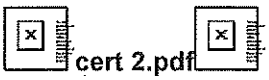
Starr, Thomas A

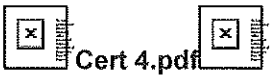
From: Christina Sudo <director@southriverems.com>
Sent: Wednesday, June 13, 2018 10:25 AM
To: Sweeney, James A
Cc: Hicken, Eric W;Kyle Fleming;Chrissy Lowe
Subject: Site Audit
Attachments: Cert 1.pdf; staff roster - SREMS.doc; insurance.pdf; COI DOH 2018.pdf; SREMS SOP.pdf; bill cert.pdf

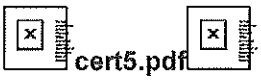
Good Morning,

Good Morning,

I have received your email. The email will be sent to all the board members. I do not have access to the Volunteer Certifications or the Financial Reports of SREMS. An Email was sent to Patrick Geraldo regarding your list of requests after you left on May 31st.







Attached is what i am able to get to you. I will send you the stuff from Billing in another email.

--
Christina Sudo
SREMS Director
P.O. Box 660
South River NJ 08882
Fax- 732-613-9095
Cell -732-684-7307
Cell - 732-718-6650

OPRA NOTICE-- Email received by or sent to Borough officials is subject to the Open Public Records Act (OPRA). This means absent some specific privilege, all such communications are considered a public record and are subject to publication and/or dissemination to the public upon request.

New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

ATTILIO J AIELLO, EMT

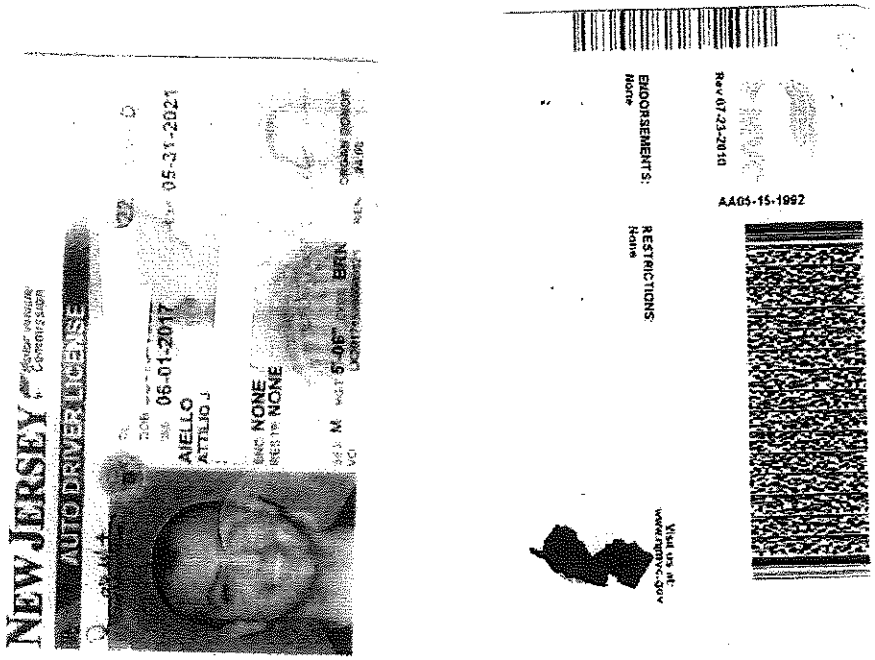
EMS ID: 582705 Expires: 12/31/18

ATTILIO J AIELLO, EMT

HOWELL, NJ 07731

582705

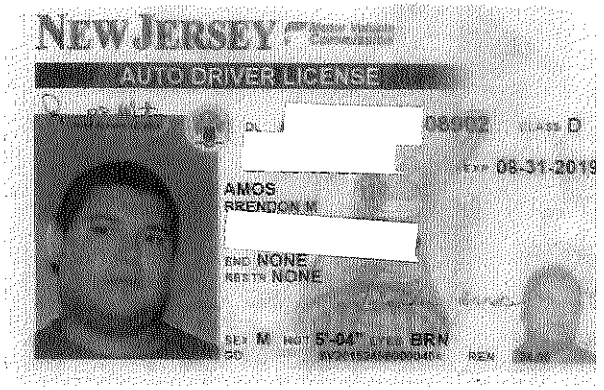
EMT



BASIC LIFE SUPPORT	BASIC LIFE SUPPORT
BLS Provider American Heart Association. Attilio Aiello The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program. **Issue Date** 12/20/2016 **Recommended Renewal Date** 12/2018 To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cprmycards.	**Training Center Name** Robert Wood Johnson University Hospital **Training Center ID** NJ00027 **TC Address** 126 Paterson St New Brunswick NJ 08901-1961 USA **TC Phone** (732) 937-8686 **Instructor Name** Marianna Wyszynska **Instructor ID** 10102072051 © 2016 American Heart Association 15-3001 3/16

Directions

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves


NEW JERSEY
AUTO DRIVER LICENSE
DL
08002
Class D
Exp 08-31-2019
AMOS
BRENDON M
END NONE
RESTR NONE
SEX M HGT 5'-04" WGT BRN
DOB
EXP

Lewis Lodini
Authorized Instructor (Print Name)

110434
Registry No.

4/2/17
Class Completion Date

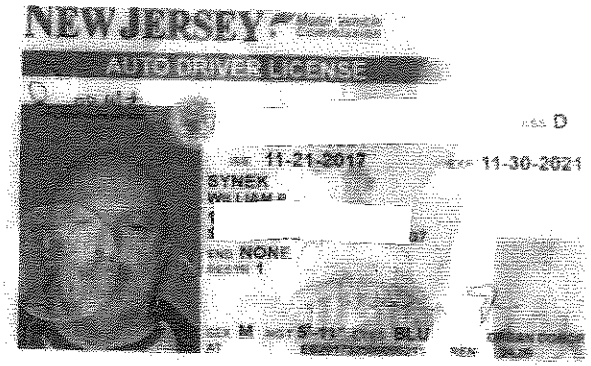
4/2/19
Expiration Date

845 357 1788
Training Center Phone No.

NYSTEPO
Training Center I.D.

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI Instructor. This program conforms to the *2015 AHA Guidelines Update for CPR and ECC*. Expiration date may not exceed two years from month of class completion.

New Jersey Department of Health
The person named below is certified as an
Emergency Medical Technician
BRENDON M AMOS, EMT
EMS ID: 609940 Expires: 06/30/19
BRENDON M AMOS, EMT
27 WINTHROP ROAD
SOMERSET, NJ 08873
EMT
609940



New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

WILLIAM P SYNEK, EMT

EMS ID: 532840 Expires: 06/30/19

WILLIAM P SYNEK. EMT

SOUTH RIVER, NJ 08882

EMT

532840

BASIC LIFE SUPPORT

BLS Provider

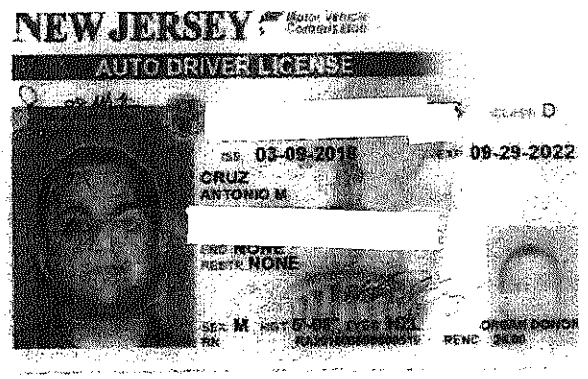
American Heart Association.

William Synek

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

10/19/2016
Issue Date

10/2018
Recommended Renewal Date


NEW JERSEY
AUTO DRIVER LICENSE
CLASS D
ISS 03-09-2018
EXP 09-29-2022
CRUZ
ANTONIO M
END NONE
RESTR NONE
SEX M
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BASIC LIFE SUPPORT
BLS
Provider
American
Heart
Association.
Antonio Cruz
The above individual has successfully completed the cognitive and
skills evaluations in accordance with the curriculum of the American
Heart Association Basic Life Support (CPR and AED) Program.
01-2020
Recommended Renewal Date
01-07-2018
Issue Date

New Jersey Department of Health
The person named below is certified as an
Emergency Medical Technician
ANTONIO M CRUZ, EMT
EMS ID: 613248 Expires: 12/31/19
ANTONIO M CRUZ, EMT
EMT
613248

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY): 12/1/2017

PRODUCER

WILLIAM KURTZ , ADMINISTRATOR
1 JOCAMA BLVD.
SUITE 2B
OLD BRIDGE , NJ 08857
732-970-1001

RECEIVED
JUN 11 2018
BOROUGH CLERK

INSURED

BOROUGH OF SOUTH RIVER
48 WASHINGTON AVE
SOUTH RIVER , NJ 08882

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTENT OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	MIDDLESEX COUNTY MUNICIPAL JOINT INSURANCE FUND
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABLOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCURRED ☐ OWNERS & CONTRACTORS PROT. ☐	JIF 10-86	01/01/2018	12/31/2018	GENERAL AGGREGATE PRODUCT-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE MED. EXPENSE	$1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTO ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON OWNED AUTO ☐ GARAGE LIABILITY	JIF 10-86	01/01/2018	12/31/2018	COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	$1,000,000
A	**EXCESS LIABILITY** ☐ UMBRELLA FORM ☒ OTHER THAN UMBRELLA FORM	JIF 10-86	01/01/2018	12/31/2018	EACH OCCURRENCE AGGREGATE	$4,000,000
A	**WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY**	JIF 10-86	01/01/2018	12/31/2018	☒ WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE POLICY LIMIT E.L. DISEASE EACH EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

IN REGARDS TO USE OF MOBILITY ASSISTANCE VEHICLE SERVICE, AMBULANCE SERVICE OR SPECIAL CARE TRANSPORT PROVIDER. CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED FOR THOSE CLAIMS ARISING OUT OF THE CARE AND CONTROL OF THE INSURED.

CERTIFICATE HOLDER

NEW JERSEY DEPARTMENT OF HEALTH
AND SENIOR SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, NJ 08625-0360

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

New Jersey Department of Health and Senior Services
Office of Emergency Medical Services

STAFF ROSTER

Please Print or Type

Instructions:

- Print your services full trade name (as it appears on your vehicle and today's date in the box below.
- Print the full name of every person who will staff any of your vehicles.
- Print the required information for each person, including social security number and course/expiration dates.
- Make additional copies of this blank form as needed

Trade Name of Service *(exactly as it appears on your vehicles)*:

South River EMS, Inc.

Staff Person (Last Name, First Name)	Ambulance Staff			MAV Staff		Drivers License Expiration Date
	EMT ID Number and Exp. Date		CPR Expiration	MAVT Cert. (Exp.)	CPR Expiration	
Aiello, Attilio	582705	12/2018	12/2018	/	/	05/2021
Amos, Brendon	609940	06/2019	04/2019	/	/	08/2019
Cruz, Antonion	613248	12/2019	01/2020	/	/	09/2022
Fleming, Kyle	580739	06/2020	12/2018	/	/	02/2020
Ghooray, Prem	513238	06/2020	02/2019	/	/	09/2021
Januszkiewicz, Thomas	523514	06/2020	02/2019	/	/	07/2018
Mayers, Kevin	545687	06/2018	06/2018	/	/	05/2019
Nairooz, Joe	601762	06/2018	01/2020	/	/	04/2019
Nelsen, Timothy	610993	06/2019	11/2019	/	/	03/2022
Shelhimer, Taylor	602910	12/2020	02/2019	/	/	11/2018
Smith, Sarah	580955	06/2020	01/2019	/	/	02/2021
Sudo, Brian	572819	06/2019	03/2020	/	/	01/2020
Sudo, Christina	548633	06/2018	10/2018	/	/	03/2020
Valentin, Felix	572790	12/2018	04/2020	/	/	04/2021
Vazquez, Suzanne - SRRS	634068	12 /2020	06/2019	/	/	03/2022

STAFF ROSTER, Continued

Trade Name of Service *(exactly as it appears on your vehicles)*:
South River EMS, Inc.

Staff Person (Last Name, First Name)	Ambulance Staff		MAV Staff		Drivers License Expiration Date
	EMT ID Number and Exp. Date	CPR Expiration	MAVT Cert. (Exp.)	CPR Expiration	
Synek, William - SRRS	**532840 06/2019**	**10/2018**	/	/	**11/2021**
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