

ODF Incident Resource Agreement - Part C - Application Checklist

EMERGENCY MEDICAL SERVICES

Company Name: _____		RESOURCE TYPE				
		MEDL	EMT	EMP	EMTF	EMPF
Check all applicable boxes below (left) indicating documents are being submitted.		X Indicates Requirement for Resource Type				
<input type="checkbox"/>	Resource Information & Rate Sheet*	X	X	X	X	X
<input type="checkbox"/>	W-9 Form*	X	X	X	X	X
<input type="checkbox"/>	***COI - General Commerical Liability (1,000,000 single & 2,000,000 aggregate)*	X	X	X	X	X
<input type="checkbox"/>	***COI - Automobile Insurance (1,000,000 single)*	X	X	X	X	X
<input type="checkbox"/>	***COI - Professional Liability Insurance (1,000,000 single & 2,000,000 aggregate)*	X	X	X	X	X
***Additional Insureds shall be listed as: State of Oregon, Oregon Board of Forestry, Oregon Department of Forestry, Coos Protective Association, Douglas Forest Protective Association, Walker Range Forest Protective Association						
<input type="checkbox"/>	COI Workers Compensation (ORS Ch. 656) or Exemption under ORS Ch. 656.027/656.850*	X	X	X	X	X
<input type="checkbox"/>	PMS 310-1/RT-130				X	X
<input type="checkbox"/>	Annual WCFT - Arduous Level				X	X
<input type="checkbox"/>	OR-OSHA Wildland Fire Safety Training (in lieu of PMS 310-1)	X	X	X		
<input type="checkbox"/>	New Generation Fire Shelter Deployment training	X	X	X	X	X
<input type="checkbox"/>	Not on Oregon Debar list	X	X	X	X	X
<input type="checkbox"/>	Registered in OregonBuys	X	X	X	X	X
<input type="checkbox"/>	Not on VIPR Agreement	X	X	X	X	X
<input type="checkbox"/>	Not on any other ODF IRA (can't have multiple agreements with multiple Districts)	X	X	X	X	X
<input type="checkbox"/>	OHA EMS Provider Licensure Cards, Certifications	X	X	X	X	X
<input type="checkbox"/>	Medical Director protocols*	X	X	X	X	X
<input type="checkbox"/>	NWCG S-359 MEDL training certificate	X				
<input type="checkbox"/>	NWCG PMS 311-34 (or PMS 311-39) MEDL Task Book	X				

Only one document/checkbox required per Resource Provider for line items with an '*'

FOR OFFICE USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Representative Signature	Printed Name AND Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
ODF Reviewer's Signature	Printed Name AND Title	Date