

RESOLUTION 2010 -14

A RESOLUTION SUPPORTING THE COUNTY GRANT APPLICATION FOR FUNDS TO BE USED SOLELY TO IMPROVE AND EXPAND PRE-HOSPITAL EMERGENCY MEDICAL SERVICES.

WHEREAS, according to Florida Statutes, Section 401.113, funds, mostly from traffic citations, are deposited into the Emergency Medical Services Trust Fund; and

WHEREAS, the funds in the Emergency Medical Services Trust Fund must be used solely to improve and expand pre-hospital emergency medical services; and

WHEREAS, the Florida Department of Health annually dispenses funds contained in the Emergency Medical Services Trust Fund; and

WHEREAS, Forty-five percent (45%) of such monies must be divided among Florida Counties according to the proportion of the combined amount deposited in the Trust Fund from the county; and

WHEREAS, the Board of County Commissioners may distribute these funds to emergency medical services organizations within the County, as it deems appropriate; and

WHEREAS, funds distributed in Nassau County will be used to purchase eight (8) automatic external

defibrillators, one (1) complete set of vehicle extrication equipment, and RAD-57 carbon monoxide monitors for which funds are not provided in the existing budget allocations for emergency medical systems; and

WHEREAS, as a part of the application, there must be a Resolution from the Board of County Commissioners that certifies that the monies from the Emergency Medical Services Trust Fund Grant monies will improve and expand the County's pre-hospital emergency medical services system and that the grant monies will not be utilized to supplant existing County emergency medical services budget allocations.

NOW, THEREFORE, BE IT RESOLVED this 13th day of January, 2010, by the Board of County Commissioners of Nassau County, Florida, as follows:

1. The Board of County Commissioners hereby certifies that the monies received from the Emergency Medical Services County Grant will improve and expand Nassau County's pre-hospital emergency medical services system.

2. The Grant monies will not be utilized to supplant existing County budget allocations.

3. The Board of County Commissioners hereby authorizes its Chairman to sign any and all documents required for the Grant application.

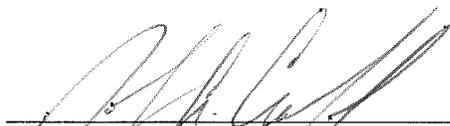
4. The Board of County Commissioners also authorizes Sam Young, Interim Fire Chief of the Fire Rescue Department, to be the authorized contact person responsible to provide the Florida Department of Health with reports and documentation of all activities, services, and expenditures which involve this Grant.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



MICHAEL H. BOYLE
Its: Chairman

Attest as to Chairman's Signature:



JOHN A. CRAWFORD
Its: Ex-Officio Clerk *EAR 1/13/10*

Approved as to form by the
Nassau County Attorney:



DAVID A. HALLMAN

EMS COUNTY GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

Complete all items

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C

1. County Name: NASSAU COUNTY
Business Address: 96160 NASSAU PLACE YULEE, FLORIDA 32097
Telephone: (904) 491.7380
Federal Tax ID Number (Nine Digit Number): VF 591863042

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature:	Date:
Printed Name: EDWARD SEALOVER	
Position Title: COUNTY MANAGER	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name:	SAM YOUNG
Position Title:	FIRE CHIEF
Address:	96135 NASSAU PLACE SUITE 1 YULEE, FLORIDA 32097
Telephone: 904.491.7525	Fax Number: 904.321.5748
E-mail Address: SYOUNG@NASSAUCOUNTYFL.COM	

4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.
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5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
NASSAU COUNTY FIRE RESCUE

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

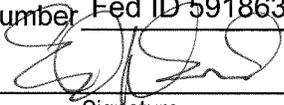
In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: NASSAU COUNTY FIRE RESCUE

Mailing Address: 96135 NASSAU PLACE SUITE 1
YULEE, FLORIDA 32097

Federal Identification number Fed ID 591863042

Authorized Official:  12/15/09
Signature Date

EDWARD SEALOVER; COUNTY MANAGER
Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID: Code: _____

Approved By : _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____ - _____

Organization Code E.O. OCA Object Code
64-25-60-00-000 N_ N2000 7 _____

Federal Tax ID: VF _____

Grant Beginning Date: October 1, _____ Grant Ending Date: September 30, _____

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: NASSAU COUNTY BOCC Grant ID Code: C-XX45

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
TOTAL	\$	\$

Justification For Change:

1. Carry over expended funds of \$23,251.75
2. Add the Carry Over monies to expected distribution of \$37,008
3. Total for the 2009-10 County Grant \$60,259.75

This change request will "roll over" and add to the \$37,008 funds of state EMS county grant C9045, the unexpended \$23,251.75 from state EMS grant C8045 and the resulting total of \$60,259.75 is authorized for expenditure under the new grant C9045 in accordance with its approved budget.

 <hr/> Signature of Authorized Official	<u>12/15/09</u> Date
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For department use only.

Approved Yes No Change No: 1

Alan Van Leuwen
 Department's Authorized Representative

Dec. 15, 2009
 Date



Respect
2008-
101

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

October 23, 2009

2009 OCT 27 AM 9:02
NASSAU COUNTY
FIRE RESCUE

Chairperson
Nassau County BOCC
P. O. Box 1010
Fernandina Beach, FL 32035

Dear Chairperson:

We are pleased to announce that effective the date above you may apply for your county's state EMS annual grant for the improvement and expansion of emergency medical services (EMS). The amount of your grant award is \$37,008.00. The sum is 45 percent of the funds your county deposited into the state EMS Trust Fund for traffic fine surcharges as specified in Section 401.113(1), *Florida Statutes*.

This grant is not competitive and your application for funds to improve and expand EMS will be approved if the required forms are properly completed, signed, and submitted. Also, your organization must be in compliance with other state grant requirements. Replacement and ongoing costs are not allowable. We are again using the 2002 edition grant booklet and forms. If you need a copy please contact me or obtain them online at <http://www.fl-ems.com/Grants/Grants.html>.

The application forms are pages 3-5 in the grant booklet. Item 4 in the application form describes and requires a current resolution from the Board of County Commissioners (BOCC). Complete and return the original plus one copy of DH Form 1684, DH Form 1767P, and the resolution (all three documents must be signed) to the following address:

EMS County Grant Program
DOH Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, FL 32399-1738

The deadline for us to receive completed applications is January 29, 2010, 5:00 PM, Eastern Standard Time. We will process completed applications after this deadline for those who will receive advance payment of your grant funds.

Thank you for your cooperation and support to improve and expand access to quality EMS. Please contact me at telephone (850) 245-4440, extension *2734, if you have any questions.

Sincerely,

Alan Van Lewen
Health Services and Facilities Consultant
Grants Unit

cc: Chief Sam Young



Please Make Purchase Order to:
Masimo Corporation
 40 Parker
 Irvine, CA 92618
 Phone: 1-800-326-4890
 FAX: 1-877-236-0280

Masimo Representative:	Ted Piper	Date:	11/06/2009 08:04 AM	Quote #:	15300
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Fire/EMS Government Quotation and Order Form

Please Sign and, if necessary, Include Purchase Order - Please fax to: Customer Service 1-877-236-0280

Account Name:	Nassau County Fire & Rescue	Contact Name:	Sam Young
Physical Address:	96135 Nassau Place, Suite 1	Title:	Assistant Chief
City:	Yulee	Main Phone:	904 491-7525
State:	FL	Fax:	
Zipcode:	32097-8635	E-mail:	syoung@nassaucountyfl.com

Purchase Order #		Authorized Signature:	
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Part #	Description	Volume Price	Qty	Extended Price
9188	Kit, Rad-57 Handheld	\$ 3,750.00	2	\$ 7,500.00
2296	Carboxyhemoglobin Saturation (SpCO) Perpetual License	Included	2	Included
2201	Rainbow® DCI-dc3 Adult Reusable Direct Connect Sensor, 3 ft. (SpO2, SpCO and SpMet) 1/box,	Included	2	Included
2208	Water Resistant Protective Carrying Case for Battery operated portable handhelds, Red	Included	2	Included
PS7676	All-in-One Training CD by Brian Bledsoe	\$ 199.00	1	\$ 0.00
2816	EMS one-year extended service agreement for single Rad-57	\$ 325.00	2	\$ 650.00
PS7642	CO Poisoning Manual by Brian Bledsoe	\$ 14.95	1	\$ 0.00
2906	Trade-in Credit	(\$ 250.00)	2	(\$ 500.00)
	Shipping	\$ 3.00	2	\$ 6.00
31740	Operator's Manual, Rad-57	\$ 0.00	1	\$ 0.00

Total:	\$ 7,656.00
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- * No Charge Rainbow Sensors limited to 1 per each Rad-57 purchased.
- ** Carry case offer: One per Rad-57 unit purchased.
- *** Trade-in offer limited to the exact number of Rad-57 units purchased.

Additional Accessories are available. Please call for more information.

PLEASE INDICATE BILLING ADDRESS, IF DIFFERENT THAN PHYSICAL ADDRESS:

Billing Address:	
Physical Address:	
Billing City, State, Zip:	

Accounts Payable Contact:	
Phone Number:	
Email:	

Purchasing Contact:	
Phone Number:	
Signature & Date:	

Sales Tax Exempt: Yes No If yes, a tax exemption certificate must be attached to this form.

Terms: Net 30 days.
Delivery: 6 – 8 weeks from receipt of order unless otherwise noted.
F.O.B. Irvine, CA shipping charges prepaid and billed to customer.
Warranty: 12 months for serial numbered capital equipment.
6 months for reusable sensors and accessories.
6 months for disposable sensors.
12 months for Rainbow cables and sensors.
Quotation Validity: 30 days.
Sales Tax: Prices quoted do not include sales tax. Sales tax may be applicable.

TERMS AND CONDITIONS OF PURCHASE

TERMS AND CONDITIONS: The terms and conditions control the purchase of the products and services set forth in this Quotation. In the event of any conflict between the typed or handwritten provisions on the face hereof, including any exhibits attached hereto, and the pre-printed terms and conditions set forth herein, the typed or handwritten provisions shall control. These Terms and Conditions may not be waived or modified except in writing by Masimo.

TECHNICAL INFORMATION: All technical specifications, drawings, notes, instructions or information referred to on the face of this Quotation or contained in attachments or exhibits hereto are deemed to be incorporated by reference and Buyer expressly acknowledges that it has received and read said referenced information.

PRICE AND DELIVERY: Masimo shall furnish the products or services in accordance with the price and delivery schedule stated herein.

PACKAGING AND SHIPPING: Masimo shall be responsible for packaging, marking and shipping the products in accordance with good commercial practices and all applicable laws. An itemized packing list shall accompany each shipment.

DELIVERY: F.O.B. point shall be Irvine, CA.

PAYMENT: Payment terms are net 30 days from shipment date. Service charges of 1 1/2 % per month or the maximum rate permitted by law, if lower, may be charged on past due amounts. Masimo reserves the right to make partial deliveries. The carrier shall not be construed to be an agent of Masimo. Masimo shall not be held responsible for delays by carrier to make deliveries for any cause.

WARRANTY: Masimo warrants for the applicable warranty period as follows: (1) that all products delivered hereunder are free from defects in design, material and in workmanship; (2) that all services are performed in a good and workmanlike manner; (3) that Masimo has good title to the products and has conveyed such title to buyer and (4) that the products or services purchased hereunder conform to the applicable specifications, drawings or samples or other description referenced herein. Unless otherwise indicated in the instructions for use accompanying the product, the warranty period is one (1) year from the date of purchase for pulse oximeters; for reusable sensors and other accessories, the duration of the warranty is six (6) months; and for disposable sensors, the warranty period is six (6) months. The duration of warranty on Rainbow cables and sensors in the Fire/EMS market will be one (1) year. The product warranty and optional extended warranty for Pulse CO-Oximeters are subject to all restrictions and exclusions listed in the directions for use. THE FOREGOING WARRANTY IS IN LIEU OF AND EXCLUDES ALL OTHER EXPRESS OR IMPLIED WARRANTIES, ARISING BY OPERATION OF LAW OR OTHERWISE, AND NO OTHER WARRANTIES EXIST, INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. MASIMO WILL NOT BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES, EXPENSES, LOST PROFITS, OR OTHER DAMAGES ARISING OUT OF THE USE OR INABILITY TO USE THE EQUIPMENT AND SOFTWARE, EVEN IF MASIMO HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

RESTRICTIONS: The products contain Masimo's proprietary software, trade secrets and other proprietary information (collectively, "Intellectual Property"). Masimo grants to Buyer a non-exclusive, non-transferable, perpetual license to use the Intellectual Property in connection with its authorized use of the products. This Agreement does not constitute a sale of the Software or any Intellectual Property. Possession or purchase of Masimo's pulse oximeters or Pulse CO-Oximeter products ("Oximeters") does not convey any express or implied license to use the Oximeters with unauthorized sensors or cables that would, alone, or in combination with the Oximeters, fall within the scope of one or more of the patents relating to the Oximeters. Buyer will not permit the Oximeters to be used by anyone other than Buyer's qualified and trained personnel. Except for use of the serial port to transmit data from Masimo's Oximeters to other oximeters, modification or connection of other equipment to Oximeters, including software, hardware and related instruments cannot be made without Masimo's prior written authorization, which authorization may be withheld at Masimo's sole discretion. The Oximeters and other products or services acquired hereunder may not be used for any processes, procedures, experiments or any other use for which the products/services are not intended for use or cleared for use by the Food and Drug Administration (FDA). Buyer may not disclose, publish, translate, release, distribute copies of, modify, adapt, translate, or create derivative works of the products, services deliverables, software/firmware or written materials. Buyer may not reverse engineer, decompile or disassemble the products, services deliverables or software.

COMPLIANCE WITH LAWS: Masimo warrants that in performance of a Purchase Order it has complied with or will comply with all applicable federal, state and local laws and ordinances including, but not limited to, OSHA, the Fair Labor Standards Act, as amended, and Executive Order 11246, as amended. In addition, Masimo shall secure and maintain adequate Worker's Compensation coverage.

GOVERNMENT CONTRACTS: Masimo warrants that in the performance of a Purchase Order it has complied with or will comply with all Federal Acquisition Regulations or their counterpart for other governmental agencies, which are applicable to the products or services purchased hereunder. Upon request, Masimo shall certify compliance with any of the aforementioned rules or regulations.

RELATIONSHIP BETWEEN PARTIES: Nothing in this Quotation shall be construed as creating any partnership, joint venture, or agency between the parties.

NOTICES: All notices shall be in writing and delivered either by hand, facsimile or certified mail at the addresses set forth herein. Notice shall be deemed to have been given upon receipt if delivered by hand or facsimile, or if given by certified mail, upon expiration of seven days after mailing.

APPLICABLE LAW: These terms and conditions are governed by the laws of the State of California without regard to its conflict of laws provisions.

ACKNOWLEDGEMENT AND ACCEPTANCE: The issuance of this Quotation to Buyer constitutes an offer expressly limited to the terms contained herein. Buyer acknowledges that the terms of its purchase order are not part of the agreement. Masimo reserves the right to revoke this offer at any time prior to its acceptance, which shall only be by either the placement of an executed Purchase Order or the delivery and acceptance of conforming products to Buyer. These terms and conditions contain the entire understanding between Masimo and Buyer; supersede all prior understandings, written or oral, regarding the subject of this Agreement; and may only be amended, modified or superseded by a written agreement signed by Masimo and by Buyer. Only an executive vice-president or the president of Masimo has the authority to sign such amending document.



40 Parker
Irvine, CA 92618
Tel: 949-297-7000
Fax: 949-297-7001

April 10th, 2009

To Whom It May Concern:

Masimo Corporation is a technology company that develops and manufactures non-invasive medical devices.

Masimo recently launched a new product, the Rad-57 Pulse CO-Oximeter. Masimo is the sole manufacturer of this product, which non-invasively measures carboxyhemoglobin, methemoglobin, SpO2 and pulse rate.

The Rad-57 is the only medical device that has been cleared by the Federal Food and Drug Administration to non-invasively measure carboxyhemoglobin and methemoglobin in the blood stream through a finger sensor. As of 1/1/09, this product will only be available directly from Masimo, and will not be available through any other distribution outlet into the Fire/EMS marketplace.

Masimo's specialized technology is the gold standard by which Spo2 is measured, and utilizes this technology to provide unparalleled performance through patient motion and low perfusion conditions.

Sincerely,

Thomas L. Cox
EMS Channel Manager
Masimo Corporation
40 Parker
Irvine, CA 92618



HAND-HELD PULSE CO-OXIMETER™

MASIMO

Rad-57™

Detect Carbon Monoxide (CO) Poisoning on the Scene in Seconds



MASIMO®

Why Measure Carbon Monoxide?

CO is present at every fire. During overhaul, rescue, and wildland operations, exposure to CO can be significant – even without overt symptoms. The majority of line of duty firefighter deaths are cardiac related,¹ and CO exposure is known to cause cardiac injury.²

Once recognized, prompt treatment minimizes these health risks. Recognition is the key and only the Masimo Rad-57 provides a quick and easy method for detecting elevated levels of CO in the blood.

CO POISONING - SIMPLE TO TREAT ONCE RECOGNIZED, DIFFICULT TO RECOGNIZE UNLESS MEASURED

- > Timely diagnosis of CO poisoning is critical because untreated episodes are an immediate risk to safety
- > Screening firefighters for moderate CO poisoning is important because exposure to CO increases the long-term risk of cardiac and neurological problems, including death
- > The Masimo Rad-57 facilitates quick and easy fire ground assessment of CO in the blood, and may allow more immediate intervention and avoidance of short- and long-term health problems

“Any firefighter exposed to CO or presenting with headache, nausea, shortness of breath, or gastrointestinal symptoms at an incident where CO is present should be assessed for CO poisoning with a Pulse CO-Oximeter . . .”

NFPA 1584. Standards on the Rehabilitation Process for Members During Emergency Operations and Training Exercise, 2008

FIRE REHAB.COM

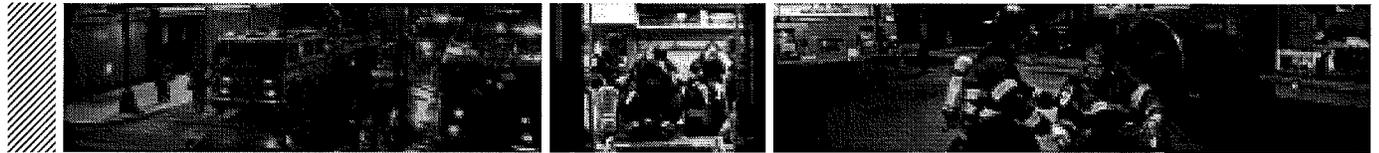
For case studies, training materials
and more visit FireRehab.com

1. U.S. Fire Administration. Firefighter fatalities in the United States in 2007. June 2008.

2. Henry CR, et. al. Myocardial injury and long-term mortality following moderate to severe carbon monoxide poisoning. *JAMA*. 2005;295:398-402.

Masimo Rad-57™

PROTECT AGAINST LONG-TERM HEALTH PROBLEMS BY QUICKLY AND ACCURATELY
ASSESSING AND TREATING FIREFIGHTERS EXPOSED TO CARBON MONOXIDE



***“The use of Pulse CO-Oximetry
should be routine for all fire
service and EMS personnel.”***

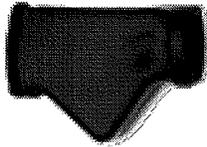
Paramedic Care: Principles and Practices (Third Edition)
Bryan E. Bledsoe, DO, FACEP

SITUATIONS WHERE THE RAD-57 MAY BE ESSENTIAL:

- > Screening unconfirmed or unsuspected cases of CO poisoning
- > Firefighter rehabilitation
- > CO alarm activation – occupant screening
- > Disaster situations
- > Smoke inhalation
- > Multi-patient medical aid scenes
- > Altered mental status
- > Confined space rescue

ACCESSORIES:

LIGHT SHIELD:



Part # 2357, Box of 5

QUICK REFERENCE GUIDE:



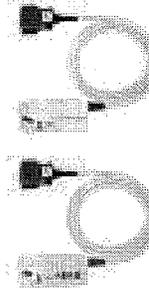
Part # 33017

EMS CARRY CASE:



Black: Part # 2207
Red: Part # 2208

SENSORS:



Part # 2201
Adult
Rainbow
DCI-dc3

Part # 2069
Pediatric
Rainbow
DCIP-dc3

Additional resources include the latest clinical and case studies, educational curriculum, CO-related articles, and web sites dedicated to grants and fire rehab. Contact your local representative for more information or to obtain copies.

PERFORMANCE

MEASUREMENT RANGE

SpO ₂	1% - 100%
SpCO0% - 99%
SpMet0% - 99.9%
Pulse Rate	25 - 240 (bpm)
Perfusion Index	0.02% - 20%

OXYGEN SATURATION ACCURACY (%SpO₂)

Saturation	70% to 100%
No Motion	
Adults, Pediatrics	±2 digits
Neonate	±3 digits
Motion ¹	
Adults, Pediatrics	±3 digits
Neonate	±3 digits
Low Perfusion ²	
Adults, Pediatrics	±2 digits
Neonate	±3 digits

CARBOXYHEMOGLOBIN SATURATION ACCURACY (%SpCO)

SpCO ³	1% - 40% ±3 digits ³
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METHEMOGLOBIN SATURATION ACCURACY (%SpMet)

SpMet ⁴	1% - 15% ±1 digits ⁴
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PULSE RATE ACCURACY

Pulse Rate	25 - 240 bpm
No Motion	
Adults, Pediatrics, Neonate	±3 digits
Motion ¹	
Adults, Pediatrics, Neonate	±5 digits
Low Perfusion ²	
Adults, Pediatrics, Neonate	±3 digits

RESOLUTION

Oxygen Saturation (%SpO ₂)	1%
Pulse Rate (bpm)	1 bpm
Carboxyhemoglobin Saturation (%SpCO)	
Numeric Display	1%
Bar Display3, 6, 9, 12, 15, 20, 25, 30, 35, > 40%
Methemoglobin Saturation (%SpMet)	
Numeric Display	0.1%
Bar Display	0.5, 1-5, 7.5, 10, 15 > 20%

SPECIFICATIONS

BATTERIES

Type	4 AA Alkaline
Capacity	over 8 hours ⁵

ENVIRONMENTAL

Operating Temperature0°F to 129°F (-18°C to 54°C)
Storage Temperature	-40°F to 158°F (-40°C to +70°C)
Operating Humidity	5% to 95%, non-condensing
Operating Altitude	500 mbar to 1060 mbar pressure, -1,000 ft to 18,000 ft (-304m to 5,486m)
Effective battery life will be reduced when operating the instrument below 5 degrees Fahrenheit due to alkaline battery technology.	

DIMENSIONS

Handheld	6.2" x 3.0" x 1.4" (15.8 cm x 7.6 cm x 3.6 cm)
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WEIGHT

Handheld	13 oz (.37 kg)
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TRENDING

Provides 72 hours of trending at 2 second resolution of SpO₂, SpCO, SpMet, pulse rate, and perfusion index. Output to PC running Masimo TrendCom™ Utility.

SPO₂ MODES

Averaging mode ⁵	2, 4, 8, 10, 12, 14 or 16 seconds
Sensitivity	APOD, Normal and Max
FastSat ⁶	On / Off

ALARMS

Audible and visual alarms for high and low saturation (SpO₂ 1% to 100%, SpCO 5% - 40%, SpMet 0.5% to 30%, and pulse rate 25 - 240 bpm) Sensor condition, system failure and low battery alarms

DISPLAY/INDICATORS

Data Display	%SpO ₂ , %SpCO, %SpMet, SpCO bar, SpMet bar, pulse rate, perfusion index, low Signal IQ alarm status, alarm silence and battery life
Type	LED

COMPLIANCE

EMC Compliance	EN60601-1-2, Class B
Equipment Classification	IEC 60601-1-1
Degree of Protection	Type BF-Applied part

1. Continuous rubbing and tapping motions at 2 to 4 Hz at an amplitude of 1 to 2 cm and continuous random frequency motion between 1 to 5 Hz at an amplitude of 2 to 3 cm.
2. Perfusion Index > 0.02% and % Transmission > 5%. | 3. Accuracy has been validated on healthy adult volunteers against a laboratory co-oximeter. | 4. When using new, fully charged batteries. | 5. With FastSat the averaging time is dependent upon the input signal. | 6. Automatically enabled in 2 and 4 second averaging modes.

The POWERHEART® AED G3 Plus

Rob Williams

407-467-6016

Our flagship automated external defibrillator, complete with RescueCoach™ and CPR metronome to pace chest compressions

Appropriate Locations

- Work places
- Transportation
- Sporting venues
- Schools
- Retail & hotels
- Recreation facilities
- Places of worship
- Any public place

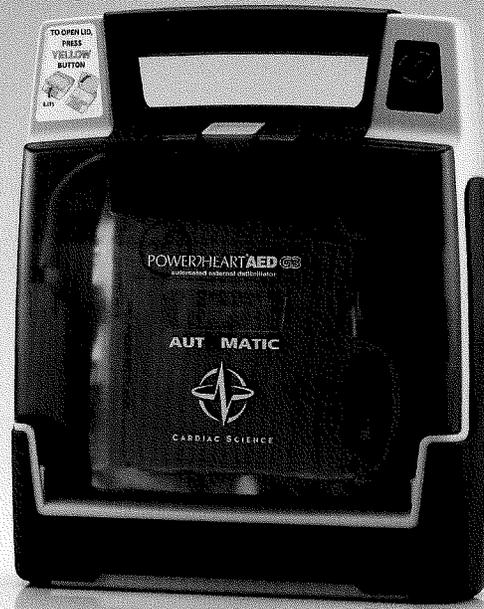
Primary Benefits

Reliability. The device is Rescue Ready®, meaning it self-tests daily to ensure it works when you need it.

Ease of Use.

- The RescueCoach™ voice prompts and metronome guide you through a very stressful rescue situation.
- The device knows when to (and when not to) deliver the shock.
- The text screen lends extra help in noisy and chaotic environments.

Assurance. The unit has a 7-year warranty and a 4-year full battery replacement guarantee.



Rescue Ready® performance sets Powerheart AEDs apart

Our Rescue Ready technology distinguishes us among competitors.

- + Every day, to ensure anytime functionality, the AED self checks all main components (battery, hardware, software, and pads).
- + Every week, the AED completes a partial charge of the high-voltage electronics.
- + Every month, the AED charges the high-voltage electronics to full energy.

If anything is amiss, the Rescue Ready status indicator on the handle changes from green to red and the device will emit an audible alert to prompt the user to service the unit. In sum, a Powerheart AED is Rescue Ready when a life depends on it.

Most anyone can operate a Powerheart AED G3 Plus

In the chaos that follows sudden cardiac arrest, concerned but untrained people are hesitant to intervene. Will they know what to do? There's a life on the line!

We designed the Powerheart AED G3 Plus with RescueCoach™ voice prompts to talk rescuers through the steps.

- + When the rescuer applies the pads, the device analyzes the heart rhythm and “knows” when to deliver (or not deliver) the shock.
- + The shock is delivered automatically, with no button to push, and no human intervention. (We also make a semi-automatic version.)
- + After the shock, the unit prompts for CPR with a built-in metronome that sets the pace for proper chest compressions.

In a University of Pennsylvania simulated rescue study, the AED G3 Plus helped untrained adults deliver CPR of a quality similar to that of trained professionals.¹

¹ Peer reviewed study by Benjamin S Abella et. al. “Untrained Volunteers Perform High Quality CPR When using an Automatic External Defibrillator with a CPR Voice Prompting Algorithm,” *Circulation*. 2007; 116:11_437.





Purchase Agreement

Territory Mgr: Rob Williams

Date: December 4, 2009

CUSTOMER BILLING INFORMATION

Customer: <u>Nassau County Fire Rescue</u>	Contact Name: <u>Sam Young</u>
Address 1: <u>96135 Nassau Place Suite 1</u>	Title: <u>Fire Chief</u>
Address 2: <u>SUITE</u>	Phone: <u>904.491.7525 or 904.753.1134</u>
City: <u>Yulee</u>	Fax: <u>FAX</u>
State: <u>FL</u> Zip: <u>32097</u>	E-mail: <u>syoung@nassaucountyfl.com</u>
County: <u> </u> COUNTY	
Invoice to: <input checked="" type="radio"/> Corporate Billing Address <input type="radio"/> Individual Locations (provide details)	Tax exemption # <u>client to provide</u>
Payment Term: <u>Payment due upon receipt</u> Specify Payment Terms here, if other	P.O. # <u>client to provide</u>
Payment: <u>Check</u>	
Class ID: <u>End User</u> Segment: <u> </u>	Lead: <u>cold call</u>
Pricing Code: (if PAD/Contract): <u> </u> Affiliation: <u> </u>	

CUSTOMER SHIPPING INFORMATION

Customer: <u>Nassau County Fire Rescue</u>	Contact Name: <u>Sam Young</u>
Address 1: <u>96135 Nassau Place Suite 1</u>	Title: <u>Fire Chief</u>
Address 2: <u>SUITE</u>	Phone: <u>904.491.7525 or 904.753.1134</u>
City: <u>Yulee</u>	Fax: <u>FAX</u>
State: <u>FL</u> Zip: <u>32097</u>	E-mail: <u>syoung@nassaucountyfl.com</u>
County: <u> </u> COUNTY	Shipping Method: <u>FedEx - Ground</u>
F.O.B.: <u> </u> Factory	Freight Collect Account: <u> </u>

EQUIPMENT, ACCESSORIES, and PROGRAM MANAGEMENT

AED Devices:	Item	List	Qty	Price/each	Subtotal
Powerheart AED G3 Semi-automatic Package: AED, Carry Case, Ready Kit, Spare Pads	9300E-501P	\$ 1,995.00	10	\$ 1,095.00	\$ 10,950.00
AED Devices		\$ -		\$ -	\$ -

AED Accessories / Upgrade Options:	Item	List	Qty	Price/each	Subtotal
AED Accessories		\$ -		\$ -	\$ -
AED Accessories		\$ -		\$ -	\$ -
AED Accessories		\$ -		\$ -	\$ -
AED Accessories		\$ -		\$ -	\$ -
AED Accessories		\$ -		\$ -	\$ -
AED Accessories		\$ -		\$ -	\$ -
Upgrade Options		\$ -		\$ -	\$ -

Program Management:					
Champion Name:	<u>Sam Young</u>	Phone:	<u>904.491.7525 or 904.753.1134</u>	Email:	<u>syoung@nassaucountyfl.com</u>

	Item	List	Qty	Price/each	Subtotal
Program Management (full packages)		\$ -		\$ -	\$ -
Program Management (components/add-ons)		\$ -		\$ -	\$ -
Program Management (components/add-ons)		\$ -		\$ -	\$ -
Program Management (components/add-ons)		\$ -		\$ -	\$ -
Service Options		\$ -		\$ -	\$ -
Service Options		\$ -		\$ -	\$ -
Program Management Options (manager only)		\$ -		\$ -	\$ -

Miscellaneous Items (enter as needed):					
Miscellaneous Items	<u>XXXX-XX</u>			\$ -	\$ -
Miscellaneous Items	<u>XXXX-XX</u>			\$ -	\$ -

Order Subtotal (excluding tax and shipping): **\$ 10,950.00**
 Sales Tax: tbd
 Shipping: tbd
Grand Total: \$ 10,950.00

Comments/Notes Section: Cost based on FLORIDA STATE TERMS CONTRACT NUMBER 465-820-06-1. Each AED package above comes standard w/ full 7 year warranty on AED, 4-year operational guarantee on battery, soft carrying case, ready kit, 2 sets of adult electrodes, and 1 set of pediatric electrodes. Also included 1 quick-start tool kit w/ Rescuelink/MD Link CD-ROM software and serial cable for rescue event download. Also included are 1 Physician Prescription's at no charge. Please fax in signed sales order agreement w/ signed Terms/Conditions to Jessica Bacon at (425) 402-2001 c/o customer service.

Please send **purchase orders** and **correspondence** to:

Fax To: **425.402.2001**

Please send **payment** to:

Cardiac Science Corporation
 3303 Monte Villa Parkway
 Bothell, WA 98021
 Tel: +1.800.991.5465

Cardiac Science Corporation
 Dept. 0587
 PO Box 120587
 Dallas, TX 75312-0587

Rescue Systems, Inc.

313 West 34th Court
 Panama City, FL 32405
 (850) 763-0232
 (850) 872-0171 Fax

Quotation

Date	Quotation #
9/25/2009	1243

Name / Address
Nassau County

FOB

Qty	Item	Description	List	Cost
1	ART.PATRIOT.PKG	Patriot System	19,325.00	17,392.50
1	ART.593.215.7	23-45" Telescopic Ram	3,995.00	3,595.50
Total				\$20,988.00