have the community organizational information and the area of expertise available to work in the FAC. This will include but are not limited to mental health, spiritual care, translators, etc.
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact info:		When will your agency's POC complete their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 6 - HPP Information Sharing

Definition: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Goal: To determine whether healthcare coalitions have the capability to maintain a Common Operating Picture during surge operations.

Performance Measures: The Performance Measures that will be used to capture awardee progress toward building this capability is:

- HPP-Specific Performance Measure: Percent of healthcare coalitions (HCCs) that can continuously monitor Essential Elements of Information (EIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture
- Joint HPP-PHEP Performance Measure: Percent of local partners that reported requested Essential Elements of Information (EEI) to health and medical lead within the requested timeframe

Below are the data elements that must be reported on for this capability at mid-year and end of year:

Allocated funding: \$4,040.40

Performance Measure Data Element:

HPP 6.1: Has the HCC identified essential elements of information (EIs) that the HCC members must report for specific types of events to inform the common operating procedure? Examples of EI data include:

- Facility operating status
- Facility structural integrity
- Status of evacuations/shelter in place operations
- Critical medical services (e.g., critical care, trauma)
- Critical service status (e.g., electric, water, sanitation, heating, ventilation, air conditioning)
- Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supply and medical equipment)
- Staffing status
- Emergency Medical Services status involving patient transport, tracking and availability
- Electronic patient tracking
- Electronic bed tracking

HPP 6.2: If EI data has been identified, has the HCC defined data usage and access policies for the EI data?

HPP 6.3: Does the HCC have redundant systems and processes in place to electronically send and receive the EI data?

HPP 6.4: Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?

HPP 6.5: Are the HCC members able to report the identified EIs electronically within the timeframe requested as evidenced by performance during exercises or events?

HPP 6.6: Is the HCC able to receive and quickly process the EI data to provide timely, relevant, and actionable healthcare information to the common operating picture as evidenced by performance during exercises or events?

HPP 6.7: Has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

-- JOINT PERFORMANCE MEASURES --

HPP-PHEP 6.2: On each incident/planned event/exercise reported for demonstration of the Information Sharing Capability, please answer the following information:

HPP-PHEP 6.2.1: This incident /planned event/exercise utilized or demonstrated one or more function(s) within the:

HPP-PHEP 6.2.2: The number of local partners that received a request for EI (denominator)

HPP-PHEP 6.2.3: The number of local partners that reported requested EI to the health and medical lead within the requested timeframe (numerator)

HPP-PHEP 6.2.4: The request for EI occurred during a (select one):

HPP-PHEP 6.2.5: The type of incident/exercise/planned event upon which the request for EI was based

HPP-PHEP 6.2.6: Other Specified

HPP-PHEP 6.2.7: The name of the incident/planned event/exercise.

HPP-PHEP 6.2.8: The date of the incident/planned event/exercise

HPP-PHEP 6.2.9: The number of each type of local partner that responded to the request

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 6: HPP Information Sharing
HPP-PHEP 6.2.10: Healthcare Organizations
HPP-PHEP 6.2.11: Healthcare Coalitions
HPP-PHEP 6.2.12: Local Health Departments
HPP-PHEP 6.2.13: Other Specified
HPP-PHEP 6.2.14: Other numeric
HPP-PHEP 6.2.15: The requesting entity (e.g., health and medical lead at the State, sub-state regional, or local level)
HPP-PHEP 6.2.16: Other requesting entity specified
HPP-PHEP 6.2.17: The type(s) of EEI requested
HPP-PHEP 6.2.18: The type of IT or other communication system used to request EEI from local partners
HPP-PHEP 6.2.19: The type of IT or other communication system used by local partners to report requested EEI
HPP-PHEP 6.2.20: Barriers /challenges to submitting requested EEI within the requested timeframe (please describe types of local partners experiencing challenges and types of EEI not submitted within requested timeframe)

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 6 : HPP Information Sharing

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved:

Function #1

Function #1: Provide healthcare situational awareness that contributes to the incident common operating picture.

Task 1: Before an incident, identify the essential elements of incident specific healthcare information that are timely, relevant, actionable, and can be reasonably delivered during the response. (See Pg 24)

Task 2: Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery. (See Pg 24)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	Planning elements P1, P2 and P5 will be addressed during BP1, the remainder of the planning elements will be addressed during BP2.	
Resource Element: Plans (P), Equipment (E), Skills (S)		
Planned Activity Type	Planned Activity Description	
Build	WCHD will develop a Standard Operating Procedure that will detail the interfacing between the Emergency Operations Center and the Hospital Command Centers.	
Build	WCHD will develop a Standard Operating Procedure that will detail the interfacing between the Emergency Operations Center and the Hospital Command Centers.	
No Activity		
No Activity		
Sustain	WCHD will continue to support, promote, and train local healthcare organizations on the HavBED system. Additionally, WCHD will continue to participate on the Medical Surge Working group, facilitated by the Nevada Hospital Association regarding Statewide Medical Surge Plan.	
No Activity		
No Activity		
No Activity		

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 6: HPP Information Sharing		
Equipment Resource Element 1: Healthcare information systems. (See Pg 26)	Sustain	WCHD will continue to support, promote, and train local healthcare organizations on the various healthcare information systems in Washoe County. Those include, but are not limited to: WebEOC, HavBED, Health Alert Network, and EpiNEWS.
Equipment Resource Element 2: Bed tracking system. (See Pg 27)	Sustain	WCHD will continue to support, promote, and train local healthcare organizations on the HavBED system. Additionally, WCHD will continue to work with the Nevada State Health Division to register local Skilled Nursing Facilities with HavBED.
Equipment Resource Element 3: Patient tracking system. (See Pg 27)	No Activity	
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:		When will your agency's POC <u>start</u> their work on this function? Date: When will your agency's POC complete their work on this function? Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 6 - HPP Information Sharing

Function #2

Function #2: Develop, refine, and sustain redundant, interoperable communication systems.

Task 1: Before, during, and after an incident or event, have redundant processes and systems to communicate with the appropriate multijurisdictional and multidisciplinary emergency responders. (See Pg 28)

Task 2: Before, during, and after an incident or event, have redundant processes and systems to communicate the status of the incident and the status of the community healthcare delivery to healthcare organizations. (See Pg 28)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	WCHD will assist Skilled Nursing Facilities (SNF) with improving redundant communication capabilities. Once trained on the radio equipment, SNFs will begin participating in the monthly 800 MHz communication drills with the local hospitals and EMS.	Monthly communication sheet detailing participation from the various healthcare organizations.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Interoperable communications plans. (See Pg 28)	No Activity	
Equipment Resource Element 1: Interoperable communication system. (See Pg 29)	Sustain	All regional hospitals and the majority of Skilled Nursing Facilities have 800 MHz radios, as provided during FY 2011-2012. Additionally, through the Nevada Hospital Association, all regional hospitals have Amateur Radio HAMLINK systems and operators at each facility.
Skills Resource Element 1: Communication training. (See Pg 29)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 6 : HPP Information Sharing

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 10 : HPP Medical Surge

Definition: The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all hazards incident, and maintain or rapidly recover operations that were compromised.

Goal: To determine whether healthcare coalitions are prepared to provide healthcare in the immediate aftermath of a disaster.

Performance Measure: The Performance Measure that will be used to capture awardee progress toward building this capability is: Percent of healthcare coalitions that have a coordinated mechanism established that supports their members' ability both to deliver appropriate levels of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients), as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster. Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$0.00

Performance Measure Data Element:

HPP 10.1: Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?

HPP 10.2: Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster?

10.2.1 - If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

HPP 10.3: Has the HCC demonstrated the ability to communicate regional healthcare surge status in an exercise or event within the past year?

HPP 10.4: Does the HCC have the ability to expand its coalition-wide surge capacity according to the scope and magnitude of the incident?

HPP 10.5: Does the HCC have the ability to communicate and coordinate support to its member organizations so that members can perform surge functions and coordinate distribution of resources to support those functions?

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved.

Function #1

Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge.

Task 1: Provide healthcare coordination for healthcare emergency preparedness activities and surge planning that guide incident management decisions during response. (See Pg 30)

Task 2: Develop, refine, and sustain a method to ensure that healthcare organizations are adequately represented during medical surge incidents in order to provide incident management with information and assist with decisions regarding the allocation of resources to healthcare organizations. (See Pg 30)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.	Not applicable

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 10 : HPP Medical Surge		
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Healthcare Coalition preparedness activities. (See Pg 31)	No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.
Planning Resource Element 2: Multi-agency coordination during response. (See Pg 31)	No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 10 : HPP Medical Surge

Function #2

Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations.

Task 1: Promote information sharing processes that enable healthcare organizations to track the status and transport of patients (situational awareness) from EMS during medical surge incidents. (See Pg 31)

Task 2: Provide training and guidance to encourage healthcare organizations to understand EMS disaster triage protocols and CBRNE treatment protocols that assist with the transition of disaster patients from the field to the facility. (See Pg 31)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.	

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Healthcare organization coordination with EMS during response. (See Pg 32)	No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.
Planning Resource Element 2: Coordinated disaster protocols for triage, transport, documentation, CBRNE. (See Pg 32)	No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.
Skill Resource Element 1: Training on local EMS disaster triage methodologies (See Pg 32)	No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.
Skill Resource Element 2: Coordinated CBRNE training. (See Pg 32)	No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 10 : HPP Medical Surge

Agency POC:		Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	
Demonstration Plan:			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 10 : HPP Medical Surge

Function #3

Function #3: Assist healthcare organizations with surge capacity and capability.

Task 1: Assist healthcare organizations with decisions regarding surge management by ensuring processes exist to provide healthcare organizations with ongoing communication regarding the status of the incident and the status of medical surge operations when requested. (See Pg 33)

Task 2: Develop a process for healthcare organizations to provide multi-agency coordination regarding resource decisions during medical surge operations. (See Pg 33)

Task 3: Develop, refine, and sustain processes that assist healthcare organizations to maximize medical surge capacity and capability during response operations. (See Pg 33)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	During FY 2010-2011, WCHD participated on the Medical Surge Working group facilitated by the Nevada Hospital Association. During this project, a Statewide Medical Surge plan was developed. Future activities on this function will be addressed during BP3 and BP4.	
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Medical surge planning. (See Pg 33)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 2: Medical surge emergency operations coordination. (See Pg 34)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 3: Assist healthcare organizations maximize surge capacity. (See Pg 34)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 4: Assist healthcare organizations maximize surge capability. (See Pg 36)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 5: Medical surge information sharing. (See Pg 37)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 6: Healthcare organization patient transport assistance. (See Pg 37)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 7: Medical surge considerations for at-risk individuals and those with special medical needs. (See Pg 37)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 8: Mobile medical assets for surge operations. (See Pg 38)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 9: Decontamination assistance to healthcare organizations. (See Pg 39)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 10: Mental/Behavioral health support. (See Pg 40)	No Activity	This function will be addressed during BP3 and BP4.
Equipment Resource Element 1: Specialty equipment to increase medical surge capacity and capability. (See Pg 38)	No Activity	During fiscal year 2010-2011, medical surge equipment was purchased for regional hospitals. Any further activities on this resource element will occur during BP3 and BP4.
Equipment Resource Element 2: Mobile Medical Assets. (See Pg 39)	No Activity	This function will be addressed during BP3 and BP4.

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 10 : HPP Medical Surge		
Equipment Resource Element 3: Decontamination assets. (See Pg 40)	No Activity	This function will be addressed during BP3 and BP4.
Skill Resource Element 1: Special training to maximize medical surge competency. (See Pg 38)	No Activity	This function will be addressed during BP3 and BP4.
Skill Resource Element 2: Decontamination training. (See Pg 40)	No Activity	This function will be addressed during BP3 and BP4.
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:	
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 10: HPP Medical Surge

Function #4

Function #4: Develop Crisis Standards of Care guidance.	Task 1: Identify the current status of crisis standards of care planning to determine the future implementation requirements for use by the healthcare organizations. (See Pg 41)
	Task 2: Identify the guidelines for crisis standards of care, including the effective allocation of scarce resources. (See Pg 41)
	Task 3: Identify the appropriate legal authorities and protections for healthcare providers and institutions for implementation of crisis standards of care. (See Pg 41)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	This function will be addressed during BP3 and BP4.	

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: State crisis standards of care guidance. (See Pg 41)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 2: Indicators for crisis standards of care. (See Pg 42)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 3: Legal protections for healthcare practitioners and institutions. (See Pg 42)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 4: Provide guidance for crisis standards of care implementation processes. (See Pg 42)	No Activity	This function will be addressed during BP3 and BP4.
Planning Resource Element 5: Provide guidance for the management of scarce resources. (See Pg 43)	No Activity	This function will be addressed during BP3 and BP4.
Skill Resource Element 1: Crisis standards of care training (See Pg 44)	No Activity	This function will be addressed during BP3 and BP4.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 10: HPP Medical Surge

Function #5

Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.

Task 1: Before, during, and after an incident ensure there are processes to provide resource assistance to healthcare organizations and providers for evacuation and shelter-in-place operations. (See Pg 44)

Planned Activity Type

Planned Activity Description

Performance Measure Planned Activities

No Activity

This function will be addressed during BP3 and BP4.

Resource Element: Plans (P), Equipment (E), Skills (S)

Planned Activity Type

Planned Activity Description

Planning Resource Element 1: Provide guidance for the management of scarce resources. (See Pg 44)

No Activity

This function will be addressed during BP3 and BP4.

Planning Resource Element 2: Healthcare organization preparedness to receive evacuation surge. (See Pg 45)

No Activity

This function will be addressed during BP3 and BP4.

Planning Resource Element 3: Transportation options for evacuation. (See Pg 45)

No Activity

This function will be addressed during BP3 and BP4.

Equipment Resource Element 1: Specialized equipment needed to evacuate patients. (See Pg 45)

No Activity

This function will be addressed during BP3 and BP4.

Agency POC:

Start and End Date:

Who will be your agency's lead point of contact (POC) on this?

When will your agency's POC start their work on this function?

Name:

Date:

Contact Info:

When will your agency's POC complete their work on this function?

Date:

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 14 : HPP Responder Safety and Health

Definition: The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Goal: To determine whether healthcare coalitions have access to sufficient protection to keep healthcare staff working effectively for the duration of a healthcare crisis.

Performance Measure: The Performance Measure that will be used to capture awardee progress toward building this capability is: Percent of healthcare coalitions that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees). Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$0.00

Performance Measure Data Element:

HPP 14.1: Has the HCC implemented an occupational safety and health plan to protect employees of the organizations within the HCC and their families, based on a Hazard Vulnerability Analysis (HVA) conducted within the last 3 years?

HPP 14.2: If yes, do HCC member organizations have access to the elements of an occupational safety and health program that include:

14.2.1 - Pharmaceutical caches

14.2.2 - PPE

14.2.3 - Medical countermeasures

14.2.4 - Risk communications

14.2.5 - Family member protections and considerations

14.2.6 - Social distancing protocols

14.2.7 - Behavioral health

14.2.8 - Security

HPP 14.3: Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees (including healthcare and non-healthcare employees) in an exercise or event within the past year?

HPP 14.4: If yes, has the HCC successfully implemented lessons learned and corrective actions from the exercise or event within the past year?

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved.

Function #1

Function #1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers.	Task 1: Identify the pharmaceuticals needed to safeguard healthcare workers and their families when indicated by a biological infectious disease or during a likely exposure incident identified through risk assessments, hazards vulnerability assessments (HVAs), and resource needs. (See Pg 46)
	Task 2: Assess the need for developing pharmaceutical caches that can be accessed by healthcare organizations when requested and available during an exposure/incident. (See Pg 46)
	Task 3: Establish the appropriate processes to deliver caches of pharmaceuticals to healthcare organizations during an exposure requiring prophylaxis and treatment when requested and available. (See Pg 46)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	This function will be addressed during BP2 and BP3.	

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 14 : HPP Responder Safety and Health

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Pharmaceutical needs assessment. (See Pg 46)	No Activity	This function will be addressed during BP2 and BP3.
Planning Resource Element 2: Pharmaceutical cache storage, rotation, replacement, and distribution. (See Pg 47)	No Activity	This function will be addressed during BP2 and BP3.
Planning Resource Element 3: Medical Countermeasure dispensing. (See Pg 47)	No Activity	This function will be addressed during BP2 and BP3.
Equipment Resource Element 1: Pharmaceutical cache protection. (See Pg 47)	No Activity	This function will be addressed during BP2 and BP3.
Skill Resource Element 1: Pharmaceutical cache training. (See Pg 48)	No Activity	This function will be addressed during BP2 and BP3.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, ITEX, Games, Drills, Functional Exercise, FSE)	
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Note: The page #'s listed in this table correspond to ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness", January 2012

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 14: HPP Responder Safety and Health

Function #2		
Function #2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response.	Task 1: Identify the PPE required to protect healthcare workers during exposure incidents based on risk assessments, HVAs, and resource needs. (See Pg 48) Task 2: Establish processes to access personal protective equipment by healthcare organizations when requested and available during an exposure incident. (See Pg 48)	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	This function will be addressed during BP2 and BP3	
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Personal protective equipment needs assessment. (See Pg 48)	No Activity	This function will be addressed during BP2 and BP3
Planning Resource Element 2: Personal protective equipment caches. (See Pg 48)	No Activity	This function will be addressed during BP2 and BP3
Planning Resource Element 3: Personal protective equipment supply and dispensing. (See Pg 49)	No Activity	This function will be addressed during BP2 and BP3
Equipment Resource Element 1: Personal Protective Equipment for healthcare workers. (See Pg 49)	No Activity	This function will be addressed during BP2 and BP3
Skill Resource Element 1: Personal protective equipment training. (See Pg 49)	No Activity	This function will be addressed during BP2 and BP3
Agency POC:	Start and End Date:	
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC <u>start</u> their work on this function? Date: _____ When will your agency's POC <u>complete</u> their work on this function? Date: _____	
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

Note: The page #'s listed in this table correspond to ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness", January 2012

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 14 : HPP Responder Safety and Health

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Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 15 - HPP Volunteer Management

Definition: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Goal: Ensure that the healthcare coalitions have or have access to plans, processes, and procedures to manage volunteers, including rapid verification of credentials and affiliation with deployed entities. To determine whether awardees are able to meet requests for volunteers in a timely manner.

Performance Measure: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events. The Performance Measures that will be used to capture awardee progress toward building this capability are:

- HPP-Specific Performance Measure: Percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.
- Joint HPP-PHEP Performance Measure: Proportion of volunteers deployed to support a public health/medical incident within an appropriate timeframe.

Below are the data elements that must be reported on for this capability at mid-year and end of year.

Allocated funding: \$40,404.00

Performance Measure Data Element:

HPP 15.1: Does the HCC have procedures for identifying the type and quantity of volunteers needed to support healthcare response?

HPP 15.2: Does the HCC have or have access to an electronic registration system for recording and managing volunteer information that is compliant with the current guidelines of the HHS ESAR-VHP program?

HPP 15.3: Has the HCC coordinated with the State and HCC members to develop plans, processes and procedures to manage volunteers that address the following areas:

15.3.1 - Receiving volunteers

15.3.2 - Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers

15.3.3 - Confirming volunteer credentials

15.3.4 - Assigning roles and responsibilities to volunteers

15.3.5 - Providing just in time training for volunteers

15.3.6 - Tracking volunteers

15.3.7 - Out-processing volunteers

HPP 15.4: Has the HCC successfully tested its plans, processes and procedures for managing volunteers during an exercise or event within the past year?

HPP 15.5: If yes, has the HCC successfully implemented lessons learned and corrective action from this exercise or event within the past year?

-- JOINT PERFORMANCE MEASURES --

HPP-PHEP 15.2: On each incident/planned event/exercise reported for demonstration of the Volunteer Management Capability, please answer the following information:

HPP-PHEP 15.2.1: This incident /planned event/exercise utilized or demonstrated one or more function(s) within the:

HPP-PHEP 15.2.2: The request for volunteers occurred during a (select one):

HPP-PHEP 15.2.3: The type of incident/exercise/planned event upon which the request for volunteers was based (select all that apply):

HPP-PHEP 15.2.4: Biological hazard or disease or other specified

HPP-PHEP 15.2.5: The name of the incident/planned event/exercise

HPP-PHEP 15.2.6: The date of the incident/planned event/exercise

HPP-PHEP 15.2.7: The date/time when request for volunteers was received by health/medical lead.

HPP-PHEP 15.2.8: The number of volunteers requested to deploy from the originating requestor (denominator)

HPP-PHEP 15.2.9: The entity that made the original request for volunteers (drop-down)

HPP-PHEP 15.2.10: Other entity specified

HPP-PHEP 15.2.11: The date/time when volunteers were requested to arrive at staging area or on scene by health and medical lead

HPP-PHEP 15.2.12: The requested location for the deployment (select one):

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 15 : HPP Volunteer Management
HPP-PHEP 15.2.13: Other requested location specified
HPP-PHEP 15.2.14: The number of volunteers who were notified to deploy ("activated")
HPP-PHEP 15.2.15: The date/time when the last volunteer was notified to deploy (i.e., "activated")
HPP-PHEP 15.2.16: The number of volunteers who arrived at staging area/on scene within requested timeframe (numerator)
HPP-PHEP 15.2.17: Number of deployed volunteers registered in ESAR-VHP
HPP-PHEP 15.2.18: Number of deployed volunteers registered in other systems
HPP-PHEP 15.2.19: Date/time that last volunteer arrived at staging area/on scene within requested timeframe
HPP-PHEP 15.2.20: Barriers /challenges to deploying volunteers to support a public health/medical incident within requested timeframe

Outcome Objective by 6/30/2013 date 70% or more of capability will be achieved:

Function #1	
Function #1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations.	Task 1: Assess which situations would necessitate the need for the use of volunteers in healthcare organizations during response and participate in the planning that would provide this as an option when needed. (See Pg.50)
	Task 2: Identify the type and quantity of volunteers most likely needed to support healthcare response based on the risk assessments, hazard vulnerability assessments, resource assessments and other data that may provide clarity into anticipated needs (For supporting information, please see Capability 1 — Healthcare Preparedness). (See Pg.50)
	Task 3: Prior to an incident or event, participate with volunteer planning for pre-incident screening and verification of volunteers' credentials for healthcare professionals that may be used in healthcare organizations. (See Pg.50)
	Task 4: Prior to an incident or event, participate with training initiatives for the planning of initial and ongoing emergency response training for registered volunteers that may be used in healthcare organizations during response. (See Pg.50)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	This function will be addressed during BP2 and BP3.	

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Volunteer needs assessment for healthcare organizations response. (See Pg.50)	No Activity	This function will be addressed during BP2 and BP3.
Planning Resource Element 2: Collect, assemble, maintain, and utilize volunteer information. (See Pg.51)	No Activity	This function will be addressed during BP2 and BP3.
Equipment Resource Element 1: Electronic volunteer registration system. (See Pg.51)	Sustain	WCHD will continue to utilize the ESAR VHP program and Communicator NXT as a mode of registering and communicating with volunteers.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 15 : HPP Volunteer Management

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TFX, Games, Drills, Functional Exercise, FSE)

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Note: The page #'s listed in this table correspond to ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness", January 2012

Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013

HPP Capability # 15 : HPP Volunteer Management

Function #2

Function #2: Volunteer notification for healthcare response needs.	Task 1: At the time of an incident, determine the volunteers needed to assist the healthcare organization response including the role and quantity of volunteers needed; communicate requests using the established volunteer request process. (See Pg-51)
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Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD will develop call out procedures for Medical Reserve Corps (MRC) volunteers. WCHD will also develop "strike teams" based on area of expertise for a targeted call out, based on event need.	Call out procedures for MRC volunteers.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Process to contact registered volunteers. (See Pg 51)	Build	WCHD will develop call out procedures for MRC volunteers.
Planning Resource Element 2: Process to confirm credentials of responding volunteers. (See Pg 51)	Build	WCHD will develop Standard Operating Procedures for vetting volunteers during planning periods as well as emergency response activations.
Planning Resource Element 3: Volunteer request process. (See Pg 51)	Build	WCHD will work in close collaboration with Washoe County Emergency Management to develop SOP for the request to activate the MRC volunteers.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	
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Note: The page #'s listed in this table correspond to ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness", January 2012

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 15 : HPP Volunteer Management

Function #3

Function #3: Organization and assignment of volunteers.

Task 1: Develop a process to assist healthcare organizations with volunteer placement during an incident that includes multi-agency coordination between healthcare organizations in order to deconflict the needs of multiple healthcare organizations with the availability of volunteers. (See Pg 52)

Task 2: Develop a process to assist healthcare organizations with the provision of deployment briefings, tracking and rotation of volunteers, spontaneous volunteer management, safety and incident-specific training. (See Pg 52)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	This function will be addressed during BP2 and BP3.	

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Volunteer deployment protocols. (See Pg 52)	No Activity	This function will be addressed during BP2 and BP3.
Planning Resource Element 2: Briefing template for healthcare volunteers. (See Pg 52)	No Activity	This function will be addressed during BP2 and BP3.
Planning Resource Element 3: Volunteer support services. (See Pg 52)	No Activity	This function will be addressed during BP2 and BP3.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC <u>start</u> their work on this function? Date: When will your agency's POC <u>complete</u> their work on this function? Date:

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

Note: The page #'s listed in this table correspond to ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness", January 2012

**Attachment B:
Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP1) Subgrant # ASPR07-12
Scope of Work (SOW) July 1, 2012 through June 30, 2013**

HPP Capability # 15 : HPP Volunteer Management

Function #4

Function #4: Coordinate the demobilization of volunteers.	Task 1: Coordinate with incident management and the appropriate jurisdictional volunteer organizations to ensure the proper outprocessing of volunteers. (See Pg 53)
	Task 2: Coordinate with incident management and the appropriate jurisdictional volunteer organizations to identify community resources that can support volunteer post-deployment medical screening, stress, well-being assessments and, when requested or indicated, have a process to refer volunteers to medical and mental/behavioral health services. (See Pg 53)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	WCHD will develop Standard Operating Procedures (SOP) regarding the demobilization of MRC volunteers who were activated in response to a regional emergency. These procedures will include hot wash meetings and the AAR relating to volunteer usage.	SOP on demobilization of MRC volunteers.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Volunteer Release Processes. (See Pg 53)	Build	WCHD will develop Standard Operating Procedures (SOP) regarding the demobilization of MRC volunteers who were activated in response to a regional emergency. These procedures will include hot wash meetings and the AAR relating to volunteer usage.
Planning Resource Element 2: Volunteer exit screening protocols. (See Pg 53)	Build	WCHD will develop Standard Operating Procedures (SOP) regarding the demobilization of MRC volunteers who were activated in response to a regional emergency. These procedures will include hot wash meetings and the AAR relating to volunteer usage.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC <u>start</u> their work on this function? Date: When will your agency's POC <u>complete</u> their work on this function? Date:

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	
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Note: The page #'s listed in this table correspond to ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness", January 2012



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: 11/15/12

DATE: November 5, 2012

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us *PB*

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County
Health District, 775-328-2417, estickney@washoecounty.us *ES*

SUBJECT: Approval of 2012-2013 Memorandum of Legislative Cooperation By and Among the City of Reno, City of Sparks, Regional Planning Governing Board, Regional Transportation Commission, Truckee Meadows Water Authority, Reno Sparks Convention and Visitors Authority, Western Regional Water Commission, Sun Valley General Improvement District, Washoe County, Washoe County Health District, Washoe County School District, South Truckee Meadows General Improvement District; and Incline Village General Improvement District; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute the Memorandum of Cooperation By and Among the City of Reno, City of Sparks, Regional Planning Governing Board, Regional Transportation Commission, Truckee Meadows Water Authority, Reno Sparks Convention and Visitors Authority, Western Regional Water Commission, Sun Valley General Improvement District, Washoe County, Washoe County Health District, Washoe County School District, South Truckee Meadows General Improvement District; and Incline Village General Improvement District.

Approval of the Memorandum of Legislative Cooperation supports the core public health function of policy development and planning.

PREVIOUS ACTION

The Washoe County District Board of Health approved the 2010-2011 Memorandum of Legislative Cooperation at their September 23, 2010 meeting.

AGENDA ITEM # _____

BACKGROUND

The purpose of the Memorandum of Cooperation is to present a cooperative and unified effort to achieve the desired results in Nevada's Legislature, with the understanding that respective interests may differ on some issues. The memorandum directs signatories to present bill draft requests, identify and discuss differences, disclose positions, provide assistance and information, inform, and actively solicit support.

This Memorandum of Legislative Cooperation has been reviewed and approved by the Washoe County Risk Manager and Deputy District Attorney.

FISCAL IMPACT

Should the Board approve this item, there will be no additional fiscal impact to the adopted FY 13 budget.

RECOMMENDATION

Staff recommends that the District Board of Health approve 2012-2013 Memorandum of Legislative Cooperation By and Among the City of Reno, City of Sparks, Regional Planning Governing Board, Regional Transportation Commission, Truckee Meadows Water Authority, Reno Sparks Convention and Visitors Authority, Western Regional Water Commission, Sun Valley General Improvement District, Washoe County, Washoe County Health District, Washoe County School District, South Truckee Meadows General Improvement District; and Incline Village General Improvement District; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve 2012-2013 Memorandum of Legislative Cooperation By and Among the City of Reno, City of Sparks, Regional Planning Governing Board, Regional Transportation Commission, Truckee Meadows Water Authority, Reno Sparks Convention and Visitors Authority, Western Regional Water Commission, Sun Valley General Improvement District, Washoe County, Washoe County Health District, Washoe County School District, South Truckee Meadows General Improvement District; and Incline Village General Improvement District; and if approved, authorize the Chairman to execute.

MEMORANDUM OF LEGISLATIVE COOPERATION
BY AND AMONG THE
LOCAL GOVERNMENTS, AFFECTED GOVERNMENT ENTITIES, SERVICE
PROVIDERS AND OTHER AGENCIES IN THE TRUCKEE MEADOWS REGION

2012 - 2013

WHEREAS, the Regional Planning Governing Board (RPGGB) established pursuant to *Nevada Revised Statutes* (NRS) 278.0264, local governments, affected entities, service providers, and other agencies in the Truckee Meadows region have numerous mutual areas of interest, including, but not limited to, master planning, facilities planning, regional planning, delivery of services, tax policy, governance, natural resources, human resources, economic development, and others; and

WHEREAS, a cooperative approach to intergovernmental relations and a unified effort within the region best serves the interests of the residents of the Truckee Meadows in achieving desired results in Nevada's Legislature; and

WHEREAS, local governments, affected entities, service providers and other agencies wish to work together to present, to the extent possible, a unified, cooperative, legislative effort for the 2013 session of Nevada's Legislature; and

WHEREAS, local governments, affected entities, service providers and other agencies understand that their respective interests may differ on some issues considered by, or presented to, Nevada's Legislature during its 2013 session;

NOW, THEREFORE, the RPGGB, and the governing bodies of local governments, affected entities, service providers and other agencies (herein after identified as "the parties") make the following findings and declarations regarding the 2013 session of Nevada's Legislature:

1. Employees and contract lobbyists representing the parties will present their bill draft requests to each other at an informal meeting prior to the start of the session, in order to provide information and be available to ask and answer questions with regard to proposed legislation that affects the parties, directly or indirectly.
2. Employees and lobbyists representing the parties will meet and confer regularly during the session with regard to proposed legislation that affects the parties, directly or indirectly. Also, these employees and lobbyists will use this meet and confer mechanism as an initial forum for conflict resolution, should conflicts arise.
3. Employees and lobbyists representing the parties will make every effort to identify and communicate a unified, cooperative position on proposed

legislation, especially in light of the limited number of bill draft requests available to government agencies and legislators.

4. The parties and their representatives will identify and discuss their differences regarding proposed legislation, and determine whether there are other options, inside or outside the legislative process, which would resolve those differences.
5. Each of the parties commits to disclose to the employees and lobbyists of the other parties the position it has taken, or intends to take, regarding legislative measures of mutual interest. Also, as required by subsection 2 of NRS 278.0286, the cities of Reno and Sparks, Washoe County, and affected entities will file all relevant information with the RPGB before submitting a recommendation for proposed legislation relating to the mandatory provisions of the Truckee Meadows Regional Plan. The parties will file such information 60 days prior to submittal to the Legislative Council Bureau in accordance with the deadlines established in regulations adopted by the RPGB.
6. Employees and lobbyists representing the parties will provide assistance and information to each other, to individual legislators, and to standing legislative committees for the purpose of advancing measures in which there is a mutual interest.
7. Employees and lobbyists representing the parties will inform individual legislators and standing legislative committees whether opinions they express on a given matter represent a unified regional position or a singular position taken by the party.
8. The parties will actively solicit support for the unified, cooperative legislative approach from business, institutional, and other interest groups.

IN WITNESS THEREOF, the parties hereto have executed this memorandum on the dates signified:

REGIONAL PLANNING GOVERNING BOARD (NRS 278.0264),
by and through its board

Bonnie Weber, Chair

Date

CITY OF RENO, a municipal corporation
by and through its council

Robert A. Cashell, Sr., Mayor

Date

CITY OF SPARKS, a municipal corporation
by and through its council

Geno R. Martini, Mayor

Date

WASHOE COUNTY,
by and through its commission

, Chair

Date

REGIONAL TRANSPORTATION COMMISSION of Washoe County,
by and through its board

, Chair

Date

WASHOE COUNTY SCHOOL DISTRICT,
by and through its board

, President

Date

WASHOE COUNTY HEALTH DISTRICT,
by and through its board

, Chair

Date

TRUCKEE MEADOWS WATER AUTHORITY,
by and through its board

, Chair

Date

RENO SPARKS CONVENTION AND VISITORS AUTHORITY,
by and through its board

, Chair

Date

WESTERN REGIONAL WATER COMMISSION,
by and through its board

, Chair

Date

SUN VALLEY GENERAL IMPROVEMENT DISTRICT,
by and through its board

, Chair

Date

SOUTH TRUCKEE MEADOWS GENERAL IMPROVEMENT DISTRICT

Chairman, Board of Trustees

Date

Chairman, Local Managing Board

Date

INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT
by and through its board

, Chair

Date



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 15, 2012

DATE: November 5, 2012

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer
775-328-2417, estickney@washoecounty.us

SUBJECT: Ratification of Interlocal Contract between the Washoe County Health District (WCHD) and the Washoe County School District (WCSD) to assist the Washoe County School District's Expanded Immunization and School Health services program at North Valleys High School and Wooster High School for the period of approval through and June 12, 2013, and, if approved, authorize the Chairman to execute the Interlocal Contract.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District Immunization Program intends to assist the Washoe County School District's Expanded Immunization and School Health Services program at North Valleys High School (NVHS) and Wooster High School (WHD). A copy of the Interlocal Contract is attached. This Interlocal Contract has been reviewed and approved by Washoe County Risk and Legal.

District Board of Health Strategic Priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities
BCC Strategic Outcome supported by this item: Healthy Communities

PREVIOUS ACTION

A contract for FY12 was approved on December 15, 2011.

AGENDA ITEM # _____

BACKGROUND

The WCHD Immunization Program currently provides technical assistance and support for the Expanded Immunization and School Health Program and School within a School Program with the WCSD that serves the highest risk students to keep students engaged in education and enrolled in school. Per the WCSD, a contract was requested to formalize the current arrangement.

These activities assist WCHD Immunization Program to meet Immunization Program Operations Manual Objective #6.1, which is a directive to increase adolescent immunizations and a deliverable within the CDC Immunization Program grant, IOs 10028/10029, that the WCHD receives through the Nevada State Health Division.

FISCAL IMPACT

Should the Board approve the Interlocal Contract, there will be no fiscal impact as the activities are currently being performed and have been budgeted, including the provision of vaccines to the WCSD that are state-supplied (i.e., zero cost to the WCHD).

RECOMMENDATION

Staff recommends that the District Board of Health ratify the Interlocal Contract between the Washoe County Health District (WCHD) and the Washoe County School District (WCSD) to assist the Washoe County School District's Expanded Immunization and School Health services program at North Valleys High School and Wooster High School for the period of approval through and June 12, 2013, and, if approved, authorize the Chairman to execute the Interlocal Contract.

POSSIBLE MOTION

Move to ratify the Interlocal Contract between the Washoe County Health District (WCHD) and the Washoe County School District (WCSD) to assist the Washoe County School District's Expanded Immunization and School Health services program at North Valleys High School and Wooster High School for the period of approval through and June 12, 2013, and, if approved, authorize the Chairman to execute the Interlocal Contract.

An Interlocal Contract Between

Washoe County Health District
Acting By and Through Its
HEALTH DEPARTMENT
(hereinafter referred to as the WCHD)
P.O. BOX 11130
Reno, Nevada 89520

and

The Washoe County School District
(hereinafter referred to as WCSD)
425 E. Ninth Street
Reno, NV 89503

WHEREAS, the WCSD has an "Expanded Immunization and School Health Program" and the "School within a School" (SWS) programs at North Valleys High School (NVHS) and Wooster High School (WHS); and

WHEREAS, the WCHD has the trained staff and supplies to assist the WCSD's Expanded Immunization and School Health Services program; it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **CONTRACT TERM.** This Contract shall be active upon approval of the District Board of Health, through June 12, 2013 subject to continued funding or until this Agreement is terminated pursuant to the terms of this agreement, whichever date shall first occur.
2. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.
3. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
4. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:

ATTACHMENT A: SCOPE OF WORK (See Attachment A)

5. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.
6. LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 354.626.
7. INDEMNIFICATION.
- a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.
 - b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.
8. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
9. HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.
10. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
11. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
12. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

13. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

14. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

15. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the service set forth in this agreement.

16. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

APPROVED BY BOARD OF HEALTH


Washoe County Board of Health

On	_____	Chairman
	Date	Title

ATTEST:

Date

APPROVED BY WASHOE COUNTY SCHOOL DISTRICT



On	August 15, 2012	Chief Student Support Services Officer
	Date	Title

Date Title

**ATTACHMENT A
SCOPE OF WORK
WASHOE COUNTY SCHOOL DISTRICT
“Expanded Immunization and School Health Program”**

This contract effective upon signing of contract to June 12, 2012, is by and between the Washoe County Health District (hereinafter WCHD) and Washoe County School District (hereinafter WCSD) for the WCSD “Expanded Immunization and School Health Program” and the “School within a School” (SWS) programs at North Valleys High School (NVHS) and Wooster High School (WHS).

The WCHD agrees to assist the WCSD’s Expanded Immunization and School Health Services program as follows, at no charge, between signing of contract and June 12, 2013:

1. Provide State-required vaccines as defined in NRS 392.435, to NVHS health office on a monthly basis:
 - a. Current NRS- required vaccines which are at this time: Tetanus-Diphtheria-acellular Pertussis (Tdap) or Td; Inactivated Polio Virus (IPV); Measles-Mumps-Rubella (MMR); Hepatitis A (Hep A); Hepatitis B (Hep B); and Varicella (VZV).
2. Provide syringes and band aids, cotton balls, gauze, and syringe holder for vaccine injections.
3. Maintain strict confidentiality of student immunization and health information according to HIPAA requirements.
4. Ensure adequate supplies of vaccine are available for the “Expanded Immunization and School Health Program” and the SWS program at NVHS and WHS.
5. Collaborate with the WCSD’s Student Health Services Department to schedule and conduct trainings as needed, but no less than one time a year of designated WCSD school nurses to help them maintain competency in the administration and documentation of vaccines according to ACIP standards.
6. Provide WCSD Student Health Services Department with a copy of all documents verifying the training and competency testing of designated school nurses in the administration and handling of vaccines.
7. Provide the WCSD Student Health Services Department with original forms required for vaccination so copies can be made for use during immunizations: HIPAA, parent permission, vaccine administration record, and vaccine information statements in both English and Spanish.
8. Provide ongoing technical assistance regarding vaccine administration, storage and handling, to the WCSD Student Health Services Department and/or designated WCSD school nursing staff for use in developing protocols.
9. Conduct audits and assessment of the WCSD’s storage, handling, and administration of vaccines.
10. Assist with access to Web IZ data-entry for designated WCSD staff.

WCSD Student Health Services Department agrees to:

1. Designate and assign qualified WCSD school nurses to administer immunizations to WCSD students at NVHS and WHS and the SWS programs and provide the WCHD with each nurse’s name and contact information.

2. Follow ACIP guidelines when administering vaccines to NVHS and WHS and SWS students.
3. Utilize the most recent Epidemiology and Prevention of Vaccine Preventable Diseases (<http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>), as a resource for vaccine administration, storage and handling.
4. Sign up for emails for upcoming immunization related trainings and information, including IAC Express and the Northern Nevada Immunization Coalition (NNIC).
5. Provide sharps containers and assure their appropriate disposal.
6. Maintain timesheets and training records for designated WCSD school nurses who administer vaccines to NVHS and WHS and SWS students.
7. Provide the WCHD and the NNIC with a summative report by February 14, 2013 and June 12, 2013 to include the nursing time spent, numbers of students receiving a vaccine and numbers of individual vaccines administered.
8. Distribute and collect a WCHD evaluation form to elicit feedback from parents of students who received vaccines through the Expanded School Nursing Services Program and from the students who were immunized; submit evaluation forms to the WCHD.
9. Meet with WCHD immunization staff by July 1, 2013, to discuss future plans regarding ongoing efforts beyond the timeframe of this MOU.
10. The Student Health Services administration will collaborate with the WCHD to ensure that designated school nurses:
 - a. Transport, store, and administer vaccines in accordance with policies and standards of the Nevada State Immunization program and the WCHD.
 - b. Monitor the refrigerator/freezer temperature during hours of operation and submit required logs to the WCHD by the last day of each month, no later than 12:00 p.m.
 - c. Immediately report to the WCHD of any out-of-range temperatures and relocation of the vaccines within the same business day or, if the incident occurs after hours, the following business day.
 - d. Maintain and submit logs of all vaccines administered to students and provide a copy to the Student Health Services Department, by the last day of each month no later than 12:00 p.m.
 - e. Ensure all required forms, including parent permission, HIPPA, and parent notification forms are completed and signed by the parent/guardian prior to administration of vaccines to students.
 - f. After administering vaccine to students, enter dates of immunizations administered into each student's Nevada Web IZ data base, utilizing the State Health Division WebIZ help desk for assistance as needed.
 - g. Notify the WCHD immediately of any adverse reactions that may occur during immunizations.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012
 TO: District Board of Health
 FR: Kevin Dick, Division Director
 SUBJECT: Renewal of Appointment to the Air Pollution Control Hearing Board
 Agenda Item: 8.D.

Background

Air Pollution Control Hearing Board (APCHB) members are appointed for three-year terms. The APCHB members volunteer their time and receive no compensation for their service. An APCHB member appointment will end in December 2012.

Recommendation

It is recommended that the District Board of Health renew the appointment of Mr. Richard W. Harris to serve a three-year term on the Air Pollution Control Hearing Board (APCHB). Mr. Harris has served on the APCHB since 2009. Mr. Harris has indicated his willingness to continue to serve on the Board.

Alternatives

The Board may decide not to make this appointment and direct staff to solicit other potential APCHB members.

Kevin Dick, Division Director
 Air Quality Management Division



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012

TO: District Board of Health

FR: Kevin Dick, Division Director

SUBJECT: Renewal of Appointment to the Air Pollution Control Hearing Board
Agenda Item: 8.E.

Background

Air Pollution Control Hearing Board (APCHB) members are appointed for three-year terms. The APCHB members volunteer their time and receive no compensation for their service. An APCHB member appointment will end in November 2012.

Recommendation

It is recommended that the District Board of Health renew the appointment of Mr. Joseph M. Serpa to serve a three-year term on the Air Pollution Control Hearing Board (APCHB). Mr. Serpa has served on the APCHB since 1996. Mr. Serpa has indicated his willingness to continue to serve on the Board.

Alternatives

The Board may decide not to make this appointment and direct staff to solicit other potential APCHB members.

Kevin Dick, Division Director
Air Quality Management Division



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 15, 2012

TO: District Board of Health

FROM: Kevin Dick, Director
Air Quality Management Division

SUBJECT: Public Hearing: Washoe County, Nevada, 2011 Periodic Emissions Inventory.
Agenda Item: 12

Staff Recommendation

Approve and adopt the "Washoe County, Nevada 2011 Periodic Emissions Inventory."

Background

The U.S. Environmental Protection Agency (EPA) establishes health based national ambient air quality standards (NAAQS) for six criteria pollutants. Areas that have violated these NAAQS are designated as "non-attainment areas." All areas of Washoe County currently attain these NAAQS, however, portions of the county have previously violated the 24-hour PM₁₀, 8-hour carbon monoxide, and 1-hour ozone NAAQS.

The 1990 Clean Air Act Amendments require areas such as Washoe County to prepare and periodically update an emissions inventory for each non-attainment pollutant or precursor. Emission inventories are a comprehensive accounting of all sources of air pollutant emissions. Inventories are the foundation for developing control strategies in order to maintain attainment of the NAAQS. They are also used to measure the progress of existing programs such as the motor vehicle inspection/maintenance and residential wood burning programs.

To reduce printing resources and expenses, the 2011 Emissions Inventory is not included with this staff report. The document is approximately 600 pages and can be accessed from the "News & Events" section of the Air Quality Management Division website, www.washoecounty.us/health/aqm/home.html. A hard copy is available by contacting Mr. Daniel Inouye of AQM at (775) 784-7214 or dinouye@washoecounty.us.

EPA's statutory deadline for submittal of the emissions inventory is December 31, 2012. If the 2011 Emissions Inventory is approved and adopted, it will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Washoe County portion of the Nevada State Implementation Plan. A notice of today's public hearing was published in the Reno Gazette-Journal on October 16, October 24, and November 8, 2012.

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DBOH AGENDA ITEM NO. 12

Suggested Motion

"I move that the District Board of Health adopt the 2011 Emissions Inventory and direct staff to forward it to EPA as a revision to the Washoe County portion of the Nevada State Implementation Plan."

Alternatives

The District Board of Health may:

1. Elect not to adopt 2011 Emission Inventory; or
2. Continue this public hearing and direct Staff to research some portion of the Emission Inventory and report back to the Board at a future meeting.



Kevin Dick, Director
Air Quality Management Division

KD:dk



Washoe County Health District



Public Health
Prevent. Promote. Protect.

November 5, 2012

To: Members District Board of Health

From: Eileen Stickney

Subject: Public Health Fund Revenue and Expenditure Report for October 2012
Agenda Item No. -

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for October 2012 of fiscal year 13.

Background

The attached reports are for the accounting period 5/13 and the percentages should approximate 33% of the year. **This is a provisional report for October 2012 due to District Board of Health deadlines.** Our total revenues and expenditures for the current year (FY13) compared to last year (FY12) are as follows:

October 2012	FY13 – REV	FY12 – REV	FY13 – EXP	FY12 – EXP
Transfer				
AHS	25%	30%	33%	29%
AQM	16%	18%	35%	28%
CCHS	14%	19%	30%	28%
EHS	31%	35%	31%	33%
EPHP	34%	30%	35%	31%
TOTAL	22%	23%	28%	29%

The Environmental Oversight Account for October was not available due to the early November District Board of Health meeting.

I would be happy to answer any questions of the Board during the meeting or you may contact me directly at 328-2417.

Eileen Stickney
Administrative Health Services Officer

Enclosure

Washoe County Health District
REVENUE
Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422503 Environmental Permits	51,500.00	15,981.00	35,519.00	31	46,900.00	14,972.00	31,928.00	32
422504 Pool Permits	68,000.00	9,561.00	58,439.00	14	63,000.00	9,018.00	53,982.00	14
422505 RV Permits	10,500.00	3,260.00	7,240.00	31	9,700.00	2,872.00	6,828.00	30
422507 Food Service Permits	369,000.00	121,979.00	247,021.00	33	342,000.00	100,715.00	241,285.00	29
422508 Wat Well Const Perm	20,000.00	11,312.00	8,688.00	57	27,000.00	4,701.00	22,299.00	17
422509 Water Company Permits	2,500.00	261.00	2,239.00	10	3,500.00	702.00	2,798.00	20
422510 Air Pollution Permits	448,037.00	138,825.75	309,211.25	31	370,485.00	88,542.75	281,942.25	24
422511 ISDS Permits	49,000.00	19,122.00	29,878.00	39	47,000.00	21,406.00	25,594.00	46
422513 Special Event Permits	79,000.00	37,016.00	41,984.00	47	74,000.00	39,061.00	34,939.00	53
422514 Initial Applic Fee	27,000.00	9,786.00	17,214.00	36	25,000.00	7,130.00	17,870.00	29
* Licenses and Permits	1,124,537.00	367,103.75	757,433.25	33	1,008,585.00	289,119.75	719,465.25	29
431100 Federal Grants	5,410,086.51	920,898.77	4,489,187.74	17	6,249,019.10	1,318,763.81	4,930,265.29	21
431105 Federal Grants - Indirect	69,599.00	15,078.68	54,520.32	22	38,708.00	41,360.97	2,652.97	107
432100 State Grants	99,857.00	23,821.97	76,035.03	24	458,327.00	25,772.30	432,554.70	6
432310 Tire Fee NRS 444A.090	418,766.00	115,359.18	303,406.82	28	452,000.00	222,991.65	229,008.35	49
432311 Pol Ctr/ 455B.830	300,000.00	79,864.00	220,136.00	27	297,006.07	79,550.00	217,456.07	27
* Intergovernmental	6,298,308.51	1,155,022.60	5,143,285.91	18	7,495,060.17	1,688,428.73	5,806,631.44	23
460500 Other Immunizations	89,000.00	24,551.00	64,449.00	28	89,000.00	27,003.73	61,996.27	30
460501 Medicaid Clinical Services	36,200.00	44.46	36,244.46	0	40,300.00	12,531.58	27,768.42	31
460503 Childhood Immunizations	30,000.00	7,759.00	22,241.00	26	59,000.00	12,851.54	46,148.46	22
460508 Tuberculosis	4,100.00	1,632.21	2,467.79	40	6,250.00	1,272.09	4,977.91	20
460510 IT Overlay	113,400.00	40,790.00	72,610.00	36	96,800.00	29,808.00	66,992.00	31
460511 Birth and Death Certificates	400,000.00	156,823.00	243,177.00	39	280,000.00	143,263.00	136,737.00	51
460512 Duplication Service Fees		8.00	8.00			6.70	6.70	
460513 Other Health Service Charges	2,700.00	2,068.00	632.00	77	2,700.00	394.00	2,306.00	15
460514 Food Service Certification	13,900.00	5,511.00	8,389.00	40	9,000.00	5,203.00	3,797.00	58
460515 Medicare Reimbursement					300.00		300.00	
460516 Pgm Inc-3rd Prty Rec	2,250.00		2,250.00		4,750.00	8,163.93	3,413.93	172
460517 Influenza Immunization	7,000.00	1,433.00	5,567.00	20	7,000.00	1,577.00	5,423.00	23
460518 STD Fees	23,000.00	7,714.85	15,285.15	34	28,000.00	7,685.58	20,314.42	27
460520 Eng Serv Health	44,000.00	9,437.00	34,563.00	21	42,000.00	9,943.00	32,057.00	24
460521 Plan Review - Pools & Spas	2,500.00	530.00	1,970.00	21	2,500.00	1,907.00	593.00	76
460523 Plan Review - Food Services	17,000.00	8,941.00	8,059.00	53	17,000.00	5,873.00	11,127.00	35
460524 Family Planning	44,000.00	10,187.39	33,812.61	23	44,000.00	10,478.62	33,521.38	24
460525 Plan Review - Vector	30,000.00	13,051.00	16,949.00	44	24,000.00	9,620.00	14,380.00	40
460526 Plan Review-Air Quality	40,000.00	10,969.00	29,031.00	27	25,000.00	11,008.00	13,992.00	44
460527 NOE-AQM	100,000.00	31,174.00	68,826.00	31	76,000.00	34,608.00	41,392.00	46
460528 NESHAP-AQM	84,000.00	20,786.00	63,214.00	25	66,000.00	24,374.00	41,626.00	37
460529 Assessments-AQM	41,000.00	16,789.00	24,211.00	41	28,000.00	12,978.00	15,022.00	46
460530 Inspector Registr-AQ	2,600.00	2,838.00	238.00	109	3,115.00	2,670.00	445.00	86
460531 Dust Plan-Air Quality	95,000.00	35,494.00	59,506.00	37	165,000.00	35,940.00	129,060.00	22
460532 Plan Rvw Hotel/Motel		322.00	322.00					
460533 Quick Start						87.00	87.00	
460534 Child Care Inspection	8,500.00	3,172.00	5,328.00	37	8,000.00	2,967.00	5,033.00	37
460535 Pub Accomod inspectn	17,300.00	5,402.00	11,898.00	31	16,000.00	4,865.00	11,135.00	30
460570 Education Revenue	5,700.00	287.00	5,413.00	5	13,400.00	2,710.00	10,690.00	20
* Charges for Services	1,253,150.00	417,624.99	835,525.01	33	1,153,115.00	419,788.77	733,326.23	36
484050 Donations Federal Pgm Income	41,934.00	14,187.82	27,746.18	34	41,450.00	15,768.37	25,681.63	38

Washoe County Health District
 REVENUE
 Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
484195 Non-Govtl Grants					5,000.00-		5,000.00-	
485100 Reimbursements		45.00-	45.00			150.00-	150.00	
485121 Jury Reimbursements		42.45-	42.45		805,650.00-		805,650.00-	
485300 Other Misc Govt Rev	41,934.00-	14,275.27-	27,658.73-	34	852,100.00-	15,918.37-	836,181.63-	2
* Miscellaneous	8,717,929.51-	1,954,026.61-	6,763,902.90-	22	10,508,860.17-	2,413,255.62-	8,095,604.55-	23
** Revenue								

Washoe County Health District
EXPENSE
Periods 1-4, FY13

Account	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
701110 Base Salaries	9,412,433.37	2,931,726.08	6,480,707.29	31	9,478,553.73	2,921,584.77	6,556,968.96	31
701120 Part Time	507,714.89	176,531.78	331,183.11	35	542,290.09	182,222.77	360,067.32	34
701130 Pooled Positions	441,368.86	149,314.58	292,054.28	34	425,879.50	126,425.52	299,453.98	30
701140 Holiday Work	1,450.00	1,103.63	346.37	76	1,200.00	985.16	214.84	82
701200 Incentive Longevity	161,762.00	494.22	161,267.78	0	162,380.00	1,474.60	160,905.40	1
701300 Overtime	50,825.11	20,257.92	30,567.19	40	57,406.25	20,297.04	37,109.21	35
701406 Standby Pay						5,427.32	5,427.32	
701408 Call Back	1,000.00	99.98	900.02	10	3,000.00	376.24	2,623.76	13
701412 Salary Adjustment	10,479.54		10,479.54		101,818.78		101,818.78	
701413 Vac Payoff/Sick Pay-Term		25,885.01	25,885.01			98,236.41	98,236.41	
701417 Comp Time		16,569.07	16,569.07			13,896.47	13,896.47	
701419 Comp Time - Transfer		9,723.83	9,723.83					
701500 Merit Awards								
* Salaries and Wages	10,587,033.77	3,331,706.10	7,255,327.67	31	92,818.62		92,818.62	
705110 Group Insurance	1,443,538.10	453,205.94	990,332.16	31	10,679,709.73	3,370,926.30	7,308,783.43	32
705199 Lab.Cost Sav-Benef					1,489,390.16	457,248.27	1,032,141.89	31
705210 Retirement	2,388,527.05	735,818.80	1,652,708.25	31	2,366,170.12	727,867.10	1,638,303.02	31
705215 Retirement Calculation					355,282.00	997.20	354,284.80	0
705230 Medicare April 1986	137,467.64	44,891.86	92,575.78	33	137,288.33	44,213.83	93,074.50	32
705320 Workmens Comp	63,932.41	21,310.88	42,621.53	33	63,088.76	25,783.24	37,305.52	41
705330 Unemply Comp	15,533.45	15,533.45		100	14,892.40		14,892.40	
705360 Benefit Adjustment					11,708.00		11,708.00	
* Employee Benefits	4,048,998.65	1,270,760.93	2,778,237.72	31	4,437,819.77	1,254,671.64	3,183,148.13	28
710100 Professional Services	759,517.38	198,388.42	561,128.96	26	1,126,661.42	36,340.59	1,090,320.83	3
710105 Medical Services	9,264.00	1,565.50	7,698.50	17	8,914.00	757.00	8,157.00	8
710108 MD Consultants	46,900.00	12,237.50	34,662.50	26	60,900.00	12,325.00	48,575.00	20
710110 Contracted/Temp Services	81,000.00	7,385.83	73,614.17	9	89,365.00	8,689.76	80,675.24	10
710119 Subrecipient Payments					186,242.00	37,639.59	148,602.41	20
710200 Service Contract	105,243.00	35,774.58	69,468.42	34	69,433.00	51,214.59	18,218.41	74
710205 Repairs and Maintenance	20,541.91	2,537.53	18,004.38	12	19,940.00	2,121.85	17,818.15	11
710210 Software Maintenance	16,200.00	13,920.00	2,280.00	86	12,000.00	9,000.00	3,000.00	75
710300 Operating Supplies	129,840.55	27,616.65	102,223.90	21	158,652.00	53,976.02	104,675.98	34
710302 Small Tools & Allow	3,685.00		3,685.00		1,685.00		1,685.00	
710308 Animal Supplies	2,000.00	343.91	1,656.09	17	2,000.00	323.75	1,676.25	16
710319 Chemical Supplies	231,950.00	231,816.20	133.80	100	281,950.00	265,391.74	16,558.26	94
710325 Signs and Markers								
710334 Copy Machine Expense	28,096.89	7,382.74	20,714.15	26	29,324.89	1,336.50	1,336.50	
710350 Office Supplies	40,920.01	11,624.99	29,295.02	28	44,277.01	7,006.41	22,318.48	24
710355 Books and Subscriptions	7,709.00	1,262.87	6,446.13	16	7,684.00	13,930.96	30,346.05	31
710360 Postage	21,340.00	5,734.17	15,605.83	27	21,085.00	2,720.81	4,963.19	35
710361 Express and Courier	610.75	281.61	329.14	46	780.00	88.38	15,276.10	28
710391 Fuel & Lube	100.00		100.00		100.00		100.00	11
710500 Other Expense	42,223.51	4,666.58	37,556.93	11	28,331.31	5,208.04	23,123.27	18
710502 Printing	26,645.00	4,708.86	21,936.14	18	17,557.00	3,350.15	14,206.85	19
710503 Licenses & Permits	8,870.00	3,447.39	5,422.61	39	8,540.00	2,091.00	6,449.00	24
710505 Rental Equipment	3,324.00	665.00	2,659.00	20	2,300.00	396.00	1,904.00	17
710506 Dept Insurance Deductible		302.58	302.58			150.00	150.00	
710507 Network and Data Lines	6,240.00	3,607.42	2,632.58	58	5,960.00	4,211.38	1,748.62	71

Washoe County Health District
EXPENSE
Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Acct%	2012 Plan	2012 Actual	Balance	Acct%
710508 Telephone Land Lines	45,215.00	12,303.90	32,911.10	27	46,189.00	12,409.54	33,779.46	27
710509 Seminars and Meetings	31,770.00	9,390.50	22,379.50	30	33,040.00	10,481.00	22,559.00	32
710512 Auto Expense	19,368.00	4,662.87	14,705.13	24	23,268.00	4,574.89	18,693.11	20
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50				
710519 Cellular Phone	15,790.00	3,801.17	11,988.83	24	17,240.00	3,960.38	13,279.62	23
710529 Dues	11,176.00	4,796.00	6,380.00	43	6,886.00	2,043.00	4,843.00	30
710535 Credit Card Fees	11,455.00	3,995.19	7,459.81	35	10,495.00	3,370.78	7,124.22	32
710546 Advertising	44,728.86	12,288.00	32,440.86	27	42,465.52	42,415.38	50.14	100
710551 Cash Discounts Lost		14.17	14.17			15.59	15.59	
710552 Moving Costs						1,046.14	1,046.14	
710577 Uniforms & Special Clothing	3,000.00	2,215.97	784.03	74	3,150.00		3,150.00	
710585 Undesignated Budget	15,300.00		15,300.00		923,058.00		923,058.00	
710600 LT Lease-Office Space	113,439.00	37,773.76	75,665.24	33	113,439.00	46,709.25	66,729.75	41
710703 Biologicals	223,816.98	57,781.34	166,035.64	26	242,794.79	40,333.85	202,460.94	17
710714 Referral Services					9,040.00		9,040.00	
710721 Outpatient	110,399.15	21,450.32	88,948.83	19	97,399.00	2,265.92	95,133.08	2
710872 Food Purchases	7,250.00	1,122.28	6,127.72	15	3,726.00	194.26	3,531.74	5
711010 Utilities	2,880.00		2,880.00		3,483.00		3,483.00	
711100 ESD Asset Management	17,040.00	5,520.00	11,520.00	32	17,160.00	6,084.00	11,076.00	35
711113 Equip Srv Replace	25,938.64	8,940.88	16,997.76	34	44,139.00	15,323.22	28,815.78	35
711114 Equip Srv O & M	42,163.13	16,262.75	25,900.38	39	57,849.02	16,938.60	40,910.42	29
711115 Equip Srv Motor Pool	16,741.00		16,741.00			5,778.64	5,778.64	
711117 ESD Fuel Charge	51,253.35	22,248.82	29,004.53	43	48,768.76	20,972.13	27,796.63	43
711119 Prop & Liab Billings	80,283.41	26,761.12	53,522.29	33	77,036.32	25,678.76	51,357.56	33
711210 Travel	186,672.25	25,210.86	161,461.39	14	163,845.00	21,521.83	142,323.17	13
711300 Cash Over Short						3.00	3.00	
711400 Overhead - General Fund	2,553,372.00		2,553,372.00					
711502 Build Imp nonCapital	105,441.08	114,903.57	9,462.49	109	66,984.98	127.00	127.00	109
* 711504 Equipment nonCapital	5,338,633.85	972,673.80	4,365,960.05	18	4,235,138.02	72,947.79	5,962.81	21
* Services and Supplies	364,770.01	159,982.00	204,788.01	44	529,183.12	262,214.75	3,355,870.65	50
* Capital Outlay	364,770.01	159,982.00	204,788.01	44	529,183.12	262,214.75	266,968.37	50
** Expenses	20,339,436.28	5,735,122.83	14,604,313.45	28	19,881,850.64	5,767,080.06	14,114,770.58	29
* 621001 Transfer From General	8,623,891.00		8,623,891.00		7,250,850.00		7,250,850.00	
* Transfers In	8,623,891.00		8,623,891.00		7,250,850.00		7,250,850.00	
** Other Financing Src/Use	8,623,891.00		8,623,891.00		7,250,850.00		7,250,850.00	
*** Total	2,997,615.77	3,781,096.22	783,480.45	126	2,122,140.47	3,353,824.44	1,231,683.97	158

Washoe County Health District
Administrative Health Services
Periods 1-4, FY13

Account	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	1,109,658.25-	277,804.41-	831,853.84-	25	1,191,109.00-	325,284.69-	865,824.31-	27
* 431105 Federal Grants - Indirect						28,103.25-	28,103.25	
* Intergovernmental	1,109,658.25-	277,804.41-	831,853.84-	25	1,191,109.00-	353,387.94-	837,721.06-	30
460511 Birth and Death Certificates						310.00	310.00-	
460512 Duplication Service Fees		5.00-	5.00					
* Charges for Services		5.00-						
** Revenue		5.00-						
701110 Base Salaries	1,109,658.25-	277,809.41-	831,848.84-	25	1,191,109.00-	310.00	310.00-	30
701130 Pooled Positions	1,587,759.85	515,260.60	1,072,499.25	32	1,600,778.33	523,265.53	1,077,512.80	33
701200 Incentive/Longevity	5,000.00	7,879.48	2,879.48-	158	24,125.42	7,409.67	16,715.75	31
701300 Overtime	30,755.00	57.70	30,697.30	0	30,500.00	490.38	30,009.62	2
701300 Overtime	1,200.00	839.68	360.32	70	2,000.00	763.88	1,236.12	38
701412 Salary Adjustment	10,554.54		10,554.54		58,579.12		58,579.12	
701413 Vac Payoff/Sick Pay-Term		3,173.40	3,173.40-			388.28	388.28-	
701417 Comp Time		18.92	18.92-			0.48	0.48-	
* Salaries and Wages	1,635,269.39	527,229.78	1,108,039.61	32	1,715,982.87	532,318.22	1,183,664.65	31
705110 Group Insurance	254,302.59	81,446.93	172,855.66	32	261,042.78	85,447.88	175,594.90	33
705199 Lab Cost Sav-Benef						292.60-	292.60	
705210 Retirement	384,397.43	122,374.07	262,023.36	32	385,686.97	122,686.38	263,000.59	32
705215 Retirement Calculation					355,282.00		355,282.00	
705230 Medicare April 1986	22,639.74	7,295.64	15,344.10	32	22,872.08	7,387.97	15,484.11	32
705320 Workmen's Comp	11,339.00	3,779.68	7,559.32	33	11,830.05	3,943.36	7,886.69	33
705330 Unemply Comp	2,755.00	2,755.00		100	2,794.50		2,794.50	
* Employee Benefits	675,433.76	217,651.32	457,782.44	32	1,039,508.38	219,172.99	820,335.39	21
710100 Professional Services	1,500.00	19,021.56	17,521.56-	1,268	1,500.00	210.00	1,290.00	14
710105 Medical Services	350.00	26.00	324.00	7	350.00		350.00	
710200 Service Contract	1,500.00		1,500.00		1,500.00	1.96	1,498.04	0
710205 Repairs and Maintenance	400.00	80.00	320.00	20	400.00		400.00	
710300 Operating Supplies	9,100.00	4,107.61	4,992.39	45	17,251.00	16,014.84	1,236.16	93
710334 Copy Machine Expense	4,500.00	1,826.80	2,673.20	41	5,500.00	1,829.44	3,670.56	33
710350 Office Supplies	8,500.00	3,859.33	4,640.67	45	11,700.00	6,429.21	5,270.79	55
710355 Books and Subscriptions	1,000.00	24.94	975.06	2	1,000.00	787.00	213.00	79
710360 Postage	1,125.00	345.81	779.19	31	1,125.00	228.63	896.37	20
710361 Express and Courier	100.00	13.59	86.41	14	100.00		100.00	
710500 Other Expense	1,600.00	284.90	1,315.10	18	1,600.00	313.90	1,286.10	20
710502 Printing	2,050.00	313.88	1,736.12	15	2,050.00	504.39	1,545.61	25
710503 Licenses & Permits	2,340.00	446.00	1,894.00	19	2,340.00	1,806.00	534.00	77
710507 Network and Data Lines	630.00	154.21	475.79	24	630.00	159.96	470.04	25
710508 Telephone Land Lines	10,080.00	2,568.47	7,511.53	25	11,080.00	2,560.52	8,519.48	23
710509 Seminars and Meetings	5,300.00	1,578.50	3,721.50	30	5,900.00	1,581.00	4,319.00	27
710512 Auto Expense	2,900.00	846.52	2,053.48	29	2,900.00	919.47	1,980.53	32
710519 Cellular Phone	1,470.00	538.34	931.66	37	1,470.00	688.23	771.77	47
710529 Dues	2,850.00	2,565.00	285.00	90	2,850.00	1,045.00	1,805.00	37
710546 Advertising	150.00		150.00		150.00		150.00	
710552 Moving Costs						1,046.14	1,046.14-	
710600 LT Lease-Office Space	71,788.00	24,293.76	47,494.24	34	71,788.00	29,859.25	41,928.75	42
710872 Food Purchases	150.00		150.00		150.00		150.00	

Washoe County Health District
 Administrative Health Services
 Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
711010 Utilities	1,000.00		1,000.00		1,000.00		1,000.00	
711100 ESD Asset Management		24.00	24.00-		312.00	104.00	208.00	33
711114 Equip Srv O & M		128.39	128.39-		767.04	247.80	519.24	32
711115 Equip Srv Motor Pool						50.00	50.00-	
711117 ESD Fuel Charge		93.25	93.25-		557.28	286.27	271.01	51
711119 Prop & Liab Billings	14,239.00	4,746.36	9,492.64	33	14,500.35	4,833.44	9,666.91	33
711210 Travel	13,500.00	1,709.37	11,790.63	13	13,500.00	2,574.02	10,925.98	19
711300 Cash Over Short						3.00-	3.00	
711504 Equipment nonCapital	1,500.00	2,765.05	1,265.05-	184	1,500.00	23,515.57	22,015.57-	1,568
* Services and Supplies	159,622.00	72,361.64	87,260.36	45	175,470.67	97,603.04	77,867.63	56
** Expenses	2,470,325.15	817,242.74	1,653,082.41	33	2,930,961.92	849,094.25	2,081,867.67	29
*** Total	1,360,666.90	539,433.33	821,233.57	40	1,739,852.92	496,016.31	1,243,836.61	29

Washoe County Health District
Air Quality Management
Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422510 Air Pollution Permits	448,037.00-	138,825.75-	309,211.25-	31	370,485.00-	88,542.75-	281,942.25-	24
* Licenses and Permits	448,037.00-	138,825.75-	309,211.25-	31	370,485.00-	88,542.75-	281,942.25-	24
431100 Federal Grants	912,531.00-		912,531.00-		863,531.00-	97,408.93-	766,122.07-	11
431105 Federal Grants - Indirect	30,224.00-		30,224.00-			4,324.07-	4,324.07-	
432100 State Grants					230,000.00-		230,000.00-	
432311 Pol.Ctrl.455B:830	300,000.00-	79,864.00-	220,136.00-	27	297,006.07-	79,550.00-	217,456.07-	27
* Intergovernmental	1,242,755.00-	79,864.00-	1,162,891.00-	6	1,390,537.07-	181,283.00-	1,209,254.07-	13
460526 Plan Review-Air Quality	40,000.00-	10,969.00-	29,031.00-	27	25,000.00-	11,008.00-	13,992.00-	44
460527 NOE-AQM	100,000.00-	31,174.00-	68,826.00-	31	76,000.00-	34,608.00-	41,392.00-	46
460528 NESHAP-AQM	84,000.00-	20,786.00-	63,214.00-	25	66,000.00-	24,374.00-	41,626.00-	37
460529 Assessments-AQM	41,000.00-	16,789.00-	24,211.00-	41	28,000.00-	12,978.00-	15,022.00-	46
460530 Inspector Registr-AQ	2,600.00-	2,638.00-	238.00	109	3,115.00-	2,670.00-	445.00-	86
460531 Dust Plan-Air Quality	95,000.00-	35,494.00-	59,506.00-	37	165,000.00-	35,940.00-	129,060.00-	22
* Charges for Services	362,600.00-	118,050.00-	244,550.00-	33	363,115.00-	121,578.00-	241,537.00-	33
485100 Reimbursements						150.00-	150.00-	
485300 Other Misc Govt Rev		14.56-	14.56					
* Miscellaneous		14.56-	14.56					
** Revenue	2,053,392.00-	336,754.31-	1,716,637.69-	16	2,124,137.07-	391,553.75-	1,732,583.32-	18
701110 Base Salaries	1,345,462.49	418,511.16	926,951.33	31	1,292,212.29	372,046.74	920,165.55	29
701130 Pooled Positions	85,151.68	3,999.13	81,152.55	5	28,000.00	2,927.57	25,072.43	10
701140 Holiday Work	250.00	87.14	162.86	35				
701200 Incentive Longevity	19,210.00		19,210.00		22,400.00	281.54	22,148.46	1
701300 Overtime	10,045.11	1,956.47	8,088.64	19	7,599.56	1,445.67	6,153.89	19
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time								
* Salaries and Wages	1,460,119.28	424,553.90	1,035,565.38	29	1,350,211.85	420,614.47	929,597.38	31
705110 Group Insurance	172,127.11	51,508.59	120,618.52	30	177,040.72	50,783.60	126,257.12	29
705199 Lab Cost Sav-Benef						267.60-	267.60-	
705210 Retirement	324,109.95	99,346.08	224,763.87	31	305,689.98	87,158.70	218,511.28	29
705230 Medicare April 1986	19,385.69	5,951.91	13,433.78	31	18,443.93	5,558.46	12,885.47	30
705320 Workmens Comp	7,585.40	2,528.48	5,056.92	33	7,543.80	2,514.60	5,029.20	33
705330 Unemply Comp	1,843.00	1,843.00		100	1,782.00		1,782.00	
* Employee Benefits	525,051.15	161,178.06	363,873.09	31	510,480.43	145,747.76	364,732.67	29
710100 Professional Services	245,103.78	90,590.66	154,513.12	37	298,767.94	11,217.00-	309,984.94	4-
710105 Medical Services	1,416.00	1,098.00	318.00	78	1,316.00	323.50	992.50	25
710200 Service Contract	500.00		500.00		500.00		500.00	
710205 Repairs and Maintenance	10,741.91	2,101.03	8,640.88	20	11,730.00	449.01	11,280.99	4
710210 Software Maintenance	4,200.00	4,170.00	30.00	99				
710300 Operating Supplies	11,079.55	7,756.87	3,322.68	70	8,600.00	3,745.14	4,854.86	44
710334 Copy Machine Expense	4,400.00	962.51	3,437.49	22	4,400.00	1,263.02	3,136.98	29
710350 Office Supplies	4,000.00	1,341.65	2,658.35	34	4,000.00	1,432.45	2,567.55	36
710355 Books and Subscriptions	224.00	334.13	110.13-	149	224.00	224.37	0.37-	100
710360 Postage	2,900.00	951.67	1,948.33	33	2,900.00	972.71	1,927.29	34
710361 Express and Courier	80.75	191.50	110.75-	237	175.00	41.83	133.17	24
710500 Other Expense	100.00	50.00	50.00	50	100.00	2,957.82	2,857.82-	2,958
710502 Printing	800.00	532.42	267.58	67	800.00	156.29	643.71	20

Washoe County Health District
 Air Quality Management
 Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710503 Licenses & Permits	135.00	232.39	97.39-	172	135.00		135.00	
710505 Rental Equipment	1,800.00	1,795.00	1,800.00		1,800.00		1,800.00	
710507 Network and Data Lines	6,500.00	1,426.55	1,795.00-	22	6,500.00	1,845.00	1,845.00-	21
710508 Telephone Land Lines	3,005.00	914.00	5,073.45	30	5,000.00	1,388.09	5,111.91	6
710509 Seminars and Meetings	1,000.00	156.52	2,091.00	16	1,000.00	300.00	4,700.00	17
710512 Auto Expense	4,700.00	1,022.36	843.48	22	4,700.00	166.53	833.47	24
710519 Cellular Phone	4,435.00	740.00	3,677.64	17	4,350.00	1,114.83	3,585.17	
710529 Dues	1,600.00	823.97	3,695.00	51	1,500.00	592.12	435.00	39
710535 Credit Card Fees	1,000.00	12,288.00	776.03	1,229	1,000.00	23,306.36	907.88	2,331
710546 Advertising	1,100.00	2,215.97	11,288.00-	201	1,100.00		22,306.36-	
710577 Uniforms & Special Clothing	2,592.00	864.00	1,115.97-	33	2,808.00	936.00	1,100.00	33
711100 ESD Asset Management	8,499.58	3,174.34	1,728.00	37	13,719.96	4,973.10	8,746.86	36
711113 Equip Srv Replace	10,394.74	3,267.78	5,325.24	31	12,963.22	2,922.99	10,040.23	23
711114 Equip Srv O & M	10,687.05	4,020.88	7,116.96	38	10,520.54	4,226.86	6,293.68	40
711117 ESD Fuel Charge	9,525.40	3,175.12	6,666.17	33	9,246.60	3,082.20	6,164.40	33
711119 Prop & Liab Billings	26,088.25	8,266.82	17,821.43	32	31,000.00	492.25	30,507.75	2
711210 Travel	33,117.08	64,753.29	31,636.21-	196	24,000.00	24,391.86	391.86-	102
* 711504 Equipment nonCapital	411,715.09	219,217.43	192,497.66	53	460,941.26	70,087.33	390,853.93	15
* Services and Supplies	322,770.01	158,632.00	164,138.01	49	330,432.00	116,338.60	214,093.40	35
* 781004 Equipment Capital	322,770.01	158,632.00	164,138.01	49	330,432.00	116,338.60	214,093.40	35
** Capital Outlay	2,719,655.53	963,581.39	1,756,074.14	35	2,652,065.54	752,788.16	1,899,277.38	28
*** Total	666,263.53	626,827.08	39,436.45	94	527,928.47	361,234.41	166,694.06	68

Washoe County Health District
Community and Clinical Health Services
Periods 1-4, FY13

Account	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	2,073,875.53-	247,638.31-	1,826,237.22-	12	2,361,625.00-	423,112.20-	1,938,512.80-	18
431105 Federal Grants - Indirect	15,300.00-	3,612.73-	11,687.27-	24		2,107.91-	2,107.91-	
432100 State Grants	24,857.00-	4,821.97-	20,035.03-	19	153,327.00-	7,022.30-	146,304.70-	5
* Intergovernmental	2,114,032.53-	256,073.01-	1,857,959.52-	12	2,514,952.00-	432,242.41-	2,082,709.59-	17
460500 Other Immunizations	89,000.00-	24,551.00-	64,449.00-	28	89,000.00-	27,003.73-	61,996.27-	30
460501 Medicaid Clinical Services	36,200.00-	44.46	36,244.46-	0-	40,300.00-	12,531.58-	27,768.42-	31
460503 Childhood Immunizations	30,000.00-	7,759.00-	22,241.00-	26	59,000.00-	12,851.54-	46,148.46-	22
460508 Tuberculosis	4,100.00-	1,632.21-	2,467.79-	40	6,250.00-	1,272.09-	4,977.91-	20
460515 Medicare Reimbursement					300.00-		300.00-	
460516 Pgm-Inc-3rd Pfty Rec	2,250.00-		2,250.00-		4,750.00-	8,163.93-	3,413.93	172
460517 Influenza Immunization	7,000.00-	1,433.00-	5,567.00-	20	7,000.00-	1,577.00-	5,423.00-	23
460518 STD Fees	23,000.00-	7,714.85-	15,285.15-	34	28,000.00-	7,685.58-	20,314.42-	27
460524 Family Planning	44,000.00-	10,187.39-	33,812.61-	23	44,000.00-	10,478.62-	33,521.38-	24
460570 Education Revenue	4,500.00-	177.00-	4,323.00-	4	11,000.00-	2,030.00-	8,970.00-	18
* Charges for Services	240,050.00-	53,409.99-	186,640.01-	22	289,600.00-	83,594.07-	206,005.93-	29
484050 Donations Federal Pgm Income	41,934.00-	14,187.82-	27,746.18-	34	41,450.00-	15,768.37-	25,681.63-	38
484195 Non-Govtl Grants					5,000.00-		5,000.00-	
485300 Other Misc Govt Rev		27.89-	27.89-					
* Miscellaneous	41,934.00-	14,215.71-	27,718.29-	34	46,450.00-	15,768.37-	30,681.63-	34
** Revenue	2,396,016.53-	323,698.71-	2,072,317.82-	14	2,851,002.00-	531,604.85-	2,319,397.15-	19
701110 Base Salaries	2,237,201.94	690,255.80	1,546,946.14	31	2,290,226.58	706,212.72	1,584,013.86	31
701120 Part Time	483,562.32	168,193.67	315,368.65	35	518,071.35	174,382.81	343,688.54	34
701130 Pooled Positions	175,944.41	76,925.01	99,019.40	44	240,007.08	58,819.11	181,187.97	25
701140 Holiday Work		108.90	108.90-					
701200 Incentive Longevity	48,012.00	148.06	47,863.94	0	44,097.00	46.16	44,050.84	0
701300 Overtime	1,280.00	279.23	1,000.77	22	8,606.69	21.75-	8,628.44	0-
701412 Salary Adjustment	75.00-		75.00-		5,998.39		5,998.39	
701413 Vac Payoff/Sick Pay-Term		6,513.33	6,513.33-			9,289.66	9,289.66-	
701417 Comp Time		7,024.55	7,024.55-			2,423.57	2,423.57-	
701419 Comp Time - Transfer		9,723.83	9,723.83-					
* Salaries and Wages	2,945,925.67	959,172.38	1,986,753.29	33	3,107,007.09	951,152.28	2,155,854.81	31
705110 Group Insurance	433,968.28	136,748.05	297,220.23	32	433,145.91	123,574.99	309,570.92	29
705199 Lab Cost Sav-Benef						292.60-	292.60	
705210 Retirement	657,442.56	203,539.84	453,902.72	31	670,286.51	207,498.76	462,787.75	31
705230 Medicare-April 1986	36,495.75	12,667.31	23,828.44	35	37,606.78	12,046.25	25,560.53	32
705320 Workmens Comp	18,435.65	6,145.20	12,290.45	33	17,766.03	10,675.60	7,090.43	60
705330 Unemploy Comp	4,479.25	4,479.25	4,479.25	100	4,196.70		4,196.70	
* Employee Benefits	1,150,821.49	363,579.65	787,241.84	32	1,163,001.93	353,503.00	809,498.93	30
710100 Professional Services	75,150.71	11,151.26	63,999.45	15	160,510.33	12,990.40	147,519.93	8
710105 Medical Services	850.00	331.50	518.50	39	600.00	14.00	586.00	2
710108 MD Consultants	46,900.00	12,237.50	34,662.50	26	46,900.00	10,325.00	38,575.00	21
710110 Contracted/Temp Services	1,000.00		1,000.00		2,555.00	2,355.85	199.15	92
710119 Subrecipient Payments					186,242.00	37,639.59	148,602.41	20
710200 Service Contract	6,048.00	2,505.42	3,542.58	41	4,938.00	2,407.78	2,530.22	49
710205 Repairs and Maintenance	3,800.00	127.50	3,672.50	3	5,710.00	1,017.89	4,692.11	18
710300 Operating Supplies	76,719.00	11,674.59	65,044.41	15	76,784.00	26,749.50	50,034.50	35

Washoe County Health District
Community and Clinical Health Services
Periods 1-4, FY13

Account	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710334 Copy Machine Expense	13,847.00	3,443.36	10,403.64	25	13,775.00	2,838.91	10,936.09	21
710350 Office Supplies	13,520.01	2,484.35	11,035.66	18	11,877.01	1,553.95	10,323.06	13
710355 Books and Subscriptions	2,060.00	435.90	1,624.10	21	1,200.00	630.00	570.00	53
710360 Postage	4,490.00	1,176.97	3,313.03	26	4,740.00	1,483.24	3,256.76	31
710361 Express and Courier	245.00	71.00	174.00	29	320.00	35.99	284.01	11
710500 Other Expense	30,602.51	4,173.88	26,428.63	14	18,990.31	1,632.32	17,357.99	9
710502 Printing	9,675.00	3,215.69	6,459.31	33	6,277.00	1,256.40	5,020.60	20
710503 Licenses & Permits	3,555.00	2,769.00	786.00	78	3,325.00	285.00	3,040.00	9
710506 Dept Insurance Deductible		152.58	152.58					
710507 Network and Data Lines	2,560.00	1,058.87	1,501.13	41	2,280.00	1,246.66	1,033.34	55
710508 Telephone Land Lines	13,975.00	3,980.86	9,994.14	28	13,394.00	4,048.12	9,345.88	30
710509 Seminars and Meetings	4,750.00	3,147.00	1,603.00	66	6,600.00	2,750.00	3,850.00	42
710512 Auto Expense	13,318.00	2,999.22	10,318.78	23	13,043.00	2,766.30	10,276.70	21
710519 Cellular Phone	540.00	54.49	485.51	10	540.00	119.96	420.04	22
710529 Dues	1,350.00	749.00	601.00	55	1,350.00	300.00	1,050.00	22
710535 Credit Card Fees	3,245.00	799.35	2,445.65	25	3,730.00	878.62	2,851.38	24
710546 Advertising	34,903.86		34,903.86		37,390.52	17,240.99	20,149.53	46
710577 Uniforms & Special Clothing	200.00		200.00		350.00		350.00	
710585 Undesignated Budget	15,300.00		15,300.00					
710703 Biologicals	220,396.19	57,781.34	162,614.85	26	239,040.00	40,091.85	198,948.15	17
710714 Referral Services					9,040.00		9,040.00	
710721 Outpatient	108,264.15	20,390.88	87,873.27	19	95,264.00	2,224.72	93,039.28	2
710872 Food Purchases	6,550.00	951.44	5,598.56	15	3,026.00	149.37	2,876.63	5
711010 Utilities	1,700.00		1,700.00		2,303.00		2,303.00	
711100 ESD Asset Management	288.00	72.00	216.00	25				
711114 Equip Srv O & M	550.44	133.15	417.29	24				
711115 Equip Srv Motor Pool						132.50	132.50	
711117 ESD Fuel Charge	711.35	212.24	499.11	30				
711119 Prop & Liab Billings	23,150.65	7,716.84	15,433.81	33	21,776.21	7,258.72	14,517.49	33
711210 Travel	28,184.00	3,829.84	24,354.16	14	27,781.00	4,640.76	23,140.24	17
711504 Equipment nonCapital	6,530.00	189.00	6,341.00	3	13,093.00		13,093.00	
* Services and Supplies	774,928.87	160,016.02	614,912.85	21	1,036,744.38	187,004.39	849,739.99	18
781004 Equipment Capital	17,000.00	1,350.00	15,650.00	8	20,174.00		20,174.00	
** Capital Outlay	17,000.00	1,350.00	15,650.00	8	20,174.00		20,174.00	
** Expenses	4,888,676.03	1,484,118.05	3,404,557.98	30	5,326,927.40	1,491,659.67	3,835,267.73	28
*** Total	2,492,659.50	1,160,419.34	1,332,240.16	47	2,475,925.40	960,054.82	1,515,870.58	39

Washoe County Health District
 Environmental Health Service
 Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422503 Environmental Permits	51,500.00	15,981.00	35,519.00	31	46,900.00	14,972.00	31,928.00	32
422504 Pool Permits	68,000.00	9,561.00	58,439.00	14	63,000.00	9,018.00	53,982.00	14
422505 RV Permits	10,500.00	3,260.00	7,240.00	31	9,700.00	2,872.00	6,828.00	30
422507 Food Service Permits	389,000.00	121,979.00	247,021.00	33	342,000.00	100,715.00	241,285.00	29
422508 Wat Well Const Perm	20,000.00	11,312.00	8,688.00	57	27,000.00	4,701.00	22,299.00	17
422509 Water Company Permits	2,500.00	261.00	2,239.00	10	3,500.00	702.00	2,798.00	20
422511 ISDS Permits	49,000.00	19,122.00	29,878.00	39	47,000.00	21,406.00	25,594.00	46
422513 Special Event Permits	79,000.00	37,016.00	41,984.00	47	74,000.00	39,061.00	34,939.00	53
422514 Initial Applic Fee	27,000.00	9,786.00	17,214.00	36	25,000.00	7,130.00	17,870.00	29
* Licenses and Permits	676,500.00	228,278.00	448,222.00	34	638,100.00	200,577.00	437,523.00	31
431100 Federal Grants	277,000.00	70,017.64	206,982.36	25	277,000.00	69,665.66	207,334.34	25
432100 State Grants	75,000.00	19,000.00	56,000.00	25	75,000.00	18,750.00	56,250.00	25
432310 Tire Fee NRS 444A.090	418,766.00	115,359.18	303,406.82	28	452,000.00	222,991.65	229,008.35	49
* Intergovernmental	770,766.00	204,376.82	566,389.18	27	804,000.00	311,407.31	492,592.69	39
460510 IT Overlay	113,400.00	40,790.00	72,610.00	36	96,800.00	29,808.00	66,992.00	31
460512 Duplication Service Fees	2,700.00	3.00	3.00	77	2,700.00	6.70	6.70	15
460513 Other Health Service Charges	13,900.00	2,068.00	632.00	40	9,000.00	394.00	2,306.00	15
460520 Eng Serv/Health	44,000.00	5,511.00	8,389.00	21	42,000.00	5,203.00	3,797.00	58
460521 Plan Review - Pools & Spas	2,500.00	9,437.00	34,563.00	21	2,500.00	9,943.00	32,057.00	24
460523 Plan Review - Food Services	17,000.00	530.00	1,970.00	21	17,000.00	1,907.00	593.00	76
460525 Plan Review - Vector	30,000.00	8,941.00	8,059.00	53	24,000.00	5,873.00	11,127.00	35
460532 Plan Rvw Hotel/Motel	2,700.00	13,051.00	16,949.00	44	2,700.00	9,620.00	14,380.00	40
460533 Quirk Start	8,500.00	322.00	322.00	37	8,000.00	87.00	87.00	37
460534 Child Care Inspection	17,300.00	3,172.00	5,328.00	31	16,000.00	2,967.00	5,033.00	30
460570 Education Revenue	1,200.00	5,402.00	11,898.00	9	2,400.00	4,865.00	11,135.00	28
* Charges for Services	250,500.00	89,337.00	161,163.00	36	220,400.00	680.00	1,720.00	32
* Miscellaneous	1,697,766.00	45.00	45.00	31	1,662,500.00	583,338.01	1,079,161.99	35
** Revenue	3,018,372.82	522,036.82	1,175,729.18	31	2,981,274.44	949,430.53	2,031,843.91	32
701110 Base Salaries	174,772.77	938,997.46	2,079,375.36	29	103,247.00	57,167.61	46,079.39	55
701130 Pooled Positions	1,200.00	49,995.24	124,777.53	76	1,200.00	985.16	214.84	82
701140 Holiday Work	50,800.00	907.59	292.41	1	53,100.00	288.46	52,811.54	1
701200 Incentive Longevity	36,600.00	288.46	50,511.54	44	34,000.00	17,538.56	16,461.44	52
701300 Overtime	1,000.00	16,257.16	20,342.84	10	3,000.00	5,427.32	5,427.32	13
701406 Standby Pay	3,282,745.59	99.98	900.02	31	3,083,002.82	1,063,123.32	2,019,879.50	34
701408 Call Back	434,110.13	16,198.28	16,198.28	31	454,634.94	143,730.85	310,904.09	32
701413 Vac Payoff/Sick Pay-Term	728,879.94	9,525.60	9,525.60	31	709,981.00	292.60	292.60	31
701417 Comp Time	41,040.99	1,032,269.77	2,250,475.82	33	40,395.20	223,552.58	486,428.42	34
701500 Merit Awards	18,838.38	134,417.49	299,692.64	33	18,966.18	6,322.08	12,644.10	33
* Salaries and Wages	4,577.10	4,577.10	4,577.10	100	4,480.20	4,480.20	4,480.20	100
705110 Group Insurance	728,879.94	223,009.56	505,870.38	31	709,981.00	223,552.58	486,428.42	31
705199 Lab Cost Sav-Benef	41,040.99	13,676.23	27,364.76	33	40,395.20	13,585.86	26,809.34	34
705210 Retirement	18,838.38	6,279.48	12,558.90	33	18,966.18	6,322.08	12,644.10	33
705230 Medicare April 1986	4,577.10	4,577.10	4,577.10	100	4,480.20	4,480.20	4,480.20	100
705320 Workmens Comp								
705330 Unemploy Comp								

Washoe County Health District
 Environmental Health Service
 Periods 1-4, FY13

Account	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
* Employee Benefits	1,227,446.54	381,959.86	845,486.68	31	1,228,457.52	386,899.77	841,558.75	31
710100 Professional Services	325,401.67	4,860.00	320,541.67	1	490,885.57	4,750.00	486,135.57	1
710105 Medical Services	6,548.00	110.00	6,438.00	2	6,548.00	419.50	6,128.50	6
710110 Contracted/Temp Services	65,000.00	3,397.35	61,602.65	5	55,225.00	6,333.91	48,891.09	11
710200 Service Contract	95,300.00	30,704.24	64,595.76	32	60,300.00	43,863.85	16,436.15	73
710205 Repairs and Maintenance	4,600.00	229.00	4,371.00	5	1,100.00	654.95	445.05	60
710300 Operating Supplies	20,100.00	4,047.91	16,052.09	20	20,100.00	2,265.09	17,834.91	11
710302 Small Tools & Allow	3,685.00		3,685.00		1,685.00		1,685.00	
710308 Animal Supplies	2,000.00	343.91	1,656.09	17	2,000.00	323.75	1,676.25	16
710319 Chemical Supplies	231,950.00	231,816.20	133.80	100	281,950.00	265,391.74	16,558.26	94
710334 Copy Machine Expense	2,250.00	413.14	1,836.86	18	2,250.00	567.11	1,682.89	25
710350 Office Supplies	9,100.00	1,735.85	7,364.15	19	9,500.00	2,483.29	7,016.71	26
710355 Books and Subscriptions	2,400.00	244.00	2,156.00	10	2,400.00	632.95	1,767.05	26
710360 Postage	9,775.00	2,414.99	7,360.01	25	9,300.00	2,249.26	7,050.74	24
710361 Express and Courier	175.00		175.00		175.00	10.56	164.44	6
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	8,300.00	157.80	8,142.20	2	5,800.00	304.00	5,496.00	5
710502 Printing	11,525.00	529.05	10,995.95	5	4,025.00	1,033.07	2,991.93	26
710503 Licenses & Permits	2,690.00		2,690.00		2,590.00		2,590.00	
710506 Dept Insurance Deductible		150.00	150.00			150.00	150.00	
710507 Network and Data Lines	2,500.00	462.63	2,037.37	19	2,500.00	799.80	1,700.20	32
710508 Telephone Land Lines	9,710.00	2,886.17	6,823.83	30	9,375.00	2,968.44	6,406.56	32
710509 Seminars and Meetings	13,415.00	1,494.00	11,921.00	11	9,240.00	4,120.00	5,120.00	45
710512 Auto Expense	100.00	29.69	70.31	30	4,450.00	39.56	4,410.44	1
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50				
710519 Cellular Phone	6,600.00	1,471.75	5,128.25	22	7,450.00	1,517.88	5,932.12	20
710529 Dues	1,661.00	382.00	1,279.00	23	1,661.00	368.00	1,293.00	22
710535 Credit Card Fees	4,610.00	1,675.87	2,934.13	36	3,965.00	1,248.68	2,716.32	31
710546 Advertising	6,050.00		6,050.00		1,050.00	1,608.53	558.53	153
710577 Uniforms & Special Clothing	1,700.00		1,700.00		1,700.00		1,700.00	
710585 Undesignated Budget					78,700.00		78,700.00	
710600 LT Lease-Office Space	41,651.00	13,480.00	28,171.00	32	41,651.00	16,850.00	24,801.00	40
711100 ESD Asset Management	11,856.00	3,792.00	8,064.00	32	11,232.00	4,212.00	7,020.00	38
711113 Equip Srv Replace	17,061.11	5,640.54	11,420.57	33	29,926.32	10,185.88	19,740.44	34
711114 Equip Srv O & M	30,573.49	12,014.87	18,558.62	39	40,610.32	13,612.01	26,998.31	34
711115 Equip Srv Motor Pool	16,741.00		16,741.00			5,596.14	5,596.14	
711117 ESD Fuel Charge	39,776.37	17,907.89	21,868.48	45	37,533.78	16,459.00	21,074.78	44
711119 Prop & Liab Billings	23,656.38	7,885.48	15,770.90	33	23,247.26	7,749.12	15,498.14	33
711210 Travel	81,150.00	6,085.29	75,064.71	7	44,650.00	10,887.83	33,762.17	24
711504 Equipment non-Capital	62,544.00		62,544.00		9,000.00	310.25	8,689.75	3
* Services and Supplies	1,184,175.02	362,321.62	821,853.40	31	1,313,875.25	429,966.15	883,909.10	33
* Capital Outlay	25,000.00		25,000.00					
** Expenses	5,719,367.15	1,776,551.25	3,942,815.90	31	5,625,335.59	1,879,986.24	3,745,347.35	33
*** Total	4,021,601.15	1,254,514.43	2,767,086.72	31	3,962,935.59	1,296,650.23	2,666,185.36	33

Washoe County Health District
Epidemiology Public Health Preparedness
Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	1,037,021.73-	325,438.41-	711,583.32-	31	1,555,754.10-	403,282.33-	1,152,471.77-	26
431105 Federal Grants - Indirect	24,075.00-	11,465.95-	12,609.05-	48	38,708.00-	6,825.74-	31,882.26-	18
* Intergovernmental	1,061,096.73-	336,904.36-	724,192.37-	32	1,594,462.10-	410,108.07-	1,184,354.03-	26
460511 Birth and Death Certificates	400,000.00-	156,823.00-	243,177.00-	39	280,000.00-	143,573.00-	136,427.00-	51
* Charges for Services	400,000.00-	156,823.00-	243,177.00-	39	280,000.00-	143,573.00-	136,427.00-	51
** Revenue	1,461,096.73-	493,727.36-	967,369.37-	34	1,874,462.10-	553,681.07-	1,320,781.03-	30
701110 Base Salaries	1,223,636.27	368,701.06	854,935.21	30	1,314,062.09	370,629.25	943,432.84	28
701120 Part Time	24,152.57	8,338.11	15,814.46	35	24,218.74	7,839.96	16,378.78	32
701130 Pooled Positions	500.00	10,515.72	10,015.72-	2,103	30,500.00	101.56	30,398.44	0
701200 Incentive Longevity	12,985.00		12,985.00		12,283.00	398.06	11,884.94	3
701300 Overtime	1,700.00	925.38	774.62	54	5,200.00	570.68	4,629.32	11
701412 Salary Adjustment					37,241.27		37,241.27	
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time								
* Salaries and Wages	1,262,973.84	388,480.27	874,493.57	31	1,423,505.10	403,718.01	1,019,787.09	28
705110 Group Insurance	149,029.99	49,084.88	99,945.11	33	163,525.81	53,710.95	109,814.86	33
705199 Lab Cost Sav-Benef								
705210 Retirement	293,697.17	87,549.25	206,147.92	30	294,545.66	292.60-	292.60-	30
705215 Retirement Calculation								
705230 Medicare April 1986	17,905.47	5,300.77	12,604.70	30	17,970.34	5,635.29	12,335.05	31
705320 Workmens Comp	7,733.98	2,578.04	5,155.94	33	6,982.70	2,327.60	4,655.10	33
705330 Unemploy Comp	1,879.10	1,879.10		100	1,639.00		1,639.00	
705360 Benefit Adjustment					11,708.00		11,708.00	
* Employee Benefits	470,245.71	146,392.04	323,853.67	31	496,371.51	149,349.12	347,022.39	30
710100 Professional Services	112,361.22	72,764.94	39,596.28	65	174,997.58	29,667.19	145,330.39	17
710105 Medical Services	100.00		100.00		100.00		100.00	
710108 MD Consultants								
710110 Contracted/Temp Services	15,000.00	3,988.48	11,011.52	27	12,000.00	2,000.00	10,000.00	17
710200 Service Contract	1,895.00	2,564.92	669.92-	135	31,585.00	4,941.00	31,585.00	
710205 Repairs and Maintenance	1,000.00		1,000.00		2,195.00		2,746.00-	225
710210 Software Maintenance	12,000.00	9,750.00	2,250.00	81	1,000.00	9,000.00	1,000.00	75
710300 Operating Supplies	12,842.00	29.67	12,812.33	0	12,000.00	5,201.45	30,715.55	14
710325 Signs and Markers					35,917.00			
710334 Copy Machine Expense	3,099.89	736.93	2,362.96	24	3,399.89	1,336.50	1,336.50-	
710350 Office Supplies	5,800.00	2,203.81	3,596.19	38	7,200.00	507.93	2,891.96	15
710355 Books and Subscriptions	2,025.00	223.90	1,801.10	11	2,860.00	2,032.06	5,167.94	28
710360 Postage	3,050.00	844.73	2,205.27	28	3,020.00	446.49	2,413.51	16
710361 Express and Courier	10.00	5.52	4.48	55	10.00	875.06	2,144.94	29
710500 Other Expense	1,621.00		1,621.00		1,841.00		1,841.00	
710502 Printing	2,595.00	117.82	2,477.18	5	4,405.00	400.00	4,005.00	9
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	1,524.00	665.00	859.00	44	500.00	396.00	104.00	79
710507 Network and Data Lines	550.00	136.71	413.29	25	550.00	159.96	390.04	29
710508 Telephone Land Lines	4,950.00	1,441.85	3,508.15	29	5,840.00	1,444.37	4,395.63	25
710509 Seminars and Meetings	5,300.00	2,257.00	3,043.00	43	6,300.00	1,730.00	4,570.00	27
710512 Auto Expense	2,050.00	630.92	1,419.08	31	1,875.00	683.03	1,191.97	36
710519 Cellular Phone	2,480.00	714.23	1,765.77	29	3,080.00	509.48	2,570.52	17
710529 Dues	880.00	360.00	520.00	41	590.00	330.00	260.00	56

Washoe County Health District
Epidemiology Public Health Preparedness
Periods 1-4, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710535 Credit Card Fees	2,000.00	696.00	1,304.00	35	1,300.00	651.36	648.64	50
710546 Advertising	2,625.00		2,625.00		2,875.00	259.50	2,615.50	9
710585 Undesignated Budget					38,708.00		38,708.00	
710703 Biologicals	3,420.79		3,420.79		3,754.79	242.00	3,512.79	6
710721 Outpatient	2,135.00	1,059.44	1,075.56	50	2,135.00	41.20	2,093.80	2
710872 Food Purchases	550.00	170.84	379.16	31	550.00	44.89	505.11	8
711010 Utilities	180.00		180.00		180.00		180.00	
711100 ESD Asset Management	2,304.00	768.00	1,536.00	33	2,808.00	832.00	1,976.00	30
711113 Equip Srv Replace	377.95	126.00	251.95	33	492.72	164.24	328.48	33
711114 Equip Srv O & M	654.46	718.56	64.10	110	3,508.44	155.80	3,352.64	4
711117 ESD Fuel Charge	78.58	14.56	64.02	19	157.16		157.16	
711119 Prop & Liab Billings	9,711.98	3,237.32	6,474.66	33	8,265.90	2,755.28	5,510.62	33
711210 Travel	37,750.00	5,319.54	32,430.46	14	46,914.00	2,926.97	43,987.03	6
711502 Build Imp nonCapital						127.00	127.00	
711504 Equipment nonCapital	1,750.00	47,196.23	45,446.23	2,697	19,391.98	24,730.11	5,338.13	128
* Services and Supplies	254,820.87	158,742.92	96,077.95	62	442,456.46	94,590.87	347,865.59	21
781004 Equipment Capital					178,577.12	145,876.15	32,700.97	82
* Capital Outlay					178,577.12	145,876.15	32,700.97	82
** Expenses	1,988,040.42	693,615.23	1,294,425.19	35	2,540,910.19	793,534.15	1,747,376.04	31
*** Total	526,943.69	199,987.87	327,055.82	38	666,448.09	239,853.08	426,595.01	36

2013 DISTRICT BOARD OF HEATH MEETINGS AND DEADLINES CALENDAR

January						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

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July						
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August						
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25	26	27	28	29	30	31

September						
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29	30					

October						
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27	28	29	30	31		

November						
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December						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



REGULAR BOARD MEETINGS

AGENDA TOPICS DUE TO FCOs

FY 14 BUDGET MEETING

LAST DAY TO SUBMIT AGENDA TOPICS TO AGENDA COORDINATOR

STAFF REPORTS AND ALL DOCUMENTATION DUE TO AGENDA COORDINATOR

STRATEGIC PLANNING RETREAT

4th Thursday at 1:00 pm in Health District Board Room

Monday Two Weeks prior to Board Meeting Week

**WASHOE COUNTY HEALTH DISTRICT**
EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION**Public Health**
Prevent. Promote. Protect.

November 7, 2012

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, November 2012

Communicable Disease

- Influenza – A major improvement in surveillance for influenza-like illness (ILI) for this year has been the addition of more sentinel healthcare providers. In previous years we have generally had 6 or 7 providers participating. This year we have 16. Unfortunately, we have been experiencing some delays in getting the new providers up to speed. Therefore, for the week ending October 27 (MMWR Week 43) our data are based on only 6 of the 16 healthcare providers. These six reported 56 patients with ILI out of 3,773 total patients. This yields an ILI percentage of 1.5% which is below the regional baseline of 3.5%. During the previous week visits to US sentinel providers resulted in a 1.2% ILI rate. This was also below the national baseline of 2.2%. Regionally, ILI rates range from 0.6% to 1.8%. Finally, during week 42 there were two death certificates received listing pneumonia (P) or influenza (I) as a cause or contributory cause of death. The total number of death certificates submitted for week 42 was 103. Therefore, the ratio of P&I deaths to all deaths was 1.9%. This is below the epidemic threshold set by CDC for week 42 of 6.3%. Nationally, the P&I ratio for week 42 was 5.7%.
- Outbreaks - Staff continue to have to work along with EHS staff on large outbreaks of gastroenteritis in elementary schools. Since the beginning of the school year outbreaks have been identified and investigated in 7 local elementary schools, 1 daycare, and 1 cluster within a local hospital emergency department. These cases have totaled 760 with 725 coming from the 7 elementary schools. The course of these outbreaks has been uncharacteristically long. Thus far only one elementary school investigation has been closed. Six investigations are ongoing. Lab specimens have yielded positive results for two different genotypes of Norovirus and Sapovirus. Both are related as members of the Calicivirus family, have similar symptoms, and are susceptible to the same control measures.

At the request of the Health District, the Washoe County School District has placed cleanup kits for public vomiting incidents (PVI) in all schools throughout the District with cleaning solutions known to kill Norovirus and its close relatives. Previously, PVIs were cleaned in this fashion only after an

outbreak had been identified. It is hoped that this measure will help to stop future outbreaks before they become large scale.

An additional measure that is currently in place in schools with identified outbreaks is a requirement that any student or staff member with stomach-related symptoms be excluded for 24 hours. If, during that time, they do not go on to develop symptoms of vomiting and/or diarrhea they can return. For students and staff with initial symptoms of vomiting and/or diarrhea an exclusion of 72 hours after symptoms resolution is being required. The Health District has made a recommendation that this measure be extended to all elementary schools until the rate of illness across the School District returns to baseline. This recommendation is under consideration by the School District.

Public Health Preparedness (PHP)–

- Medical Reserve Corp – A new Medical Reserve Corp Coordinator, Andrea Tavener, has been selected and is scheduled to start Monday, November 19th. Andrea is currently working for the Community Relations program at Washoe County.

Six MRC volunteers will be assisting with providing flu shot vaccinations at schools in Washoe County in support of the WCHD Immunization Program and the Immunization Coalition.

The PHP Program Manager and the EPHP Director met with the Executive Director of the Nevada State Medical Association (NSMA) to discuss the ongoing issue with physician recruitment and their reluctance to sign the current Washoe County Volunteer Agreement. It was agreed that the NSMA would assist in providing information to the Board of County Commissioners regarding the additional liability protections afforded to the County under the provisions of AB 98. This may clear the way for a revision to the existing language in the agreement which the County has apparently felt necessary to protect itself.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



Washoe County Health District



Public Health
Prevent. Promote. Protect.

Staff Report
Board Meeting Date: 11/15/12

DATE: November 15, 2012

TO: District Board of Health Members

FROM: Steve Kutz, RN, MPH, Division Director
Community and Clinical Health Services
(775) 328-3759 skutz@washoecounty.us

SUBJECT: Community and Clinical Health Services (CCHS) Division Report
November 2012 District Board of Health Meeting

1. Sexual Health Program Update
2. Program Reports

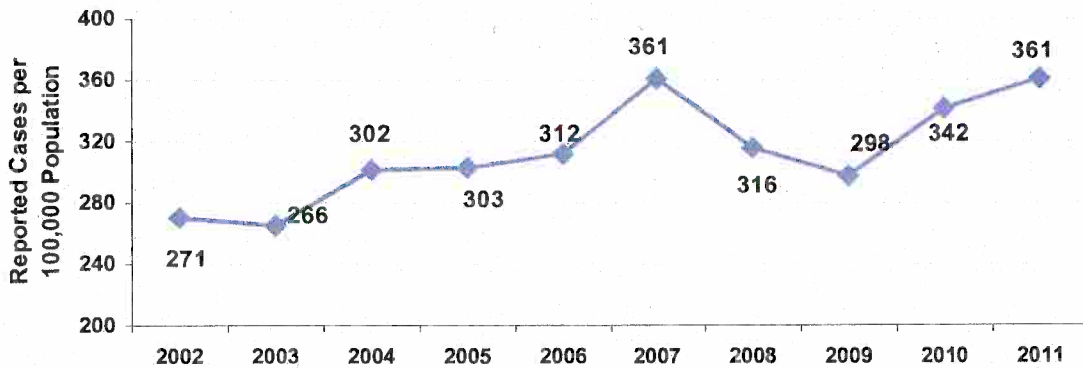
1. Sexual Health Program Update

STD Cases Continue to Increase

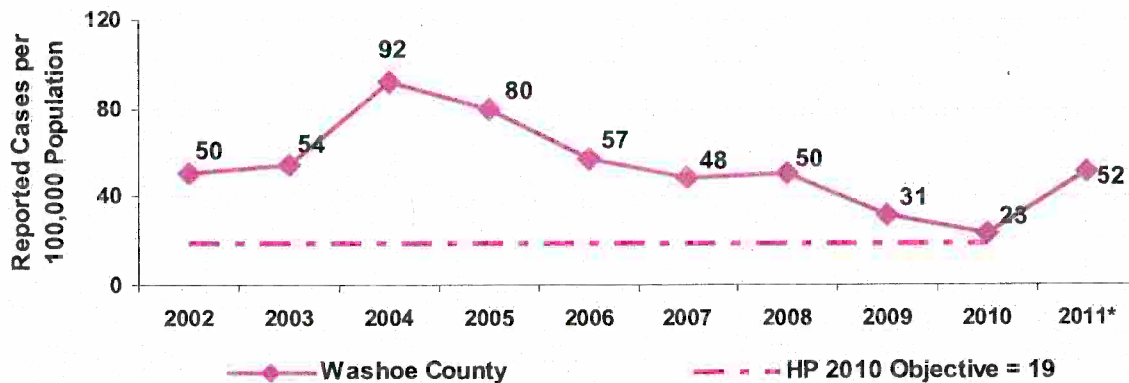
Reportable STDs, Chlamydia, Gonorrhea, and Syphilis, are increasing in Washoe County. Although HIV rates have decreased, the increase in other STDs is an indicator of risk factors occurring that may also transmit HIV more effectively. In the presence of other STDs, HIV is three to five times more likely to be transmitted if a person is exposed.

To address the burden of disease, targeted testing based on risk is provided in clinical and off-site venues. Expansion of testing, per CDC recommendations and grant deliverables, is being planned. Sites selected will be based on where target populations are known to congregate. Education and testing opportunities through non-traditional venues allows the program and community partners to reach target populations that may have access to information and services through their current social networks. Populations that are targeted through education and testing include: Men who have sex with men (MSM), HIV+ individuals, High-risk heterosexuals including youth, Injection drug users (IDU). Within these populations, reaching people of color and substance users is emphasized.

Rate of Reported *Chlamydia* Cases, Washoe County, 2002 – 2011.

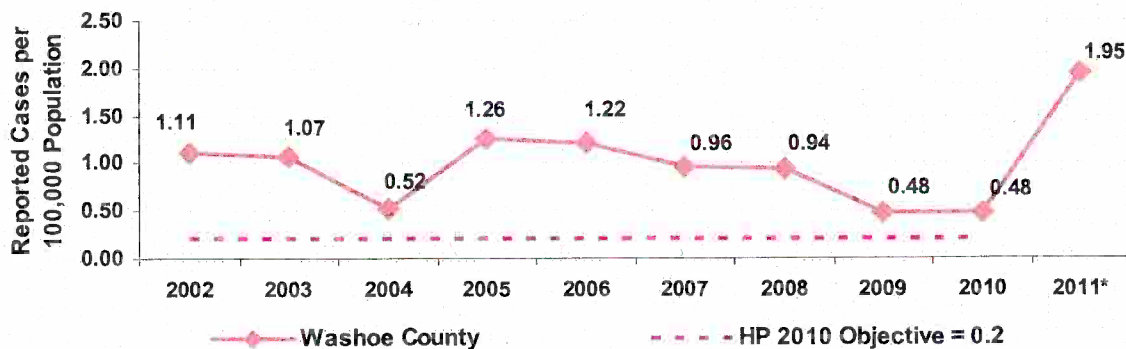


Rate of Reported Cases of Gonorrhea, Washoe County, 2002– 2011.



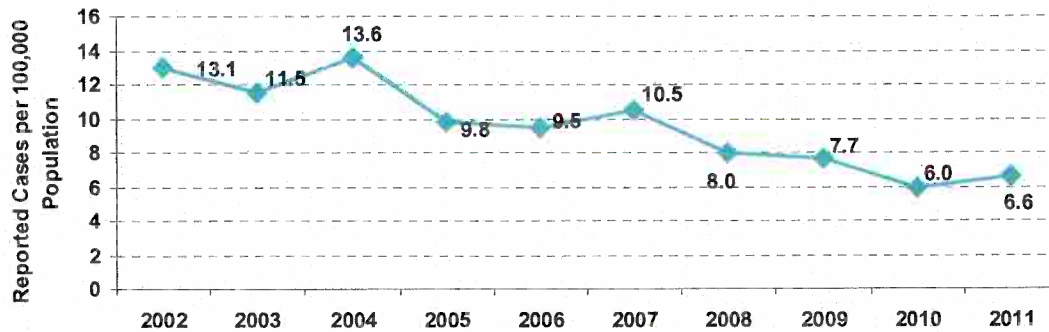
(*HP 2020 objectives are changed to age and gender specific rate, no overall incidence rate is specified in HP 2010 objectives).

Rate of Reported Cases of Primary and Secondary Syphilis, Washoe County, 2002 – 2011*.



(* 2020 HP objectives are changed to gender specific rate).

Rate of Reported Cases of HIV Infection, Washoe County, 2002-2011.



(Source: WCHD EPHP program, 2011 Communicable Disease Annual Report.)

Mpowerment

Throughout 2012, the Mpowerment program has been making strides into gaining trust and entry into the 18-29 year old MSM, bi-sexual male, and male-identified transgender communities. Partnerships with community volunteers, UNR's Queer Student Union, NNOT, and Northern Nevada HOPES have contributed to the growth and reach of this evidence-based intervention. To date, over 50 individuals have participated. Many of those individuals have ongoing engagement in the intervention.

Core group members have planned and participated in social based events that also convey the importance of sexual health, pride, community organizing while promoting a fun, safe, and healthy environment for this target population.

In-depth sexual health information, communication and negotiation skills are further developed through "M-groups", which are three hour educational small group sessions. To date five M-groups have been provided.

Continuation of this intervention will be determined by future CDC indirect funding, as well as the capacity of community partners to provide more support of the program.

World AIDS Day

Once again the Sexual Health Program is collaborating with NNOT and UNR's School of Community Health Science and Center for Student Cultural Diversity, and Washoe County School District (WCSD) on various community programs to honor World AIDS Day on December 1st. To reach a wide group of community members, multiple events are scheduled. Events surrounding the celebration include:

- November 29th - A presentation on the impact of HIV and STDs on youth, along with a HIV+ speakers' panel discussion at Sparks High School with a possible celebrity appearance. HIV and STD testing will be provided.

- November 30th – Motivational speech and concert with Jamar Rogers, a semi-finalist from last season's "The Voice". Jamar is a young performer living with HIV that he contracted after years of meth use as a teenager. He also representing minority issues and an empowering message of overcoming personal challenges to be healthy and successful. The WCSD will be transporting select students to participate. The event will also be streamed online as a live event.
- December 1st – The annual NNOT fundraiser and safer sex education event at the 5 Star Saloon, a long time NNOT member, will take place. This event has been occurring for over six years and targets members MSM, Bi-sexual, and Transgender communities. Also, the 5 Star's Sister club, RISE, is hosting a DJ and dance competition that is being organized by a UNR intern. Sexual Health messaging will target the audience of high-risk heterosexuals. HIV and STD testing will be available.
- December 7th – The Mpowerment program is bringing a young, HIV+ MSM to Washoe County for an educational forum open to the community. The speaker is also a performer that speaks to the safer community, health, safety, and empowerment messages that encompass the Mpowerment program's guiding principles.
- An advocacy and grassroots mobilization training is also being scheduled through NNOT.

Technical Assistance and Capacity Building

The Sexual Health Program Coordinator is now a trainer in the RESPECT intervention. She is partnering with the NSHD to provide RESPECT trainings in Northern Nevada to ensure standard counseling methods in HIV and STD counseling and testing activities.

On November 19th, the Sexual Health Program will be conducting a tabletop exercise to test the recently developed STD Outbreak Response Plan. This plan was developed by an inter-divisional team in response to a grant received that supported quality improvement and planning activities in the Sexual Health Program. The grant was funded by Robert Wood Johnson Foundation, Strengthening the Community of Practice for Public Health Improvement (COPPHI) QI Award Program.

A Health Department in Wichita, Kansas has been in contact with program staff as they research options of implementing fee-for-service in their STD clinic. Information on WCHD's fee development, staffing, client demographics, clinic expenses and revenue have been provided.

2. Program Reports

- Sexual Health** – Encompassed in the above report.
- Immunizations** – Staff have concluded the first month of school located vaccination clinics (SLVC), offering Tdap and Flu. Over 270 doses of Tdap were administered, and over 1700 doses of flu vaccine. Additional clinics will be held in November and December. Additionally, Steve Kutz presented at the 2012 Nevada Health Conference – A Focus on Immunization and MCH, on November 1, 2012, on Nevada State Laws and Immunization Requirements.

- c. **Tuberculosis Prevention and Control Program** – Nothing new to report this month.
- d. **Family Planning/Teen Health Mall** – Nothing new to report this month.
- e. **Chronic Disease Prevention Program** – Nothing new to report this month.
- f. **Home Visitation** – Nothing new to report this month.



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 6, 2012
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
SUBJECT: Environmental Health Services Division Report for November 2012

Food Program

- Staff continues to work with the EPI Division and the Washoe County School District to assist in reducing the stomach virus moving through schools. Supplementary information is included in Dr. Todd's update.

Land Development

- Staff completed the TMWA facility inspections for 2012, doing more inspections in less time than during any previous year due to coordination with TMWA and efficient scheduling. The last major violator of the safe drinking water arsenic maximum contaminant level, a mobile home park with 50 residents, has installed treatment devices to comply with the standard.
- Public pools and spa inspections have, for the most part, been completed for the year with only a few annual facilities scheduled for November and December.

Solid Waste/Special Events

- The Director continues to cover for the vacant Environmental Health Specialist Supervisor position. Initial interviews are scheduled for Wednesday, November 7.
- Waste Management is working closely with the City of Reno following the proposed franchise agreement changes that will impact most waste haulers and commercial businesses. This could possibly change the way residents in the City of Reno recycle their wastes in the future.

Vector-Borne Disease Program

- Staff worked this spring with Tenya Creek Homeowners Association (TCHOA) on their wetland project. Vector's goal was to remediate the wetlands, minimize the insect issues and eliminate the flow of water from inundating backyards of several homes occurring at Tenya Creek. In discussions with the consulting firm Three Parameters Plus and TCHOA Board members, vector suggested a low flow "V" channel to eliminate standing water. Engineer Erik Beyer has since submitted the "V" channel design to the TCHOA Board and the project was recently put out to bid based on the new design.

- Staff continues to sign off on completed building projects that include Vector design standards. The two ponds at Crystal Peak Park in Verdi were recently completed with our design of talus treatment on the side slopes as well as an aerator for both ponds. The aerators operate two hours at minimum in the evening spring and summer months to discourage adult mosquitoes and midges from depositing their eggs on the water surface.
- Vector took down the New Jersey light traps signaling an end to the mosquito season.
- Public Service Intern activities for this season finished October 31 and will resume May 1, 2013.
- Vector staff is assisting with sorting and identifying adult mosquitoes found in Clark County by Southern Nevada Health District Vector Program and the Nevada Department of Agriculture. So far, sixty mosquito pools (typically 50 mosquitoes per pool) were sent to the Nevada Department of Agriculture lab for testing to determine if they are negative/positive for virus.
- Staff met with Western Botanical Services to obtain a quote to update an AutoCAD drawing of the Wetland Model developed in 2006 by the Vector-Borne Diseases Program.



Robert O. Sack, Division Director
Environmental Health Services Division



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: November 6, 2012

To: District Board of Health

From: Kevin Dick, Director, Air Quality Management

Re: Monthly Report for Air Quality Management

Agenda Item: 16.D.

The enclosed Air Quality Management Division Report is for the month of October 2012 and includes the following sections:

- Air Quality
- Monitoring Activity
- Planning Activity
- Permitting Activity
- Compliance/Inspection Activity
- Enforcement Activity



Director's Report

OCTOBER 2012

Partial Approval/Disapproval of Nevada I-SIP

On October 23rd EPA issued its Partial Approval and Partial Disapproval of the Nevada Infrastructure State Implementation Plan (I-SIP) for Ozone and Fine Particulate Matter. The I-SIP is used to demonstrate appropriate infrastructure and authority to implement, maintain, and enforce the National Ambient Air Quality Standards (NAAQS). Specifically the I-SIP was for the 1997 8-hour ozone NAAQS and the 1997 and 2006 NAAQS for fine particulate matter (PM_{2.5}). The Washoe County portion of the I-SIP received partial disapproval for Prevention of Significant Deterioration (PSD) permitting; however, this deficiency has already been addressed because AQM is implementing the PSD permitting program through delegation under a Federal Implementation Plan (FIP) rather than through a SIP. EPA notes that this deficiency is adequately addressed by the Federal PSD program. EPA did not require any further action on the part of AQM to address the disapproved portion of the I-SIP.

Keep It Clean – Know the Code – Charging Station Ribbon Cutting

AQM kicked off a new air quality campaign, "Keep It Clean" with a Press Conference held on October 30th. This was used to announce the coming "Know the Code" Green-Yellow-Red Burn Code season and promote the new burn code icons which will be used for posting the daily burn code from November 1st through February 28th. A new URL for the AQM website, www.OurCleanAir.com was also announced. A *Keep it Clean – Know the Code* AQM brochure was prepared and distributed. The press conference was used to announce the November 1st Reno News and Review special air quality insert. A ribbon cutting for the new electric vehicle charging station was held and we announced the availability of the stations to the public on weekdays. The Press Conference featured the new AQM Nissan Leaf, a Tesla Roadster, and several other electric vehicles. AQM received a Certificate of Senatorial Recognition from Senator Dean Heller at the event.

AIR QUALITY COMPARISON FOR OCTOBER

Air Quality Index Range		# OF DAYS OCTOBER 2012	# OF DAYS OCTOBER 2011
GOOD	0 to 50	29	25
MODERATE	51 to 100	2	6
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

EnergyFit Nevada

HomeFree Nevada and the State Office of Energy worked with local government jurisdictions for a series of EnergyFit Nevada Proclamations and a Press Conference which was held at the Builders Association of Northern Nevada on October 22nd. The Governor's Office and the Cities of Reno, Sparks, and Washoe County signed EnergyFit Nevada Day proclamations during their meetings October 22nd through the 24th to kickoff the EnergyFit Nevada Winter Special Rebate Incentives for Residential Energy Efficiency Upgrades. The new rebates are based on the energy savings of the energy upgrades and start at \$500 for a 15% savings and go up to a maximum \$3,000 rebate for savings of 30% or more. In addition, winter home energy assessments are now available for a reduced rate of \$199. HomeFree Nevada is the Home Performance with Energy Star Sponsor for the State of Nevada and works in partnership with the Governor's Office of Energy to provide quality assurance and control for the energy efficiency improvements as well as disbursement of the EnergyFit Nevada rebate dollars provided by a U.S. Department of Energy Grant. Home energy improvements can improve indoor air quality, occupant comfort, and reduce air pollution and greenhouse gas emissions from residential energy use. I serve as President of HomeFree Nevada. More information at www.EnergyFitNV.org.

National Association of Clean Air Agencies

I attended the fall meeting of the National Association of Clean Air Agencies held in Stevenson, Washington October 1-3. The meeting allowed an opportunity for updates from EPA on monitoring, planning, and permitting programs as well as approaches for incorporating energy efficiency in air quality programs.

Kevin Dick, Division Director

HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

POLLUTANT	OCTOBER 2012	YTD for 2012	OCTOBER 2011	Highest for 2011
CARBON MONOXIDE (CO)	24	25	17	39
OZONE 8 hour (O3)	48	104	49	114
PARTICULATES (PM _{2.5})	67	94	72	132
PARTICULATES (PM ₁₀)	44	74	54	88

For the month of October, the highest Air Quality Index (AQI) value reported was sixty-seven (67) for PM_{2.5}. There were no exceedances of Carbon Monoxide, Ozone or PM₁₀. There were twenty-nine (29) days the air quality was in the good range, and two (2) days the air quality was in the moderate range.

Planning & Monitoring Activity

WESTAR/UNR Western Ozone Transport Conference:

Staff attended this conference in Reno on October 10-12. The conference presented several topics applicable to Washoe County including stratospheric intrusion of ozone, long range transport from Asia, and EPA's exceptional events policy. These issues will become more relevant as EPA is expected to review and propose lowering the 8-hour ozone National Ambient Air Quality Standard in 2013.

Transportation Conformity State Implementation Plan (SIP):

Staff is coordinating with the local Metropolitan Planning Organization (MPO) in preparation of the Transportation Conformity SIP. The local MPO (Regional Transportation Commission of Washoe County) prepares long and short-range transportation plans. The primary purpose of the Transportation Conformity SIP is to ensure that these transportation plans conform to existing ozone, carbon monoxide, and PM₁₀ SIPs. The plan is expected to be presented at the January 2013 DBOH meeting for adoption and then submittal to EPA Region IX.

*Dan Inouye, Branch Chief
Planning and Monitoring*

Permitting Activity

TYPE OF PERMIT	2012		2011	
	OCTOBER	YTD	OCTOBER	ANNUAL TOTAL
Renewal of Existing Air Permits	86	1151	79	1215
New Authorities to Construct	7	73	6	82
Dust Control Permits	10 (70 acres)	94 (1254 acres)	2 (2 acres)	89 (796 acres)
Wood Stove Certificates	25	266	27	259
WS Dealers Affidavit of Sale	25 (16 replacements)	87 (53 replacements)	8 (5 replacements)	107 (69 replacements)
WS Notice of Exemptions	625 (15 stoves removed)	6104 (75 stoves removed)	465 (9 stoves removed)	5480 (51 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	124	983	93	999

Compliance &
Inspection Activity

Staff reviewed thirty-two (32) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-two (38) stationary source renewal inspections and fifty-three (53) gas station inspections in October 2012. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

The Permitting and Enforcement Staff attended Smoke School which is an EPA approved training to evaluate smoke emissions. All staff members successfully completed the training and retained their Visible Emissions Evaluation (VEE) certification. This certification enables staff to verify permitted facilities are in compliance with permit to operate conditions controlling opacity.

The Permitting Staff also attended the Mine Safety & Health Administration (MSHA) 24-Hour Safety Training which provides them with the required certification to enter all mining and aggregate processing facilities. Access to these facilities is necessary not only for inspection purposes but also for the engineering evaluations of source tests.

October 1st marked the beginning of the Oxygenated Fuel Season in Washoe County. Over the next four (4) months, the Enforcement Staff will inspect all 225 gasoline dispensing facilities located within the County. In order to demonstrate compliance with our Carbon Monoxide State Implementation Plan, the Enforcement Staff will be taking 25 oxy-fuel samples from a variety of vendors.

*Charlene Albee, Branch Chief
Permitting & Enforcement*

Enforcement Activity

COMPLAINTS	2012*		2011		
	OCTOBER	YTD	OCTOBER	YTD	Annual Total
Asbestos	0	15	3	19	21
Burning	0	5	1	3	10
Construction Dust	2	30	4	52	59
Dust Control Permit	0	6	0	18	22
General Dust	3	39	0	0	0
Diesel Idling	0	7	0	2	3
Odor	7	14	2	17	17
Spray Painting	1	4	0	6	8
Permit to Operate	10	49	8	47	63
Woodstove	1	15	0	2	7
TOTAL	24	184	19	148	210
NOV'S	OCTOBER	YTD	OCTOBER	YTD	Annual Total
Warnings	4	42	0	39	55
Citations	7	32	1	8	9
TOTAL	11	74	1	47	64

* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were eleven (11) Notice of Violations (NOV's) issued in the month of October, 2012. There were four (4) NOV Warnings and seven (7) NOV Citations.



Washoe County Health District



November 15, 2012

TO: District Board of Health Members

FROM: Joseph P. Iser, MD, DrPH, MSc
Washoe County District Health Officer

SUBJECT: October 2012 Washoe County District Health Officer Report

2013 Legislative Session

- WCHD continues to coordinate with Washoe County, WCMS, NSMA, and others on legislative support issues.

Budget

- The 3 year business plans were submitted November 2, 2012 as described to you earlier.
- There were four projects submitted for funding to increase efficiency, reduce costs, increase revenues and/or improve services.
- In a separate report during this meeting, we have discussed the significant budget shortfall for next fiscal year.

Human Resources

- Evaluations are back above the self-imposed threshold of 85%. We have refocused on completing Divisional evaluations back on schedule and up to date.
- We continue recruiting for open positions, including EHS.
- We have filled the position for the Medical Reserve Corps.

Communication

- DHO will continue to meet routinely or as needed with all partners.
- We continue to work with St. Mary's and UNR on their effort to produce a more substantial data set, as reported to you previously, and it appears that Renown will be working with us in the near future on a unified report to be conducted every three years.

Accreditation

- Internal accreditation meetings continue to occur.
- We have begun intermittent meetings and discussions to strengthen our applications next year for the CDC Public Health Prevention Specialist and the Public Health Associate Program.
- DHO met with students at UNR about matching their interests with our needs.

- Because of the projected budget shortfall, other significant efforts for accreditation have been put on hold.

Washoe County and Community Activities

- DHO attended the REMSA Board of Directors meeting in November.
- At the joint BCC, Reno, and DBOH meeting, we agreed to discuss WCHD becoming the lead EMS Agency for the cities and county. Last month, the DBOH passed a motion directing staff to research issues necessary for this. We invited the two cities and county to a meeting, which is now scheduled for 11/19. Ms. Simon in particular wanted to wait until she got additional direction from the BCC about which organization should take the lead for the EMS authority. The BCC meeting and the Sparks CC meetings are scheduled for 11/13; the Reno CC meeting is scheduled for 11/07. I will report on these at the DBOH meeting.
- DHO continues to meet regularly with the group looking at school-based health centers, led by WCSD.
- WCHD is now working with the County and other agencies about sponsoring community gardens. This has been brought to the Food Policy Council, which is supportive, and we will research grant opportunities.
- DHO continues to meet routinely with the Sheriff's Dispatch working group, and he was asked to take the lead on researching and reporting on EMD.

State-Wide (and Beyond) Organizational Efforts

- We have established monthly conference calls with the other two local health authorities and have invited the NSHD to join us. The meetings set up with NSHD were cancelled by NSHD. We are working to reinstate these.
- DHO will work to continue broader discussions among border counties for other mutual aid and program effectiveness issues. These will primarily involve the health officers, with specific program representatives involved as appropriate.

Interjurisdictional Sharing of Resources

- WCHD, in collaboration with the NSHD and UNR-SOM and the seven rural counties to our east, applied for a Robert Wood Johnson grant to look at sharing of resources across jurisdictional lines. This two year grant would allow WCHD the resources to assist these other counties to review their current public health services and how they receive those services from the State. Some of these counties may want to contract with WCHD, others may want to continue working with the NSHD, and others may want to join or create their own Health Districts. All seven counties provided letters of support, as did the NSHD, Ms. Simon, and Chairman Smith.
- Notification will occur in November.

District Board of Health Information and Resources

- Health District Media Contacts and Outreach—please see attached.

Joseph P. Iser MD, DrPH, MSc

Joseph P. Iser, MD, DrPH, MSc
District Health Officer

Health District Media Contacts: October 15 - November 6, 2012

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
11/5/2012	KOLO-CH8 ABC Reno	Rebecca Kitchen	Norovirus/Sapovirus Outbreak - Ulibarri
11/5/2012	KKOH Radio - 780 AM	John Summers	Air Quality Know the Code - Inouye
10/30/2012	Reno News & Review	Bev Savage	Air Quality Keep It Clean - Dick
10/30/2012	KOLO-CH8 ABC Reno	Terri Russell	Air Quality Keep It Clean - Dick
10/30/2012	KTVN-CH 2 CBS Reno	Staff Photographer - Kyle	Air Quality Keep It Clean - Dick, Peterson
10/30/2012	KRNV-CH 4 NBC Reno	Staff Photographer - Fred	Air Quality Keep It Clean - Dick
10/30/2012	KREN - CH 27 Univision	Raul Delgado	Air Quality Keep It Clean - Dick
10/30/2012	KRXI-CH 21 FOX 11 Reno	Paul Nelson	Air Quality Keep It Clean - Dick
10/29/2012	KRNV-CH 4 NBC Reno	Brooke Bennett	Norovirus/Sapovirus Outbreak - Todd, Ulibarri
10/24/2012	KRXI-CH 21 FOX 11 Reno	Anya Arechiga	Norovirus/Sapovirus Outbreak - Todd, Ulibarri
10/16/2012	KTVN-CH 2 CBS Reno	Chris Ciarlo	Norovirus/Sapovirus Outbreak - Todd, Ulibarri

Press Releases/Media Advisories/Editorials

11/5/2012	KTVN-CH2 CBS Reno	DHO Iser	Health Watch
11/1/2012	Reno News & Review Readership area	AQMD, PIO Ulibarri	Keep It Clean Special Supplement
10/31/2012	Media Distribution List	PIO Ulibarri	EHS Temporarily Closed Media Advisory
10/31/2012	Media Distribution List	PIO Ulibarri	Burn Code Begins Press Release
10/30/2012	Media Distribution List	PIO Ulibarri	Air Quality Press Conference Media Advisory
10/23/2012	Media Distribution List/Weather	PIO Ulibarri	Air Quality Press Conference Notification 2
10/22/2012	Media Distribution List	PIO Ulibarri	Air Quality Press Conference Notification 1
10/25/2012	Media Distribution List	PIO Ulibarri	Gastrointestinal Illness Update
10/18/2012	Media Distribution List	PIO Ulibarri	Gastrointestinal Illness