

November 18 2015 Regular Meeting

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AGENDA

NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS REGULAR MEETING

November 18, 2015 at 5:30 p.m.

In the Northern Inyo Hospital Board Room at 2957 Birch Street, Bishop, CA

1. Call to Order (at 5:30 p.m.).
 2. At this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. (*Members of the audience will have an opportunity to address the Board on every item on the agenda. Speakers are limited to a maximum of three minutes each.*)
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Consent Agenda (action items)

3. Approval of minutes of the October 16 2015 special meeting
 4. Approval of minutes of the October 21 2015 regular meeting
 5. Approval of minutes of the October 29 2015 special meeting
 6. Financial and Statistical reports for September 2015
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7. Chief Executive Officer's Report; Kevin S. Flanigan, MD, MBA (*information items*)
 - A. Leadership training update
 - B. Degrees earned, Alison Murray, Patty Dickson
 - C. Marketing Strategy
 - D. Possible Hospitalist Program expansion and physician staffing
8. Chief of Staff Report; Mark Robinson, M.D.
 - A. Hospital wide Policy and Procedure approvals (*action items*):
 1. ALARA Program Changes
 2. Radiation Safety Committee
 3. Responsibilities and Duties of Radiation Safety Committee
 4. Dosimetry Program – Occupational Radiation Exposure Monitoring Program
 5. Universal Protocol
 6. Waste Anesthetic Gases: Trace Gas Testing
 7. RHC Hours of Operation

- B. NIHD Medical Staff Peer Review Report (*action item*).
 - C. D. Scott Clark, M.D.: Honorary NIHD Medical Staff candidate (*action item*).
 - D. Ryan Berecky, M.D.: Approval of appointment to the NIH Provisional Consulting Medical Staff for Radiology (*action item*).
9. Chief Nursing Officer Report (*information item*).
10. Chief Performance Excellence Officer Report (*information item*).
11. New Business
- A. Approval of Hospital District Fiscal Strategy (*action item*).
 - B. Approval of Amendment to Private Practice Physician Agreement with Lara Jeanine Arndal, M.D. (*action item*).
 - C. Authorization to move forward with Inyo County Counsel/Inyo County LAFCO to draft a Urology Services Memorandum of Understanding (MOU) between Southern Mono Healthcare District and Northern Inyo Healthcare District (*action item*).
 - D. Approval of Draft Mission Statement for Northern Inyo Healthcare District (*action item*).
 - E. ThermoFisher laboratory equipment lease renewal (*action item*).
 - F. Process for filling Board vacancy: appointment process and designation of Ad Hoc Committee (two Board members) for interviews (*action item*).
12. Reports from Board members (*information items*).
13. Adjournment to closed session to/for:
- A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*Section 32155 of the Health and Safety Code, and Section 54962 of the Government Code*).
 - B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation (*pursuant to Government Code Section 54956.9*).
 - C. Confer regarding action filed against Northern Inyo Healthcare District and other Defendants (*Government Code Section 54956.9(a)*).
 - D. Conference with Labor Negotiator. Agency designated representative: Georgan Stottlemyre; Employee organization: AFSCME (*Government Code Section 5495 7.6*).
 - E. Discussion of existing litigation, United States District Court Case Number 1:15-CV-01607-LJO-JLT (*Government Code Section 54956.9(d)(1)*).
 - F. Discussion of labor negotiations. Agency negotiator, M.C. Hubbard; Employee position: CEO (*Government Code Section 5495 7.6*).

14. Return to open session and report of any action taken in closed session.
15. Approval of Chief Executive Officer Agreement with Kevin S. Flanigan, MD. MBA (*action item*).
16. Adjournment.

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact administration at (760) 873-2838 at least 48 hours prior to the meeting.

CALL TO ORDER The meeting was called to order at 5:30 pm by M.C. Hubbard, President.

PRESENT M.C. Hubbard, President
Denise Hayden, Vice President
John Ungersma, MD, Member at Large
Kevin S. Flanigan, MD, MBA, Northern Inyo Hospital Acting CEO
Sandy Blumberg, Executive Assistant

ABSENT Peter Watercott, Treasurer
D. Scott Clark, MD, Secretary

OPPORTUNITY FOR
PUBLIC COMMENT Ms. Hubbard stated that at this time persons in the audience may speak
only on items listed on the agenda for this meeting (*speakers will be
limited to a maximum of three minutes each*). No comments were heard.

ADJOURNMENT TO
CLOSED SESSION At 5:31pm Ms. Hubbard stated the meeting would adjourn to closed
session to allow the Board of Directors to:
 A. Confer regarding action filed against Northern Inyo Healthcare
 District and other Defendants (Government Code Section
 54956.9(a)).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN At 5:50pm the meeting returned to open session. Ms. Hubbard reported
the Board took no reportable action.

ADJOURNMENT The meeting was adjourned at 5:51 pm.

M.C. Hubbard, President

Attest:

Denise Hayden, Vice President

- CALL TO ORDER The meeting was called to order at 5:30 pm by M.C. Hubbard, President.
- PRESENT M.C. Hubbard, President
Denise Hayden, Vice President
John Ungersma M.D., Member at Large
- ABSENT D. Scott Clark M.D., Secretary
Peter Watercott, Treasurer
- ALSO PRESENT Kevin S. Flanigan MD, MBA, Acting Chief Executive Officer
Mark Robinson M.D., Chief of Staff
Sandy Blumberg, Executive Assistant
- PUBLIC COMMENT Ms. Hubbard announced at this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers are limited to a maximum of three minutes each. The following persons spoke during public comment:
- Robert Cliforth
 - Dennis Niehans
 - Cindy Freeman
- CONSENT AGENDA Ms. Hubbard then called attention to the consent agenda for this meeting, which contained the following items:
- Approval of minutes of the August 19 2015 regular meeting
 - Approval of minutes of the September 14 2015 special meeting
 - Approval of minutes of the September 16 2015 special meeting
 - Financial and statistical reports for July 2015
 - Financial and Statistical reports for August 2015
- It was moved by John Ungersma M.D., seconded by Denise Hayden, and unanimously passed to approve all five consent agenda items as presented.
- CHIEF EXECUTIVE OFFICER REPORT Kevin S. Flanigan MD, MBA, Acting Chief Executive Officer (CEO) reported the leadership transition at Northern Inyo Hospital (NIH) is going well, and the current focus of the Board of Directors, the Executive Team, and hospital staff is to concentrate on continuous improvement of health care services for the members of this community.
- LEADERSHIP TRANSITION
- ICD-10 TRANSITION Doctor Flanigan additionally reported the transition to ICD-10 coding has gone very smoothly and there has been no delay in the provision of health care services for our patients thanks to the diligence and careful planning of hospital staff.
- BETA HEALTHCARE GROUP RECOGNITION Beta Healthcare Group has recognized Northern Inyo Hospital for excellence in quality and safety of care provided to mothers and babies in

the NIH Obstetrics (OB) unit. The hospital has received a 5% reduction to its insurance premium as a result.

MAMMOGRAPHY
ACCREDITATION

NIH's Mammography accreditation has been renewed by the American College of Radiology, and during Breast Cancer Awareness month the hospital will work in collaboration with Toiyabe Indian Health Project to provide an outreach to promote women's health and breast care services available to Toiyabe patients and to the community as a whole.

LEADERSHIP
TRAINING

Doctor Flanigan additionally reported that the hospital will continue with its' leadership development program, and a second group of hospital managers will participate in the training titled *The 7 Habits of Highly Effective People* that will begin during the last week of October.

UROLOGY SERVICES

Doctor Flanigan also expressed NIH's sincere sympathy regarding the unexpected passing of urologist Tomi Bortolazzo M.D., stating that Northern Inyo Hospital is doing everything it can to help ensure continuity of care and support for Doctor Bortolazzo's patients in order to prevent them from experiencing a lapse in coverage of services. Northern Inyo Healthcare District and Southern Mono Healthcare District will work together in a collaborative effort to recruit a new urologist.

MEETING, SOUTHERN
INYO HEALTHCARE
DISTRICT

Doctor Flanigan reported he recently met with Southern Inyo Hospital (SIH) CEO Lee Baron, and will also attend a community meeting in Lone Pine to discuss future planning for SIH, and to discuss possible areas of collaboration between the two hospital facilities.

MEETING, SOUTHERN
MONO HEALTHCARE
DISTRICT

Doctor Flanigan has additionally met with Mammoth Hospital Chief Medical Officer Craig Burroughs M.D. to discuss possibilities for future collaboration between Southern Mono and Northern Inyo Healthcare Districts.

340B PROGRAM AUDIT
REPORT

Doctor Flanigan reported the hospital has conducted an internal audit of its' 340B Pharmacy program in order to ensure that we are in compliance, and in an effort to identify areas of potential improvement including policy development and improved handling of inventory.

CHIEF OF STAFF
REPORT

Chief of Staff Mark Robinson M.D. reported following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee recommends approval of the following hospital wide policies and procedures:

POLICY AND
PROCEDURE
APPROVALS

1. *Patient Mobility Assessment*
2. *Standard of Care: End of Life*
3. *Bili Scan Transcutaneous Bilirubin Testing*
4. *Calibration of Equal Arm Prescription Scale (Balance Scale) Policy*
5. *Look-alike, Sound-alike Drugs*
6. *Medication Administration Labeling for Topical: Creams and Ointments*

7. *Returning of Instrument to Central Sterile Processing*

8. *Sterile Processing - P&P/Form Oversight*

9. *Antimicrobial Stewardship*

It was moved by Ms. Hayden, seconded by Doctor Ungersma, and unanimously passed to approve policies and procedures 1 through 9 as presented.

DROPLESS
FORMULATION

FORM APPROVALS

Doctor Robinson also stated the Medical Executive Committee additionally recommends approval of the following three items:

- Approval of use of Dropless Formulation
- Approval of *Confidential Peer Review* form
- Approval of *Radiology Privileges Request* form

It was moved by Ms. Hayden, seconded by Doctor Ungersma, and unanimously passed to approve the use of Dropless Formulation as recommended. It was then moved by Doctor Ungersma, seconded by Ms. Hayden, and unanimously passed to approve the Confidential Peer Review form as recommended. It was then moved by Ms. Hayden, seconded by Doctor Ungersma, and unanimously passed to approve the Radiology Privileges Request form as presented.

ADVANCEMENT OF
SUNNY SAWYER, PA-
C'S PROCTORING
PERIOD

Doctor Robinson also reported following careful review and consideration the Medical Executive Committee recommends advancement of Sunny Sawyer, PA-C's proctoring period based upon Dr. Brown's reviews of Sunny Sawyer's charts. It was moved by Doctor Ungersma, seconded by Ms. Hayden, and unanimously passed to approve advancement of Sunny Sawyer, PA-C's proctoring period as recommended.

RELEASE FROM
PROCTORSHIP OF
ARVINDER BIR, M.D.

Doctor Robinson also stated the Medical Executive Committee recommends the release from proctorship of temporary locum tenens Family Medicine physician Arvinder Bir M.D.. It was moved by Doctor Ungersma, seconded by Ms. Hayden, and unanimously passed to approve the release from proctorship of Doctor Arvinder Bir as requested.

ED TRIAGE PROTOCOL
CHECKLISTS

Doctor Robinson additionally reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the *ED Triage Protocol Checklists*. It was moved by Doctor Ungersma, seconded by Ms, Hayden, and unanimously passed to approve the *ED Triage Protocol Checklists* as presented.

CHIEF NURSING
OFFICER REPORT

Chief Nursing Officer Kathryn Decker, RN provided a monthly nursing department report which included the following:

- Swing Bed Activities Director Pat Calloway will end her agreement with NIH effective October 31, 2015. The District sincerely appreciates Ms. Calloway's many years of dedicated service to the Hospital and its patients.
- Nursing staffing, core coverage, and current RN recruitment efforts were also reviewed

- Recent nursing position changes were also reported
- Congratulations went out to Nel Hecht RN, Manager of Infection Control and Employee Health who recently passed her CIC Infection Control Certification exam.

CHIEF PERFORMANCE
EXCELLENCE OFFICER
REPORT

Chief Performance Excellence Officer Maria Sirois provided a monthly report on Performance Excellence activities which included the following:

- Infection control numbers at NIH are four times lower than the national average
- Several of the departments' current projects are aimed at improving clinical documentation, which may also result in an increase of revenue for the hospital
- A comprehensive wound care standardization project is in progress
- The hospital is turning its attention to the issue of workplace violence in light of upcoming changes to OSHA standards and in response to a national upward trend in workplace violence incidents. NIH is in the process of conducting a facility assessment and determining those areas which may be considered to be high risk at NIH.

OLD BUSINESS

NIH FOUNDATION
BOARD MEMBER
APPROVAL

NIH Foundation Executive Director Greg Bissonette requested approval of Mr. Ken Partridge to serve as a member of the NIH Foundation Board of Directors. It was moved by Dr. Ungersma, seconded by Ms. Hayden, and unanimously passed to approve the appointment of Mr. Ken Partridge to the NIH Foundation Board as requested.

EMERGENCY
DEPARTMENT
CONTRACT RENEWAL
UPDATE

Doctor Flanigan reported he has participated in an initial meeting with the hospital's current Emergency Department physician group regarding their upcoming contract renewal. The individual who is appointed to be Interim CEO by the District Board will be empowered to move forward and continue with those contract negotiations.

NEW BUSINESS

RATIFICATION OF RHC
PHYSICIAN STAFF
AGREEMENT WITH
STACEY BROWN MD

Doctor Flanigan requested ratification of an extension of the *Rural Health Clinic (RHC) Physician Staff Agreement* with Stacey Brown M.D. through December 31, 2015. It was moved by Doctor Ungersma, seconded by Ms. Hayden, and unanimously passed to ratify the extension of Doctor Stacey Brown's *RHC Physician Staff Agreement* as requested.

AUTHORIZATION TO
BIND SHIP GRANT

NIH Foundation Executive Director Greg Bissonette called attention to a document required by the California Department of Healthcare Services Primary, Rural, and Indian Health Care Division to bind the Small Rural Hospital Improvement Program (SHIP) grant on behalf of Northern Inyo Healthcare District. It was moved by Ms. Hayden, seconded by Doctor Ungersma, and unanimously passed to authorize the binding of the SHIP grant as requested.

PHI BREACH REPORT

Chief Compliance Officer Kelli Huntsinger called attention to a report on *NIH Breaches of Protected Health Information (PHI)* for the years 2011

through 2014. The report identified 82 privacy-related breaches, most of which were faxing incidents and misdirected mailings, with a smaller percentage of incidents relating to unlawful access and disclosure. Ms. Huntsinger stated that moving forward PHI Breach reports will be provided on an annual basis.

BOARD MEMBER
REPORTS

Ms. Hubbard asked if any members of the District Board of Directors wished to comment on any items of interest. Doctor Ungersma reported the Association of California Healthcare Districts (ACHD) annual conference will be held in January 2016, and he encouraged as many Board members as possible to attend.

ADJOURNMENT TO
CLOSED SESSION

At 6:30 pm Ms. Hubbard announced the meeting would adjourn to closed session to allow the Board of Directors to:

- A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*Section 32155 of the Health and Safety Code, and Section 54962 of the Government Code*).
- B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation (*Government Code Section 54956.9*).
- C. Confer regarding action filed against Northern Inyo Healthcare District and other Defendants (*Government Code Section 54956.9(a)*).
- D. CEO Employment/Recruitment (*Government Code Section 54957*).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 7:25 pm the meeting returned to open session. Ms. Hubbard reported that the Board took no reportable action.

CEO EMPLOYMENT/
RECRUITMENT

It was then moved by Doctor Ungersma, seconded by Denise Hayden, and unanimously passed to appoint Kevin S. Flanigan MD, MBA to be Interim Chief Executive Officer of Northern Inyo Hospital, and to authorize District Legal Counsel to prepare the appropriate documents.

DETERMINATION OF
DATES FOR
NOVEMBER AND
DECEMBER REGULAR
MEETINGS

Ms. Hubbard then called attention to determination of the dates for the November and December regular meetings of the District Board. It was moved by Ms. Hayden, seconded by Doctor Ungersma, and unanimously passed to designate the dates of November 18 2015 and December 16 2015 for the next two regular meetings.

ADJOURNMENT

The meeting was adjourned at 7:34 pm.

M.C. Hubbard, President

Attest: Denise Hayden, Vice President

NORTHERN INYO HOSPITAL

EXECUTIVE TEAM MEETINGS

Meeting Minutes, November 29, 2015

Member:	10/29									Member:	10/29							
K. Flanigan, MD MBA	P									M. Robinson, MD	P							
M. Sirois	P									J. Ungersma, MD	P							
K. Huntsinger	P									MC Hubbard	P							
C. Petersen	P									D. Hayden	P							
G. Stottlemire	P																	
J. Engblade, MD	P																	
S. Brown, MD	P																	

Topic	Discussion	Action	Responsible Party
1. Call to order	Board President MC Hubbard called the meeting to order 8:15A		
2. Floor opened to public comment	No public comment made		
3. See agenda for title	<p>Dr. Flanigan opened the discussion with an explanation of the goals of this meeting, David Sandberg moderated a discussion of why have a Mission Statement and what is a Vision and why are they important. The goals of the meeting were defined as reviewing the history of NIHD from when there was only a hospital present in the community to the passage of legislation creating hospital districts to today's existence of a healthcare district. Then participants then learned why long-term success for an organization is typically built around a clear Mission and understanding of a Vision and what comprises 'great' Mission Statements and Visions. Three small workgroups were formed and worked individually for 90min reviewing the existing Mission Statement and developing proposals for edits vs. a new Mission Statement. At 1145A a group consensus was formed on a new draft Mission Statement-</p> <p>Improving our community one life at a time One Team. One Goal. Your Health!</p> <p>The participants then reviewed the key questions a Vision is intended to address</p> <p>What does the industry look like in 3-5 years? What is NIHD doing in 3-5 years? What will we look like in 3-5 years?</p>	Circulate draft Mission Statement for edits, revisions and assessment of whether it is effective at defining why NIHD exists and if it motivates current and future employees.	Dr. Flanigan

Topic	Discussion	Action	Responsible Party
4. Adjournment	Meeting adjourned at 1150A		

Submitted by

Approved by:

BUDGET VARIANCE ANALYSIS

Sep-15 Fiscal Year Ending June 30, 2016

Year to date for the period ending September 30, 2015

	-25 or	-2%	less IP days than in the prior fiscal year
\$	(84,960) or	-0.81%	under budget in IP Ancillary Revenue and
\$	(66,117) or	-0.3%	under budget in OP Revenue resulting in
\$	(151,078) or	-0.5%	under budget in gross patient revenue &
\$	(534,455) or	-2.9%	under budget in net patient revenue

Year-to-date Net Revenue was	\$	17,851,600
Total Operating Expenses were:	\$	16,514,866

for the fiscal year to date

\$	(500,545) or	-2.9%	under budget. Wages and Salaries were
\$	(805,134) or	-13.2%	under budget and Employee Benefits
\$	(9,647) or	-0.3%	under budget.

72% Employee Benefits Percentage of Wages

The following expense areas were also over budget for the year for reasons listed:

\$	374,719	or	21.2%	Professional Fees due to Contract Employees
\$	124,899	or	12.9%	Other Expenses

Other Information:

\$	1,443,222		Operating Income, less	
\$	(1,088,597)		loss in non-operating activities created a net income	
\$	354,625	\$	69,402	of;
			43.19%	over budget.
			41.77%	Contractual Percentages for Year and
\$	209,699			Budgeted Contractual Percentages including
				in prior year cost report settlement activity for Medicare & Medi-Cal

Non-Operating actives included:

\$	(1,074,338) loss	\$	(191,795)	over budget in Medical Office Activities & Over Budget
				on Interest Expense
\$	62,611	\$	(31,100)	under budget in 340B Pharmacy Activity

Contractual Percentage Information

Month Percentage	44%	Year Percentage	43%
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Northern Inyo Hospital
Balance Sheet
Period Ending September 30, 2015

Current Assets:	Current Month	Prior Month	Change
Cash and Equivalents	3,660,732	2,998,582	662,150
Short-Term Investments	11,191,016	11,191,016	-
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	2	2	-
Other Investments	912,186	978,712	(66,526)
Patient Receivable	48,195,480	48,648,181	(452,701)
Less: Allowances	(37,943,242)	(37,186,174)	(757,067)
Other Receivables	841,199	748,114	93,085
Inventories	3,594,611	3,412,497	182,114
Prepaid Expenses	1,627,174	1,467,613	159,561
Total Current Assets	32,079,158	32,258,543	(179,385)
Internally Designated for Capital Acquisitions	1,124,238	1,124,228	10
Special Purpose Assets	954,700	954,676	24
Limited Use Asset; Defined Contribution Pension	389,398	389,398	-
Revenue Bonds Held by a Trustee	3,145,623	2,983,866	161,757
Less Amounts Required to Meet Current Obligations	-	-	-
Assets Limited as to use	5,613,958	5,452,167	161,791
Long Term Investments	1,000,000	1,000,000	-
Property & equipment, net Accumulated Depreciation	86,313,864	86,633,189	(319,326)
Unamortized Bond Costs	-	-	-
Total Assets	125,006,980	125,343,900	(336,920)

Northern Inyo Hospital
Balance Sheet
Period Ending September 30, 2015

Liabilities and Net Assets

Current Liabilities:

Current Maturities of Long-Term Debt	1,690,422	2,233,221	(542,799)
Accounts Payable	2,435,488	1,431,885	1,003,603
Accrued Salaries, Wages & Benefits	4,760,725	4,756,389	4,337
Accrued Interest and Sales Tax	258,600	600,229	(341,629)
Deferred Income	414,815	460,905	(46,091)
Due to 3rd Party Payors	1,572,594	1,822,594	(250,000)
Due to Specific Purpose Funds	-	-	-
Total Current Liabilities	11,132,644	11,305,223	(172,579)

Long Term Debt, Net of Current Maturities	47,955,050	47,955,050	-
Bond Premium	1,115,410	1,121,007	(5,597)
Accreted Interest	8,545,570	8,435,022	110,549
Total Long Term Debt	57,616,031	57,511,079	104,952

Net Assets

Unrestricted Net Assets less Income Clearing	55,572,931	55,973,945	(401,013)
Temporarily Restricted	954,700	954,676	24
Net Income (Income Clearing)	(269,326)	(401,023)	131,696
Total Net Assets	56,258,305	56,527,598	(269,293)

Total Liabilities and Net Assets	125,006,980	125,343,900	(336,920)
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NORTHERN INYO HOSPITAL
STATEMENT OF OPERATIONS
for period ending September 30, 2015

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
Unrestricted Revenues, Gains & Other Support						
Inpatient Service Revenue						
Routine	626,067	799,007	(172,940)	2,549,682	2,397,021	152,661
Ancillary	1,834,683	2,714,930	(880,247)	7,907,169	8,144,790	(237,621)
Total Inpatient Service Revenue	2,460,750	3,513,937	(1,053,187)	10,456,851	10,541,811	(84,960)
Outpatient Service Revenue	6,968,142	7,011,065	(42,923)	20,967,078	21,033,195	(66,117)
Gross Patient Service Revenue	9,428,892	10,525,002	(1,096,110)	31,423,928	31,575,006	(151,078)
Less Deductions from Revenue						
Patient Service Revenue Deductions	182,283	244,148	(61,865)	566,165	732,444	(166,279)
Contractual Adjustments	4,447,762	4,161,336	286,426	13,215,862	12,484,008	731,854
Prior Period Adjustments	(489,269)	(9,167)	(480,102)	(209,699)	(27,501)	(182,198)
Total Deductions from Patient Service Revenue	4,140,776	4,396,317	(255,541)	13,572,328	13,188,951	383,377
Net Patient Service Revenue	5,288,116	6,128,685	(840,569)	17,851,600	18,386,055	(534,455)
Other revenue	41,088	41,082	6	106,487	123,246	(16,759)
Total Other Revenue	41,088	41,082	6	106,487	123,246	(16,759)
Expenses:						
Salaries and Wages	1,724,023	2,031,988	(307,965)	5,290,830	6,095,964	(805,134)
Employee Benefits	977,292	1,270,352	(293,060)	3,801,409	3,811,056	(9,647)
Professional Fees	747,205	588,624	158,581	2,140,591	1,765,872	374,719
Supplies	433,193	512,905	(79,712)	1,268,267	1,538,715	(270,448)
Purchased Services	236,662	319,385	(82,723)	858,208	958,155	(99,947)
Depreciation	436,132	425,849	10,365	1,268,919	1,277,547	(8,546)
Bad Debts	194,369	200,193	(5,824)	794,138	600,579	193,559
Other Expense	351,201	322,535	28,666	1,092,504	967,605	124,899
Total Expenses	5,100,077	5,671,831	(571,672)	16,514,866	17,015,493	(500,545)
Operating Income (Loss)	229,126	497,936	(268,892)	1,443,222	1,493,808	(50,668)
Other Income:						
District Tax Receipts	46,091	44,416	1,675	138,272	133,248	5,024
Tax Revenue for Debt	84,288	83,979	309	252,864	251,937	927
Partnership Investment Income	-	-	-	-	-	-
Grants and Other						
Contributions Unrestricted	40,521	3,047	37,474	316,705	9,141	307,564
Interest Income	22,943	13,830	9,113	72,812	41,490	31,322
Interest Expense	(287,849)	(285,656)	(2,193)	(864,407)	(856,968)	(7,439)
Other Non-Operating Income	2,038	439	1,599	6,884	1,317	5,567
Net Medical Office Activity	(401,036)	(294,181)	(106,855)	(1,074,338)	(882,543)	(191,795)
340B Net Activity	(5,449)	31,237	(36,686)	62,611	93,711	(31,100)
Non-Operating Income/Loss	(498,453)	(402,889)	(95,564)	(1,088,597)	(1,208,667)	120,070
Net Income/Loss	(269,326)	95,047	(364,455)	354,625	285,141	69,402

NORTHERN INYO HOSPITAL
OPERATING STATISTICS
for period ending September 30, 2015

	FYE 2016		FYE 2015	Variance	
	Month to Date	Year-to-Date	Year-to-Date	from PY	
Licensed Beds	25	25	25		
Total Patient Days with NB	257	1,021	1,046	(25)	-2%
Swing Bed Days	50	142	229	(87)	
Discharges with NB	94	362	326	36	
Days in Month	30	92	92		
Occupancy	8.57	11.10	11.37	(0)	
Average Stay (days)	2.73	2.82	3.21	(0)	
Hours of Observation (OSHPD)	349	1,023	1,520	(497)	
Observation Adj Days	15	43	59	(17)	
ER Visits (OSHPD)	661	1,974	2,030	(56)	
Outpatient Visits (OSHPD)	3,194	9,494	9,548	(54)	
IP Surgeries (OSHPD)	22	84	73	11	
OP Surgery (OSHPD)	102	283	275	8	
Worked FTE's	287.00	335.00	282.00	53	
Paid FTE's	332.00	383.00	323.00	60	
Payor %					
Medicare		37%	40%	-3%	
Medi-Cal		24%	24%	0%	
Insurance, HMO & PPO		36%	35%	1%	
Indigent (Charity Care)		0.7%	0%	0%	
All Other		3%	2%	1%	
Total		<u>100%</u>	<u>100%</u>		

Financial Indicators as of September 30, 2015										
	Target	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15	Mar-15	Feb-15	Jan-15
Current Ratio	>1.5-2.0	2.88	2.85	3.05	2.55	3.01	3.20	3.21	3.41	3.46
Quick Ratio	>1.33-1.5	2.34	2.36	2.52	2.21	2.56	2.68	2.66	2.81	2.89
Days Cash on Hand prior method	>75	153.99	152.62	169.64	147.86	159.00	139.61	126.67	138.83	130.36
Days Cash on Hand Short Term Sources	>75	82.73	77.07	89.59	82.92	83.33	78.31	71.26	61.69	60.80
Debt Service Coverage	>1.5-2.0	2.21	2.71	4.56	1.97	2.02	2.16	1.94	1.93	1.97
Debt Service Coverage as outlined in 2010 and 2013 Revenue Bonds require that the district has a debt service coverate ratio of 1.50 to 1 (can be 1:25 to 1 with 75 days cash on hand)										
Debt Service Coverage is calculated as Net Income (Profit/Loss) from the Income Statement PLUS Depreciation & Interest Expense added back divided by the Current Interest & Principle for TOTAL DEBT from the Debt Information divided by number of closed fiscal periods										
Current Ratio Equals (from Balance Sheet) Current Assets divided by Current Liabilities										
Quick Ratio Equals (from Balance Sheet) Current Assets;Cash and Equivalents through Net Patient Accounts Receivable Only divided by Current Liabilities										
Updated Days Cash on hand Short Term = current cash & short term investments / by total operating expenses year-to-date / by days in fiscal year										

Investments as of September 30, 2015

ID	Purchase Date	Maturity Date	Institution	Broker	Rate	Principal Invested
2	02-Aug-15	01-Sep-15	Local Agency Investment Fund	Northern Inyo Hospital	0.34%	10,659,090.60
				Short Term Invesetments		10,659,090.60
3	16-Apr-14	15-Oct-16	Wachovia Corp New Note	Multi-Bank Service	1.38%	552,142.50
4	13-Jun-14	13-Jun-18	Synchrony Bank Retail-FNC	Financial Northeaster Corp.	1.60%	250,000.00
5	28-Nov-14	28-Nov-18	American Express Centurion Bank	Financial Northeaster Corp.	2.00%	150,000.00
6	02-Jul-14	02-Jul-19	Barclays Bank	Financial Northeaster Corp.	2.05%	250,000.00
7	02-Jul-14	02-Jul-19	Goldman SachsBank USA NY CD	Financial Northeaster Corp.	2.05%	250,000.00
8	20-May-15	20-May-20	American Express Centurion Bank	Financial Northeaster Corp.	2.05%	100,000.00
				Long Term Investments		\$1,552,142.50
				TOTAL INVESTMENTS		\$12,211,233.10
1	02-Sep-15	30-Sep-15	LAIF Defined Cont Plan	Northern Inyo Hospital	0.32%	389,397.67
				TOTAL LAIF		11,048,488.27

**Fixed Assets Module Balance
Fiscal Year Ending June 2016**

	July	August	September
Beginning Period Balance	23,281,082.21	23,360,730.22	23,528,142.01
Additions	79,328.97	141,172.79	189,640.32
Cost Adjustments	319.04	31,088.00	2,020.00
Deletions	-	4,849.00	-
Balance	<u>23,360,730.22</u>	<u>23,528,142.01</u>	<u>23,719,802.33</u>
GL Ending Balance	23,360,203.41	23,527,615.20	23,607,189.04
Difference	<u>(526.81)</u>	<u>(526.81)</u>	<u>(112,613.29)</u>
Beginning Year Difference	526.81	526.81	526.81

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:					
Permanent Location:		Entry Period:									
001446 7070	GUEST CHAIR LEATHER BLACK	07/08/2015 1 -2016	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64
001447 7070	GUEST CHAIR LEATHER BLACK	07/08/2015 1 -2016	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64
001448 7070	GUEST CHAIR LEATHER BLACK	07/08/2015 1 -2016	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001449	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

001450	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

001451	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001452	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				
		<u>Entry Period:</u>				
		<u>Asset Life</u>	<u>Start Period</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
		180	7-2016	\$0.00	\$0.00	\$1.35
		<u>Method</u>	<u>Acquisition Cost:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
		Sch. 1: Straight Line 1/2 Year	\$162.99	\$0.00	\$0.00	\$161.64
			<u>Total Cost:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
			\$162.99	\$0.00	\$0.00	\$161.64
			<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
			\$0.00	\$0.00	\$0.00	\$161.64
001453	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				
		<u>Entry Period:</u>				
		<u>Asset Life</u>	<u>Start Period</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
		180	7-2016	\$0.00	\$0.00	\$1.35
		<u>Method</u>	<u>Acquisition Cost:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
		Sch. 1: Straight Line 1/2 Year	\$162.99	\$0.00	\$0.00	\$161.64
			<u>Total Cost:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
			\$162.99	\$0.00	\$0.00	\$161.64
			<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
			\$0.00	\$0.00	\$0.00	\$161.64
001454	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				
		<u>Entry Period:</u>				
		<u>Asset Life</u>	<u>Start Period</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
		180	7-2016	\$0.00	\$0.00	\$1.35
		<u>Method</u>	<u>Acquisition Cost:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
		Sch. 1: Straight Line 1/2 Year	\$162.99	\$0.00	\$0.00	\$161.64
			<u>Total Cost:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
			\$162.99	\$0.00	\$0.00	\$161.64
			<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Book Value</u>
			\$0.00	\$0.00	\$0.00	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001455	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

001456	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

001457	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
Permanent Location:		Entry Period:				

001458	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1 - 2016				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00
					<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>
					\$0.00	\$0.00
					<u>Accumulated Depreciation</u>	<u>Book Value</u>
					\$1.35	\$161.64

001459	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1 - 2016				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00
					<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>
					\$0.00	\$0.00
					<u>Accumulated Depreciation</u>	<u>Book Value</u>
					\$1.35	\$161.64

001460	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1 - 2016				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00
					<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>
					\$0.00	\$0.00
					<u>Accumulated Depreciation</u>	<u>Book Value</u>
					\$1.35	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001461	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

001462	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

001463	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
Permanent Location:		Entry Period:				

001464 7070	GUEST CHAIR LEATHER BLACK	07/08/2015 1-2016	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00
					<u>Current Period Depreciation</u>	<u>Accumulated Depreciation</u>
					\$0.00	\$1.35
					<u>YTD Depreciation</u>	<u>Book Value</u>
					\$0.00	\$161.64

001465 7070	GUEST CHAIR LEATHER BLACK	07/08/2015 1-2016	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00
					<u>Current Period Depreciation</u>	<u>Accumulated Depreciation</u>
					\$0.00	\$1.35
					<u>YTD Depreciation</u>	<u>Book Value</u>
					\$0.00	\$161.64

001466 7070	GUEST CHAIR LEATHER BLACK	07/08/2015 1-2016	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00
					<u>Current Period Depreciation</u>	<u>Accumulated Depreciation</u>
					\$0.00	\$1.35
					<u>YTD Depreciation</u>	<u>Book Value</u>
					\$0.00	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001467	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001468	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001469	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001470	GUEST CHAIR LEATHER BLACK	07/08/2015	7070 - RURAL HEALTH CLINIC	1241 - 1201	8814 - 8074	1291 - 1260
7070		1-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$162.99	\$0.00	\$162.99	\$0.00	\$0.00	\$0.00	\$1.35	\$161.64
Sch. 1:			\$4,074.75	\$0.00	\$4,074.75	\$0.00	\$0.00	\$0.00	\$33.75	\$4,041.00

Total For: Department - (7070 - RURAL HEALTH CLINIC)

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001551	SPEAKER	08/31/2015	7071 - RHC OB/GYN SPEC	1241 - 1201	8814 - 8074	1291 - 1260
7071		2-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$679.97	\$0.00	\$679.97	\$0.00	\$0.00	\$0.00	\$12.36	\$667.61
Sch. 1:			\$567.16	\$0.00	\$567.16	\$0.00	\$0.00	\$0.00	\$3.44	\$563.72

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001553	2 DRAWER VERTICAL FILE CABINET	08/31/2015	7071 - RHC OB/GYN SPEC	1241 - 1201	8814 - 8074	1291 - 1260
7071		2 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$521.68	\$0.00	\$521.68	\$0.00	\$0.00	\$0.00	\$3.16	\$518.52

001554	MAYO STAND	08/31/2015	7071 - RHC OB/GYN SPEC	1241 - 1201	8814 - 8074	1291 - 1260
7071		2 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$171.50	\$0.00	\$171.50	\$0.00	\$0.00	\$0.00	\$1.04	\$170.46

Sch. 1:			\$1,940.31	\$0.00	\$1,940.31	\$0.00	\$0.00	\$0.00	\$20.00	\$1,920.31
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Total For: Department - (7071 - RHC OB/GYN SPEC)

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID: 001614	Description: TISSUE TEK VIP 6	Acq. Date: 08/25/2015	Department: 7520 - PATHOLOGY	GL Asset Account #: 1241 - 1201	GL Depreciation Expense Account: 8814 - 8074	GL Accumulated Depreciation Account: 1291 - 1260
Permanent Location: 7503		Entry Period: 2 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	84	7-2016	\$52,379.00	\$4,733.59	\$57,112.59	\$0.00	\$0.00	\$0.00	\$741.72	\$56,370.87

Sch. 1: \$52,379.00 \$4,733.59 \$57,112.59 \$0.00 \$0.00 \$0.00 \$741.72 \$56,370.87

Total For: Department - (7520 - PATHOLOGY)

001615	ORTHO™ WORKSTATION	08/26/2015	7540 - BLOOD BANK	1241 - 1201	8814 - 8074	1291 - 1260
7503		2 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	72	7-2016	\$4,750.30	\$449.50	\$5,199.80	\$0.00	\$0.00	\$0.00	\$78.78	\$5,121.02

Sch. 1: \$4,750.30 \$449.50 \$5,199.80 \$0.00 \$0.00 \$0.00 \$78.78 \$5,121.02

Total For: Department - (7540 - BLOOD BANK)

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:				
001585 7630	PLAYER; CHAIR-LEG BASE	09/02/2015 3 -2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$206.15	\$0.00	\$206.15	\$0.00	\$0.00	\$0.00	\$0.69	\$205.46
001586 7630	PLAYER; CHAIR-LEG BASE	09/02/2015 3 -2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$206.15	\$0.00	\$206.15	\$0.00	\$0.00	\$0.00	\$0.69	\$205.46
001587 7630	PLAYER; CHAIR-LEG BASE	09/02/2015 3 -2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$206.15	\$0.00	\$206.15	\$0.00	\$0.00	\$0.00	\$0.69	\$205.46

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:				
001588 7630	PLAYER; CHAIR-LEG BASE	09/02/2015 3-2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$206.15	\$0.00	\$206.15	\$0.00	\$0.00	\$0.00	\$0.69	\$205.46
001589 7630	PLAYER; CHAIR-LEG BASE	09/02/2015 3-2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$206.15	\$0.00	\$206.15	\$0.00	\$0.00	\$0.00	\$0.69	\$205.46
001590 7630	EXECUTIVE PAYBACK; BOOKCASE	09/02/2015 3-2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	240	7-2016	\$437.29	\$0.00	\$437.29	\$0.00	\$0.00	\$0.00	\$1.09	\$436.20

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:				
Permanent Location:		Entry Period:								
001591 7630	DESK PEDESTAL, RIGHT HAND 30X60	09/02/2015 3 -2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	240	7-2016	\$725.93	\$0.00	\$725.93	\$0.00	\$0.00	\$0.00	\$1.81	\$724.12
001592 7630	EXECUTIVE PAYBACK; TABLE-ROUND	09/02/2015 3 -2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$674.74	\$0.00	\$674.74	\$0.00	\$0.00	\$0.00	\$2.25	\$672.49
001593 7630	PLAYER; CHAIR-SLED BASE	09/02/2015 3 -2016	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$266.58	\$0.00	\$266.58	\$0.00	\$0.00	\$0.00	\$0.89	\$265.69

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
Permanent Location:		Entry Period:				

001594	PLAYER; CHAIR-SLED BASE	09/02/2015	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260
7630		3 -2016				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$266.58	\$0.00	\$266.58	\$0.00
					<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>
					\$0.00	\$0.00
					<u>Accumulated Depreciation</u>	<u>Book Value</u>
					\$0.89	\$265.69

001595	PLAYER; CHAIR-SLED BASE	09/02/2015	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260
7630		3 -2016				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$266.58	\$0.00	\$266.58	\$0.00
					<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>
					\$0.00	\$0.00
					<u>Accumulated Depreciation</u>	<u>Book Value</u>
					\$0.89	\$265.69

001596	PLAYER; CHAIR-SLED BASE	09/02/2015	7630 - RADIOLOGY	1241 - 1201	8814 - 8074	1291 - 1260
7630		3 -2016				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$266.59	\$0.00	\$266.59	\$0.00
					<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>
					\$0.00	\$0.00
					<u>Accumulated Depreciation</u>	<u>Book Value</u>
					\$0.89	\$265.70

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	001597	Description:	TABLE-ROUND, 36 DIA	Acq. Date:	09/02/2015	Department:	7630 - RADIOLOGY	GL Asset Account #:	1241 - 1201	GL Depreciation Expense Account:	8814 - 8074	GL Accumulated Depreciation Account:	1291 - 1260
Permanent Location:	7630			Entry Period:	3-2016								

Method	Sch. 1: Straight Line 1/2 Year	Asset Life	180	Start Period	7-2016	Acquisition Cost:	\$419.87	Cost Adjust/Trans:	\$0.00	Total Cost:	\$419.87	Salvage Value	\$0.00	Current Period Depreciation	\$0.00	YTD Depreciation	\$0.00	Accumulated Depreciation	\$1.40	Book Value	\$418.47
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Method	Sch. 1: Straight Line 1/2 Year	Asset Life	144	Start Period	7-2016	Acquisition Cost:	\$2,308.17	Cost Adjust/Trans:	\$0.00	Total Cost:	\$2,308.17	Salvage Value	\$0.00	Current Period Depreciation	\$0.00	YTD Depreciation	\$0.00	Accumulated Depreciation	\$9.62	Book Value	\$2,298.55
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Method	Sch. 1:	Asset Life		Start Period		Acquisition Cost:	\$6,663.08	Cost Adjust/Trans:	\$0.00	Total Cost:	\$6,663.08	Salvage Value	\$0.00	Current Period Depreciation	\$0.00	YTD Depreciation	\$0.00	Accumulated Depreciation	\$23.18	Book Value	\$6,639.90
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Total For: Department - (7630 - RADIOLOGY)

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001618	PENVIEW TOMOSYNTHESIS VIEWER	09/09/2015	7639 - MAMMOGRAPHY	1241 - 1201	8814 - 8074	1291 - 1260
7630		Entry Period: 2 - 2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	36	7-2016	\$5,000.00	\$2,020.00	\$7,020.00	\$0.00	\$0.00	\$0.00	\$185.18	\$6,834.82
Sch. 1:			\$5,000.00	\$2,020.00	\$7,020.00	\$0.00	\$0.00	\$0.00	\$185.18	\$6,834.82

Total For: Department - (7639 - MAMMOGRAPHY)

001609	ATOMLAB 500 DOSE CALIBRATOR	08/17/2015	7650 - NUCLEAR MEDICINE	1241 - 1201	8814 - 8074	1291 - 1260
7650		Entry Period: 2 - 2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$5,850.00	\$563.00	\$6,413.00	\$0.00	\$0.00	\$0.00	\$116.60	\$6,296.40
Sch. 1:			\$5,850.00	\$563.00	\$6,413.00	\$0.00	\$0.00	\$0.00	\$116.60	\$6,296.40

Total For: Department - (7650 - NUCLEAR MEDICINE)

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:					
Permanent Location:		Entry Period:									
001603 7670	TABLE ULTRA PRO ULTRASOUND	08/05/2015 2 -2016	7670 - ULTRASOUND	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$6,841.68	\$1,123.27	\$7,964.95	\$0.00	\$0.00	\$0.00	\$48.28	\$7,916.67
001604 7670	TABLE BIODEX FOOT CONTROL	08/05/2015 2 -2016	7670 - ULTRASOUND	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$639.23	\$104.95	\$744.18	\$0.00	\$0.00	\$0.00	\$4.51	\$739.67
001605 7670	IV POLE BIODEX TABLES	08/05/2015 2 -2016	7670 - ULTRASOUND	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$217.50	\$35.71	\$253.21	\$0.00	\$0.00	\$0.00	\$1.54	\$251.67

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001606 7670	STIRRUPS RETRACT. BIODEX ULTRA	08/05/2015 2-2016	7670 - ULTRASOUND	1241 - 1201	8814 - 8074	1291 - 1260

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$560.06	\$91.95	\$652.01	\$0.00	\$0.00	\$0.00	\$3.96	\$648.05

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001607 7670	ARMBOARD BIODEX ULTRA	08/05/2015 2-2016	7670 - ULTRASOUND	1241 - 1201	8814 - 8074	1291 - 1260

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$519.17	\$85.23	\$604.40	\$0.00	\$0.00	\$0.00	\$3.66	\$600.74

Sch. 1: \$8,777.64 \$1,441.11 \$10,218.75 \$0.00 \$0.00 \$61.95 \$10,156.80

Total For: Department - (7670 - ULTRASOUND)

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001438	TURBO AIR M3 PREP TABLE	07/02/2015	8320 - KITCHEN	1241 - 1201	8814 - 8074	1291 - 1260
8320		1-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$2,978.22	\$0.00	\$2,978.22	\$0.00	\$0.00	\$0.00	\$37.23	\$2,940.99

Sch. 1: \$2,978.22 \$0.00 \$2,978.22 \$0.00 \$0.00 \$0.00 \$0.00 \$37.23 \$2,940.99

Total For: Department - (8320 - KITCHEN)

001620	JEWETT 50CF REFR GLASS DR 115V	09/17/2015	8390 - PHARMACY	1241 - 1201	8814 - 8074	1291 - 1260
8390		3-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$7,569.47	\$0.00	\$7,569.47	\$0.00	\$0.00	\$0.00	\$37.85	\$7,531.62

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001622	LQS SHELF, 18 X 72, STAINLESS, SOLID	09/21/2015	8390 - PHARMACY	1241 - 1201	8814 - 8074	1291 - 1260
8390		Entry Period: 3 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	240	7-2016	\$14,241.44	\$0.00	\$14,241.44	\$0.00	\$0.00	\$0.00	\$35.60	\$14,205.84
Sch. 1:			\$21,810.91	\$0.00	\$21,810.91	\$0.00	\$0.00	\$0.00	\$73.45	\$21,737.46

Total For: Department - (8390 - PHARMACY)

001528	ZETAFAX COMMSENGINE	08/05/2015	8480 - INFORMATION TECHNOL	1241 - 1201	8814 - 8074	1291 - 1260
8480		Entry Period: 2 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	36	7-2016	\$7,490.00	\$0.00	\$7,490.00	\$0.00	\$0.00	\$0.00	\$226.97	\$7,263.03

Total For: Department - (8480 - INFORMATION TECHNOL)

001549	CITRIX NETSCALER VPX	08/01/2015	8480 - INFORMATION TECHNOL	1241 - 1201	8814 - 8074	1291 - 1260
8480		Entry Period: 2 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$4,148.77	\$0.00	\$4,148.77	\$0.00	\$0.00	\$0.00	\$75.44	\$4,073.33

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001550 8480	CITRIX NETSCALER STD VPX	08/01/2015 2 -2016	8480 - INFORMATION TECHNOLOG	1241 - 1201	8814 - 8074	1291 - 1260

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$973.57	\$0.00	\$973.57	\$0.00	\$0.00	\$0.00	\$17.70	\$955.87

001555 8480	DRAGON MEDICAL 360	08/31/2015 2 -2016	8480 - INFORMATION TECHNOLOG	1241 - 1201	8814 - 8074	1291 - 1260
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<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	36	7-2016	\$36,962.60	\$0.00	\$36,962.60	\$0.00	\$0.00	\$0.00	\$1,120.08	\$35,842.52

001601 8480	DEGAUSSER	07/24/2015 1 -2016	8480 - INFORMATION TECHNOLOG	1241 - 1201	8814 - 8074	1291 - 1260
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<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$3,849.00	\$307.92	\$4,156.92	\$0.00	\$0.00	\$0.00	\$103.92	\$4,053.00

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001602	BAR CODE SCANNER	07/24/2015	8480 - INFORMATION TECHNOLOG	1241 - 1201	8814 - 8074	1291 - 1260
8480		1 - 2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$139.00	\$11.12	\$150.12	\$0.00	\$0.00	\$0.00	\$3.75	\$146.37

001619	FAS8040 HIGH AVAILABILITY SYSTEM	09/16/2015	8480 - INFORMATION TECHNOLOG	1241 - 1201	8814 - 8074	1291 - 1260
8480		3 - 2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	60	7-2016	\$126,700.15	\$0.00	\$126,700.15	\$0.00	\$0.00	\$0.00	\$1,267.00	\$125,433.15

Sch. 1: \$180,263.09 \$319.04 \$180,582.13 \$0.00 \$0.00 \$0.00 \$2,814.86 \$177,767.27

Total For: Department - (8480 - INFORMATION TECHNOLOGY)

001556	SHELL-DESK, CORNER, EXTENDED	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 - 2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	240	7-2016	\$2,507.78	\$0.00	\$2,507.78	\$0.00	\$0.00	\$0.00	\$6.27	\$2,501.51

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001557	EXECUTIVE PAYBACK; TABLE TOP-ROUND	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$553.67	\$0.00	\$553.67	\$0.00	\$0.00	\$0.00	\$1.85	\$551.82

001558	PLAYER; CHAIR-LEG BASE	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.66	\$198.36

001559	PLAYER; CHAIR-LEG BASE	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.66	\$198.36

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001560	LEAP; CHAIR, UPHOLSTERED	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,042.97	\$0.00	\$1,042.97	\$0.00	\$0.00	\$0.00	\$3.48	\$1,039.49

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001561	GINGER; TABLE-ROUND, 18 DIA WOOD TOP	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,176.15	\$0.00	\$1,176.15	\$0.00	\$0.00	\$0.00	\$3.92	\$1,172.23

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001562	EXECUTIVE PAYBACK; LATERAL FILE, 4 DRWR	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,434.20	\$0.00	\$1,434.20	\$0.00	\$0.00	\$0.00	\$4.78	\$1,429.42

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001563	EXECUTIVE PAYBACK; LATERAL FILE, 4 DRWR	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,434.20	\$0.00	\$1,434.20	\$0.00	\$0.00	\$0.00	\$4.78	\$1,429.42

001564	SHELL-DESK, CORNER, EXTENDED, LEFT HAND	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	240	7-2016	\$2,507.79	\$0.00	\$2,507.79	\$0.00	\$0.00	\$0.00	\$6.27	\$2,501.52

001565	EXECUTIVE PAYBACK; TABLE TOP-ROUND	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$553.68	\$0.00	\$553.68	\$0.00	\$0.00	\$0.00	\$1.85	\$551.83

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001566	LEAP; CHAIR, UPHOLSTERED	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 - 2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,042.97	\$0.00	\$1,042.97	\$0.00	\$0.00	\$0.00	\$3.48	\$1,039.49

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.66	\$198.36

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.66	\$198.36

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001569	EXECUTIVE PAYBACK; TABLE TOP-ROUND	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$553.67	\$0.00	\$553.67	\$0.00	\$0.00	\$0.00	\$1.85	\$551.82

001570	PLAYER; CHAIR-LEG BASE	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.66	\$198.36

001571	PLAYER; CHAIR-LEG BASE	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
8650		3 -2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.66	\$198.36

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:					
001572 8650	LEAP; CHAIR, UPHOLSTERED	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,042.97	\$0.00	\$1,042.97	\$0.00	\$0.00	\$0.00	\$3.48	\$1,039.49
001573 8650	LEAP; CHAIR, UPHOLSTERED	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,042.97	\$0.00	\$1,042.97	\$0.00	\$0.00	\$0.00	\$3.48	\$1,039.49
001574 8650	DESK-RECEPTION, LEFT HAND; RIGHT HAND RE	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	240	7-2016	\$1,474.35	\$0.00	\$1,474.35	\$0.00	\$0.00	\$0.00	\$3.69	\$1,470.66

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
Permanent Location:		Entry Period:				
001575 8650	DESK-RECEPTION, RIGHT HAND; LEFT HAND RE	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
	240	7-2016	\$1,474.34	\$0.00	\$1,474.34	\$0.00
Sch. 1:	Straight Line 1/2 Year					
				<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
				\$0.00	\$0.00	\$3.69
						<u>Book Value</u>
						\$1,470.65
<hr/>						
001576 8650	PLAYER; CHAIR-LEG BASE	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00
Sch. 1:	Straight Line 1/2 Year					
				<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
				\$0.00	\$0.00	\$0.66
						<u>Book Value</u>
						\$198.36
<hr/>						
001577 8650	PLAYER; CHAIR-LEG BASE	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260
	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>
	180	7-2016	\$199.02	\$0.00	\$199.02	\$0.00
Sch. 1:	Straight Line 1/2 Year					
				<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
				\$0.00	\$0.00	\$0.66
						<u>Book Value</u>
						\$198.36

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:					
001578 8650	SHELL-DESK, CORNER, EXTENDED, LEFT HAND	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	240	7-2016	\$1,327.16	\$0.00	\$1,327.16	\$0.00	\$0.00	\$0.00	\$3.32	\$1,323.84
001579 8650	LATERAL FILE, FREESTANDING, 3 DRAWERS	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,155.77	\$0.00	\$1,155.77	\$0.00	\$0.00	\$0.00	\$3.85	\$1,151.92
001580 8650	LEAP; CHAIR, UPHOLSTERED	09/02/2015 3-2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260					
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$1,042.97	\$0.00	\$1,042.97	\$0.00	\$0.00	\$0.00	\$3.48	\$1,039.49

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date 07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:				
Permanent Location:		Entry Period:								
001581 8650	PLAYER; CHAIR-LEG BASE	09/02/2015 3 -2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>Total Cost:</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.03	\$0.00	\$0.00	\$199.03	\$0.00	\$0.00	\$0.66	\$198.37
001582 8650	PLAYER; CHAIR-LEG BASE	09/02/2015 3 -2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>Total Cost:</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.03	\$0.00	\$0.00	\$199.03	\$0.00	\$0.00	\$0.66	\$198.37
001583 8650	PLAYER; CHAIR-LEG BASE	09/02/2015 3 -2016	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260				
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>Total Cost:</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.03	\$0.00	\$0.00	\$199.03	\$0.00	\$0.00	\$0.66	\$198.37

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:				
001584	PLAYER; CHAIR-LEG BASE	09/02/2015	8650 - HR AND EDUCATION	1241 - 1201	8814 - 8074	1291 - 1260				
8650		3 -2016								
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>Total Cost:</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$199.03	\$0.00	\$0.00	\$199.03	\$0.00	\$0.00	\$0.66	\$198.37
Sch. 1:			\$23,755.89	\$0.00	\$0.00	\$23,755.89	\$0.00	\$0.00	\$71.44	\$23,684.45
Total For: Department - (8650 - HR AND EDUCATION)										
001529	BED	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260				
8793		2 -2016								
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>Total Cost:</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$1,155.36	\$0.00	\$0.00	\$1,155.36	\$0.00	\$0.00	\$10.50	\$1,144.86
Sch. 1:			\$106.92	\$0.00	\$0.00	\$106.92	\$0.00	\$0.00	\$0.98	\$105.94
001530	IRON BED FRAME	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260				
8793		2 -2016								
<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Salvage Value</u>	<u>Total Cost:</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$106.92	\$0.00	\$0.00	\$106.92	\$0.00	\$0.00	\$0.98	\$105.94
Sch. 1:			\$106.92	\$0.00	\$0.00	\$106.92	\$0.00	\$0.00	\$0.98	\$105.94

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001531	DRESSER	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$604.79	\$0.00	\$604.79	\$0.00	\$0.00	\$0.00	\$3.66	\$601.13

001532	NIGHTSTAND	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$280.79	\$0.00	\$280.79	\$0.00	\$0.00	\$0.00	\$1.70	\$279.09

001533	TV CONSOLE	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$313.18	\$0.00	\$313.18	\$0.00	\$0.00	\$0.00	\$1.90	\$311.28

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001534	CHAIRSIDE TABLE	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$194.39	\$0.00	\$194.39	\$0.00	\$0.00	\$0.00	\$1.18	\$193.21

001535	BOOKCASE	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	240	7-2016	\$254.87	\$0.00	\$254.87	\$0.00	\$0.00	\$0.00	\$1.16	\$253.71

001536	BED	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$1,125.36	\$0.00	\$1,125.36	\$0.00	\$0.00	\$0.00	\$10.23	\$1,115.13

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001537	IRON BED FRAME	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>
	Sch. 1: Straight Line 1/2 Year	120	7-2016	\$106.92	\$0.00	\$106.92
				<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
				\$0.00	\$0.00	\$0.98
						<u>Book Value</u>
						\$105.94
001538	BUFFET	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$97.19	\$0.00	\$97.19
				<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
				\$0.00	\$0.00	\$0.58
						<u>Book Value</u>
						\$96.61
001539	DRESSER	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				
	<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost:</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost:</u>
	Sch. 1: Straight Line 1/2 Year	180	7-2016	\$755.99	\$0.00	\$755.99
				<u>Salvage Value</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>
				\$0.00	\$0.00	\$4.58
						<u>Book Value</u>
						\$751.41

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001540	NIGHTSTAND	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans.	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$302.39	\$0.00	\$302.39	\$0.00	\$0.00	\$0.00	\$1.84	\$300.55

001541	CHAIRSIDE TABLE	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans.	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$205.18	\$0.00	\$205.18	\$0.00	\$0.00	\$0.00	\$1.24	\$203.94

001542	FLOOR LAMP	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans.	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$233.26	\$0.00	\$233.26	\$0.00	\$0.00	\$0.00	\$2.12	\$231.14

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Depreciation Expense Account #:	GL Accumulated Depreciation Account:
001543	COFFEE TABLE	08/17/2015	8793 - EMPLOYEE HOUSING	8814 - 8074	1291 - 1260
8793		2-2016			

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$352.06	\$0.00	\$352.06	\$0.00	\$0.00	\$0.00	\$2.14	\$349.92

001544	2 PIECE SECTIONAL	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$1,446.19	\$0.00	\$1,446.19	\$0.00	\$0.00	\$0.00	\$13.14	\$1,433.05

001545	ARMLESS CHAIR	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

Method	Asset Life	Start Period	Acquisition Cost:	Cost Adjust/Trans:	Total Cost:	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$352.06	\$0.00	\$352.06	\$0.00	\$0.00	\$0.00	\$3.20	\$348.86

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001546	DINING SET	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$777.56	\$0.00	\$777.56	\$0.00	\$0.00	\$0.00	\$4.72	\$772.84

001547	TABLE LAMP	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$185.74	\$0.00	\$185.74	\$0.00	\$0.00	\$0.00	\$1.68	\$184.06

001548	BUFFET LAMP	08/17/2015	8793 - EMPLOYEE HOUSING	1241 - 1201	8814 - 8074	1291 - 1260
8793		2-2016				

<u>Method</u>	<u>Asset Life</u>	<u>Start Period</u>	<u>Acquisition Cost</u>	<u>Cost Adjust/Trans:</u>	<u>Total Cost</u>	<u>Salvage Value</u>	<u>Current Period Depreciation</u>	<u>YTD Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$97.18	\$0.00	\$97.18	\$0.00	\$0.00	\$0.00	\$0.88	\$96.30

Sch. 1:			\$8,947.38	\$0.00	\$8,947.38	\$0.00	\$0.00	\$0.00	\$68.41	\$8,878.97
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Total For: Department - (8793 - EMPLOYEE HOUSING)

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001623	MEDICAL-GRADE COUNTERTOP FREEZER	09/22/2015	9512 - PEDIATRIC OFFICE	1241 - 1201	8814 - 8074	1291 - 1260
9512		3-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	120	7-2016	\$2,582.39	\$0.00	\$2,582.39	\$0.00	\$0.00	\$0.00	\$12.91	\$2,569.48
Sch. 1:			\$2,582.39	\$0.00	\$2,582.39	\$0.00	\$0.00	\$0.00	\$12.91	\$2,569.48

Total For: Department - (9512 - PEDIATRIC OFFICE)

001613	POWER EXAM TABLE	08/24/2015	9517 - SURGERY OFFICE	1241 - 1201	8814 - 8074	1291 - 1260
9517		2-2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans:	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	180	7-2016	\$8,953.22	\$0.00	\$8,953.22	\$0.00	\$0.00	\$0.00	\$54.26	\$8,898.96
Sch. 1:			\$8,953.22	\$0.00	\$8,953.22	\$0.00	\$0.00	\$0.00	\$54.26	\$8,898.96

NORTHERN INYO HOSPITAL

Asset Acquisition Report by Date

07/01/2015 to 09/30/2015

Asset ID:	Description:	Acq. Date:	Department:	GL Asset Account #:	GL Depreciation Expense Account:	GL Accumulated Depreciation Account:
001621	SURESIGNS VS4 NBP, SPO2	09/21/2015	9517 - SURGERY OFFICE	1241 - 1201	8814 - 8074	1291 - 1260
9517		3 - 2016				

Method	Asset Life	Start Period	Acquisition Cost	Cost Adjust/Trans.	Total Cost	Salvage Value	Current Period Depreciation	YTD Depreciation	Accumulated Depreciation	Book Value
Sch. 1: Straight Line 1/2 Year	84	7-2016	\$3,127.90	\$0.00	\$3,127.90	\$0.00	\$0.00	\$0.00	\$22.34	\$3,105.56

Sch. 1: \$12,081.12 \$0.00 \$12,081.12 \$0.00 \$0.00 \$0.00 \$0.00 \$76.60 \$12,004.52

Total For: Department - (9517 - SURGERY OFFICE)

Grand Totals: \$341,854.08 \$9,526.24 \$351,380.32 \$0.00 \$0.00 \$0.00 \$4,416.06 \$346,964.26

ASSET ADDITIONS

Fiscal Year Ending June 30, 2016

As of September 30, 2015

TYPE	DEPT	DESCRIPTION GENERAL	S/N	YEAR	COST	LIFE	1/2 YR DEPR	PURCHASED FROM
12211201	7071	RHC OB/GYN Remodel Carpet		2016	9,340.28		5 934.03	Tom's Carpet
12211201	7071	RHC OB/GYN Remodel Exit Sign		2016	202.78		5 20.28	Grainger
12211201	7071	RHC OB/GYN Remodel Paint		2016	5,851.05		5 585.11	Various
12211201	7071	RHC OB/GYN Remodel Vinyl Flooring		2016	\$4,549.80		10 227.49	Tom's Carpet
12211201	7071	RHC OB/GYN Remodel Roofing Work		2016	226.86		10 11.34	Various
12211201	7071	RHC OB/GYN Remodel Carpentry Work		2016	9,349.65		15 311.66	Various
12211201	7071	RHC OB/GYN Remodel Electrical Wiring		2016	5,130.20		20 128.26	C&H Electric

12211201 ADDITIONS	<u>34,650.62</u>	<u>2,218.15</u>
BEGINNING BALANCE	88,116,384.19	
12211201 DISPOSALS	<u>0.00</u>	
12211201 G/L BALANCE	88,151,034.81	

ASSET ADDITIONS

Fiscal Year Ending June 30, 2016

As of September 30, 2015

TYPE	DEPT	DESCRIPTION GENERAL	S/N	YEAR	COST	LIFE	1/2 YR DEPR	PURCHASED FROM
12251201	8450	RHC Annex Exit Door		2016	4,658.00		15	155.27
12251201	7071	RHC OB/GYN Remodel Curtains & Blinds		2016	3,629.88		5	362.99
12251201	7071	RHC OB/GYN Remodel Electrical Fixtures		2016	70.33		10	3.52
12251201	7071	RHC OB/GYN Remodel		2016	1,479.57		20	36.99
12251201	7071	RHC OB/GYN Remodel		2016	2,061.91		20	51.55
12251201	7071	RHC OB/GYN Remodel		2016	17.04		20	0.43
12251201	7071	RHC OB/GYN Remodel		2016	211.51		20	5.29
12251201	7071	RHC OB/GYN Remodel		2016	103.77		20	2.59
12251201	7071	RHC OB/GYN Remodel		2016	3,942.00		20	98.55
12251201	7071	RHC OB/GYN Remodel		2016	9,198.00		20	229.95
12251201	7071	RHC OB/GYN Remodel		2016	3,024.12		25	60.48
								Rollins Electric
								Rollins Electric
								Western Nevada Supply
								Western Nevada Supply
								Western Nevada Supply
								Dean's Plumbing
								Dean's Plumbing
								Various
		12251201 ADDITIONS			<u>28,396.13</u>		<u>1,007.60</u>	
		BEGINNING BALANCE			6,479,050.19			
		12251201 DISPOSALS			<u>0.00</u>			
		Transferred from 1241						
		12251201 G/L BALANCE			6,507,446.32			



NORTHERN INYO HOSPITAL
Northern Inyo Healthcare District
150 Pioneer Lane, Bishop, California 93514

Medical Staff Office
(760) 873-2136 voice
(760) 873-2130 fax

TO: NIHD Board of Directors
FROM: Mark Robinson, MD, Chief of Medical Staff
DATE: November 3, 2015

RE: Medical Executive Committee Report

The Medical Executive Committee met on this date. Following careful review and consideration, the Committee agreed to recommend the following to the NIHD Board of Directors:

1. Approval of the following policies/procedures, which have been reviewed and recommended by appropriate Medical Staff committees (Action Items):
 - *ALARA Program Changes*
 - *Radiation Safety Committee*
 - *Responsibilities and Duties of Radiation Safety Committee*
 - *Dosimetry Program – Occupational Radiation Exposure Monitoring Program*
 - *Universal Protocol*
 - *Waste Anesthetic Gases: Trace Gas Testing*
 - *RHC Hours of Operation*
2. NIHD Medical Staff Peer Review Report (Action)
3. Dr. D. Scott Clark – Honorary NIHD medical staff candidate (Action)
4. Dr. Ryan Berecky - Approval of appointment to the NIHD provisional consulting radiology medical staff. This recommendation is made consequent to careful review of the applicant's application and supporting documentation. (Action)

Mark Robinson, MD, Chief of Staff

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: ALARA Program	
Scope:	Department: Diagnostic Imaging, HOSPITAL WIDE
Source: Director of Diagnostic Imaging	Effective Date:

PURPOSE: The purpose of establishing an ALARA (as low as reasonably achievable) Program is to incorporate practices, procedures and quality assurance checks to keep occupational and medical exposure to radiation as low as reasonably achievable.

Definitions:

ALARA – “as low as reasonably achievable,” acronym for the philosophy of keeping radiation exposure “as low as reasonable achievable.

RSO – Radiation Safety Officer

RSC – Radiation Safety Committee

POLICY:

The term ALARA is an acronym for maintaining radiation exposures, and effluent releases of radioactive material in uncontrolled areas “as low as reasonably achievable” taking into account the available technology, economic costs in relation to benefits to the public health and safety, and other societal and socioeconomic considerations in their relationship with the utilization of radioactive materials and radiation – producing equipment in the public interest.

The ALARA philosophy extends to exposure to individuals in the performance of their duties and to patients undergoing medical evaluations and treatments.

To achieve this goal, the management should address dose reduction for both workers and patients.

Although the program presented here is developed specifically for occupational exposure considerations, management should incorporate into their program those procedures, practices, and quality assurance checks that can eliminate unnecessary or extraneous radiation exposures to patients without compromising the quality of medical service. Such practices and checks include, but are not limited to:

- a) Use of appropriate and well-calibrated instrumentation and equipment.
- b) Use of appropriate digital imaging techniques
- c) Use of organ shields in diagnostic radiology.
- d) Staying with the well-established dosage limits unless deviation is absolutely essential in the judgment of the responsible physician.

1. Management Commitment

- a) We, the management of Northern Inyo Hospital, are committed to an efficient medical use of radioactive materials and radiation producing equipment by limiting their use to clinically indicated procedures utilizing efficient exposure techniques and optimally operated radiation equipment; limiting dosages to those recommended by the manufacturer unless otherwise necessary, using calibrated diagnostic and related instrumentation; and using appropriately trained personnel.

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: ALARA Program	
Scope:	Department: Diagnostic Imaging, HOSPITAL WIDE
Source: Director of Diagnostic Imaging	Effective Date:

- b) We commit to the program described below for keeping occupational individual and collective doses ALARA. Toward this commitment, we hereby describe an administrative organization for radiation safety and will develop all necessary written policy, procedures, and instruction to foster the ALARA philosophy within our institution. The organization will include a Radiation Safety Committee (RSC) and a Radiation Safety Officer (RSO).
- c) We will perform a formal annual review of the radiation safety program, including ALARA considerations. The review will cover operating procedures and past dose records, inspections, and recommendations of the radiation safety staff or consultants.
- d) We will modify operating and maintenance procedures, equipment, and facilities if these modifications will reduce exposures and the cost is justified.

2. Radiation Safety Committee

a. Review of Proposed Users and Uses

- (1) The RSC will thoroughly review the qualifications of each applicant with respect to the types and quantities of radioactive materials and radiation-producing equipment and methods of use for which application has been made, to ensure that the applicant will be able to take appropriate measures to maintain exposure ALARA.
- (2) When considering a new use of radioactive material or radiation producing equipment, the RSC will review the efforts of the applicant to maintain exposure ALARA.
- (3) The RSC will ensure that the users justify their procedures and that individual and collective doses will be ALARA.

b. Delegation of Authority

(The judicious delegation of RSC authority is essential to the enforcement of an ALARA program.)

- (1) The RSC will delegate authority to the RSO for enforcement of the ALARA program.
- (2) The RSC will support the RSO when it is necessary for the RSO to assert authority. If the RSC has overruled the RSO, it will record the basis for its action in the minutes of the quarterly meeting.

c. Review of ALARA Program

- (1) The RSC will encourage all users to review current procedures and develop new procedures as appropriate to implement the ALARA concept.
- (2) The RSC will perform an annual review of occupational radiation exposure. A special meeting may be called for particular attention to instances in which the investigational levels in Table 1 are exceeded. The principal purpose of this review

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is to assess trends in occupational exposure as an index of the ALARA program quality and to decide if action is warranted when investigational levels are exceeded (see Section 5 below for a discussion of investigational levels). Maximum legal limits of occupational exposure are listed in Table 2, for reference.

- (3) The RSC will evaluate the institution's overall efforts for maintaining doses ALARA on an annual basis. This review will include the efforts of the RSO, authorized users, and workers as well as those of management.

Table 1
Investigational Levels*

	Investigational Levels (mrems/calendar quarter)	
	Level I**	Level II**
1. Whole body; head and trunk; active blood-forming organs; or gonads, lens of eye	125	375
2. Extremities	1875	5625
3. Skin of whole body	750	2250
4. Thyroid uptake	0.1 uCi	0.3 uCi

*Note that investigational levels in this program are not new dose limits but serve as checkpoints above which the results are considered sufficiently important to justify investigations. See Section 5 for further discussion.

**Investigational levels are as listed in guidelines from CA-DPH RHB "Guide to preparation of an application... Appendix A-3.

Table 2
Maximum Annual Levels*

	Maximum Annual Occupational Dose limits in mrem
1. Whole body	5,000
2. Extremities, Skin	50,000
3. Lens of the eyes	15,000
4. Fetus	500

*Legal limits for occupational radiation exposure, NCRP Report No. 116, Table 19.1

3. Radiation Safety Officer

a. Annual and Quarterly Review

- (1) *Annual review of the radiation safety program.* The RSO will perform an annual review of the radiation safety program for adherence to ALARA concepts. Reviews of specific methods of use may be conducted on a more frequent basis.
- (2) *Quarterly review of occupational exposures.* The RSO will review at least quarterly the radiation doses of authorized users and workers to determine that their doses are ALARA

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in accordance with the provisions of Section 5 of this program and will prepare a summary report for the RSC.

- (3) *Quarterly review of records of radiation surveys.* The RSO will review radiation surveys in unrestricted and restricted areas to determine that dose rates and amounts of contamination were at ALARA levels during the previous quarter and will prepare a summary report for the RSC.

b. Education Responsibilities for ALARA Program

The RSO (in cooperation with authorized user) will ensure that radiation workers and, as applicable, ancillary personnel are trained and educated in good health physics practices and procedures.

- (1) The RSO will schedule briefings and educational sessions to inform workers of the ALARA program efforts.
- (2) The RSO will ensure that authorized users, workers, and ancillary personnel who may be exposed to radiation will be instructed in the ALARA philosophy and informed that management, the RSC, and the RSO are committed to implementing the ALARA concept.

c. Cooperative Efforts for Development of ALARA Procedures

- (1) Radiation workers will be given opportunities to participate in formulating the procedures that they will be required to follow.
- (2) Radiation workers will be instructed in recourses that may be taken if they feel that ALARA is not being promoted in the workplace.

d. Reviewing Instances of Deviation from Good ALARA Practices

The RSO will investigate all know instances of deviation from good ALARA practices and, if possible, will determine the causes. When the cause is known, the RSO will implement changes in the program to maintain doses ALARA.

4. Authorized Users

a. New Methods of Use Involving Potential Radiation Doses

- (1) The authorized user will consult with the RSO and/or RSC during the planning stage before using radioactive materials and radiation-producing equipment to ensure that doses will be kept ALARA. Simulated trials runs may be helpful.
- (2) The authorized user will review each planned use of radioactive materials or radiation-producing equipment to ensure that doses will be kept ALARA. Simulated trial runs may be helpful.

5. Establishment of Investigational Levels in Order to Monitor Individual Occupational Radiation Doses (External and Internal)

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This institution hereby establishes investigational levels for occupational radiation doses which, when exceeded, will initiate review or investigation by the RSC and/or the RSO. The investigational levels that we have adopted are listed in Table 1. These levels apply to the exposure of individual workers. The following actions will be taken at the investigational levels stated in Table 1.

a. Personnel Dose Less than Investigational Level I

Except when deemed appropriate by the RSO, no further action will be taken in those cases where an individual's dose is less than Table I values for the investigational Level I.

b. Personnel Dose Equal To or Greater Than Investigational Level I But Less Than Investigational Level II

The RSO will review the dose of each individual whose quarterly dose exceeds the investigational Level I and will report the results of the reviews at the first RSC meeting following the quarter when the dose was recorded. If the dose does not equal or exceed Investigational Level II, no specific action related to the exposure is required unless deemed appropriate by the Committee. The committee will, however, review each such dose in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the committee minutes.

c. Personnel Dose Equal to and Greater Than Investigational Level II

The RSO will investigate in a timely manner the causes of all personnel doses equaling or exceeding Investigational Level II and, if warranted, will take action. A notification letter will be sent to all personnel with doses equaling or exceeding Investigational Level II. A report of the investigation and any actions taken will be presented to the RSC at its first meeting following completion of the investigation. The details of these reports will be included in the RSC minutes.

e. Reestablishment of Investigational Levels to Level Above Those Listed in Table 1

In cases where a worker's or a group of workers' doses need to exceed an investigational level, a new, higher investigational level may be established for that individual or group on the basis that it is consistent with good ALARA practices. Justification for new investigational levels will be documented.

The RSC will review the justification for and must approve or disapprove all revisions of investigational levels.

REFERENCES:

1. CA Title 17
2. CA-RHB "Guide for the preparation of an application for a radioactive materials license authorizing medical use"
3. 10 CFR 35, 10 CFR 20
4. NCRP Report No. 116, Table 19.1

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Source: Director of Diagnostic Imaging	Effective Date:

CROSS REFERENCE P&P:

- 1. Dosimetry Program - Occupational Radiation Exposure Monitoring Program

Approval	Date
<u>Radiation Safety Committee</u>	<u>9/22/2015</u>
<u>Radiology Services Committee</u>	<u>9/22/2015</u>
<u>Board of Directors</u> <u>Medical Executive Committee</u>	<u>11/3/2015</u>
<u>Board of Directors</u>	

Developed:
Reviewed:
Revised:
Supercedes:

Responsibility for review and maintenance:
Index Listings:

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**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Radiation Safety Committee	
Scope:	Department: Diagnostic Imaging
Source: Director of Diagnostic Imaging	Effective Date:

PURPOSE: This guideline is to establish a Radiation Safety Committee (RSC) to review and/or establish radiation safety policies and procedures in accordance with California Title 17 regulations.

POLICY: Northern Inyo Hospital shall have a Radiation Safety Committee (RSC) to review and/or establish radiation safety policies and procedures.

PROCEDURE:

The NIH RSC should consist of at least:

1. A physician specializing in nuclear medicine or diagnostic radiology
2. A person with special competence in radiation safety/Radiation Safety Officer
3. A representative of the hospital's management
4. A representative of the nursing service

The RSC may also consist of:

1. Nuclear medicine technologists
2. Manager or team leaders who are radiologic technologists

The RSC shall meet at least annually per regulation.

Minutes of all such meetings shall be maintained for review and inspection.

The RSC should develop and review all policies pertaining to the use of radioactive materials and radiation producing equipment within the facility.

REFERENCES:

1. CA Title 17
2. CA-RHB "Guide for the preparation of an application for a radioactive materials license authorizing medical use"
3. 10 CFR 35, 10 CFR 20

Approval	Date
<u>Radiation Safety Committee</u>	<u>9/22/2015</u>
<u>Radiology Services Committee</u>	<u>9/22/2015</u>
<u>Medical Executive Committee</u> <u>Board of Directors</u>	<u>11/3/2015</u>
<u>Board of Directors</u>	

Developed: 8/16/2005

Reviewed: 9/12/2015

Revised: 9/12/2015

Supercedes:

Responsibility for review and maintenance: DDI

Index Listings:

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Responsibilities and Duties of Radiation Safety Committee (RSC)	
Scope:	Department: Administration, Diagnostic Imaging
Source: Director of Diagnostic Imaging	Effective Date:

PURPOSE: The purpose of this guideline is to establish responsibilities and duties of the Medical Radiation Safety Committee at Northern Inyo Hospital, in accordance with all State and Federal guidelines.

POLICY:

Responsibility

The committee is responsible for:

1. Ensuring that all individuals who work with or in the vicinity of radioactive materials or radiation machines have sufficient training and experience to enable them to perform their duties safely and in accordance with California regulations and the conditions of the license.
2. Ensuring that all uses of radioactive material and of radiation machines are conducted in a manner consistent with ALARA philosophy and in accordance with California regulations and the conditions of the license.

Duties

The committee shall:

1. Be familiar with all pertinent California regulations, the terms of the license, and information submitted in support of the request for the license and its amendments.
2. Review the licensee's ALARA program annually.
3. Review the training and experience of any individual who uses radioactive material or radiation machines (including physicians, physicists, and pharmacists) and determine that the qualifications are sufficient to enable them to perform their duties safely and in accordance with California regulations and the conditions of the license.
4. Establish a program to ensure that all individuals whose duties may require them to work in the vicinity of radioactive material or radiation machines (e.g., nursing, security, and environmental services workers) are properly instructed as required by section 30280.
5. Review and approve all requests for use of radioactive material within the institution prior to forwarding the request to the Department.
6. Prescribe special conditions that will be required during a proposed use of radioactive material or radiation machines such as requirements for bioassays, physical examinations of users, and special monitoring procedures.
7. Review and approve or disapprove, with advice and consent of the Radiation Safety Officer (RSO) and the management representative, minor changes in radiation safety procedures.
8. Review quarterly, with the assistance of the RSO, a summary of all radiation dose records and all incidents involving radioactive materials and radiation-producing equipment with respect to cause and corrective actions.
9. Establish a table of investigational levels of individual occupation radiation exposures.
10. Review the entire radiation safety program at least annually to determine that all activities are being conducted safely and in accordance with California regulations and the conditions of the license. The review shall include an examination of all records, reports from the RSO, results of California inspections, written safety procedures, and management control system.
11. Recommend remedial action to correct any deficiencies identified in the radiation safety program.
12. Maintain written records of all committee meetings, actions, recommendations, and decisions.
13. Ensure that the radioactive material license is amended, when necessary, prior to any changes in facilities, equipment, policies, procedures, and personnel.

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Meeting Frequency

The Radiation Safety Committee shall meet as often as necessary to conduct its business, but not less than once in each calendar year (updated pursuant to amendment RAML 3384-14 Amendment number 30, provision 13 (b) dated Feb. 2015).

To establish a quorum, at least one-half of the committee membership must be present, including the Radiation Safety Officer.

REFERENCES:

1. CA Title 17
2. CA-RHB "Guide for the preparation of an application for a radioactive materials license authorizing medical use"
3. 10 CFR 35, 10 CFR 20

CROSS REFERENCE P&P:

1. Radiation Safety Committee

Approval	Date
<u>Radiation Safety Committee</u>	<u>9/22/2015</u>
<u>Radiology Services Committee</u>	<u>9/22/2015</u>
<u>Medical Executive Committee</u> <u>Board of Directors</u>	<u>11/3/2015</u>
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Developed: 8/16/2005

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**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Dosimetry Program - Occupational Radiation Exposure Monitoring Program	
Scope:	Department: Diagnostic Imaging, HOSPITAL WIDE
Source: Director of Diagnostic Imaging	Effective Date:

PURPOSE: To establish guidelines for monitoring occupational radiation exposure and ensure that radiation worker's exposure and monitoring complies with ALARA principles.

POLICY:

In order to detect and evaluate occupational exposure to external radiation, individual monitoring devices will be issued to individuals who are likely to receive, in one year from sources external to the body, a dose in excess of 10 percent of the legal limit as defined in the ALARA Program.

Radiation Monitoring Badges:

1. Employees in areas with potential for radiation exposure shall contact their direct supervisor or the Radiation Safety Officer (RSO) to have a radiation ("film") badge ordered.
2. The RSO will order the badge and deliver to the employee or their supervisor when it arrives.
3. NIH provide "TLD" (thermoluminescent dosimeters) badges and rings to monitor radiation exposure.
4. **A badge shall be worn at all times while performing any radiographic procedure, including mammograms and fluoroscopy in the operating rooms.**
5. The badge shall be worn at collar (thyroid) level outside of lead.
6. If two (2) dosimetry badges are issued (either because of high dosimetry levels or fetal monitoring), the second badge shall be worn at waist level under lead.
7. If a finger badge is issued, this shall be worn on the hand most likely to receive the most exposure.
8. At no time will any employee deliberately tamper with a dosimetry badge, as this is ground for disciplinary action.
9. The Radiation Safety Officer shall review the records monthly, and all employees shall have access to their records at any time.
10. A record that does not contain sensitive information shall be posted at the employee information board in the Imaging Department break room and the bulletin board located in the office of the Director of Diagnostic Imaging.
11. All original records shall be kept for the duration of licensure of the hospital as required by the state and/or the NRC.
12. Review of staff dosimetry monitoring shall be conducted at least every quarter by the Radiation Safety Officer, Diagnostic Medical Physicist or Health Physicist. The review shall assess if the staff radiation exposure levels are within "As Low As Reasonably Achievable" (ALARA) levels set by the US Nuclear Regulatory Commission's 10 CFR 20 Standards for Protection Against Radiation regulation.
13. The Radiation Safety Committee may monitor surgery staff with a dosimeter if it is deemed necessary. Consideration shall be made after a three (3) month trial period. If it is found that the staff exposure is minimal, monitoring may be deemed unnecessary. If it is found that a staff member does have radiation exposure levels, the staff member shall be required to wear his/her dosimeter.
14. Any over-exposures shall be reported to the California Department of Public Health, Radiologic Health Branch.

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15. Control badges shall be kept in an area free from radiation exposure. Control badges are used by the radiation badge company to monitor background radiation at the facility. Control badges are used to accurately calculate occupational exposure.

Pregnant workers:

1. While it is not required for a radiation worker to declare pregnancy, it is highly recommended. The choice of whether or not to declare your pregnancy is voluntary.
2. If you choose to declare your pregnancy, you must do so in writing. A lower radiation dose limit will apply to your embryo/fetus if you declare. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.
3. Declare your pregnancy in writing using attached "Declaration of Pregnancy Form Letter."
4. All pregnant worker information is confidential. Pertinent information will be disseminated on a need-to-know basis. The RSO will be informed of your declaration so that a fetal radiation badge may be ordered.
5. The Nuclear Regulatory Commission (NRC) has concluded that the 500 mrem limit provides an adequate margin of protection for the embryo/fetus, however, all exposure should follow ALARA principles.
6. Workers declaring pregnancy will be provided "U.S. Nuclear Regulatory Commission Regulatory Guide 8.13, Rev. 3, June 1999" to read including a question and answer section to ensure understanding. Any questions or concerns shall be addressed by the RSO.
7. Fetal radiation monitoring badges shall be worn at the waist level, under protective lead apparel.
8. Pregnant radiation workers shall wear appropriate protective equipment or remain behind lead barriers when exposure to radiation may occur.
9. Pregnant personnel may not hold patients during exposure.
10. The Radiation Safety Officer shall review the records monthly, and all employees shall have access to their records at any time.

Minimizing Radiation Exposure:

1. During radiology examinations, employees shall remain behind protective barriers as much as possible. If an employee must remain in the room during radiation exposure, he/she must wear an apron and not have any body part in the primary beam. Every effort must also be made to maximize the distance between the employee and the radiation source.
2. Lead gloves shall be worn any time someone's hand is placed in the primary radiation beam.
3. During portable examinations, a lead apron shall be worn during all portable and c-arm examinations. The technologist shall make every effort to maximize the distance between himself/herself, other people, and the radiation source.
4. A verbal announcement shall be made prior to radiation exposure.
5. During surgical procedures, all OR staff during examinations involving x-ray exposures shall wear lead aprons. It shall be the responsibility of the radiology technologist to see that all individuals in the OR room are properly shielded and aware when an exposure is being made.
6. Non-compliance with proper personnel protective equipment or radiation monitoring badge use shall be communicated to the RSO.
7. When using patient restraints, mechanical devices shall be used as much as possible. If staff must be in the room, they must wear a lead apron.

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ATTACHMENTS:

1. U.S. Nuclear Regulatory Commission Regulatory Guide 8.13, Rev. 3, June 1999
2. Declaration of Pregnancy Form Letter

REFERENCES:

1. US Nuclear Regulatory Commission (USNRC), NRC Library, Document Collections, NRC Regulations (10 CFR), *Part 20 - Standards for Protection Against Radiation*, <http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/>
2. U.S. Nuclear Regulatory Commission Regulatory Guide 8.13, Rev. 3, June 1999

CROSS REFERENCE P&P:

1. ALARA Program

Approval	Date
<u>Radiation Safety Committee</u>	<u>9/22/2015</u>
<u>Radiology Services Committee</u>	<u>9/22/2015</u>
<u>Medical Executive Committee</u> <u>Board of Directors</u>	<u>11/3/2015</u>
<u>Board of Directors</u>	

- Developed:**
Reviewed:
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- Responsibility for review and maintenance:**
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Title: Universal Protocol	
Scope: Northern Inyo Healthcare District	Manual:
Source:	Effective Date: 1/1/15

PURPOSE:

To provide steps to assist in minimizing avoidable risks during invasive or surgical procedures. The expected outcome is that the patient's procedure is performed on the correct site, side, and level.

POLICY:

1. It is the policy of Northern Inyo Hospital that the following steps must be completed before every invasive or surgical procedure, unless noted on the exception list. This policy shall be followed for all invasive or surgical procedures throughout the facility.
 - a. In the pre-procedure/preoperative area, a confirmation of the correct site, procedure, and patient shall occur.
 - b. In the pre-procedure/preoperative area, the patient shall be involved whenever possible. If the patient is unable to participate, a designated caregiver shall participate.
 - c. All patients who undergo an invasive or surgical procedure involving laterality, multiple structures (e.g.; fingers and toes), or multiple levels (e.g.; spinal surgery) must have their surgical site marked.
 - d. If a patient refuses site marking, the patient's physician will review the rationale for site marking and the implications for refusing site marking.
 - e. A licensed independent practitioner or other provider who is privileged or permitted to perform the intended invasive or surgical procedure will mark the procedure/surgical site before the patient enters the procedure/operating room unless the anatomical site is exempt per policy guidelines. See k below for bedside procedures.
 - f. A discrepancy at any point in time must be resolved before continuing the procedure. All team members and the patient, if possible, must agree on resolution of the identified discrepancy.
 - g. A time out will be performed for all cases, including those not requiring site marking.
 - h. Two patient identifiers (full name, date of birth) will be used to verify a patient's identity. A patient room number should not be used as an identifier.
 - i. If a treatment (eg; anesthesia block) or medication administration (eg; eye drops) must be performed before the site has been marked (in the holding area), the patient verification process as outlined above must be followed.
 - j. Site marking may be waived in a life-threatening emergency at the discretion of the operating physician, but a time out should be conducted unless there is more risk than benefit for the patient.
 - k. Bedside procedures (eg; chest tube/central line insertion):
 - The person performing the procedure must identify the patient and confirm all data, including consent, history and physical, radiographs, and any other pertinent information and must be in continuous attendance. He or she may perform the procedure without marking the site.
 - A time out still must occur before the start of the procedure.

PROCEDURE:

Procedure Interventions:

1. Scheduling and preadmission testing:

Obtain the following information when scheduling an invasive or surgical procedure:

Write out fully on the procedure/operating room schedule and on all relevant documentation (eg; consents) the words right, left, or bilateral for scheduled procedures that involve anatomical sites that have laterality.

- a. The correct spelling of the patient's full name
- b. Date of birth
- c. Procedure to be performed
- d. Physician's name
- e. Implants required, if applicable
- f. Facility-required booking data.

2. Preprocedure/preoperative verification:

The registered nurse or other health care provider (e.g., radiographer, phlebotomist, and respiratory therapist) should:

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- a. Verify the patient's identity using at least two identifiers (full name, date of birth).
- b. Verify the scheduled invasive or surgical procedure as stated by the patient and compare to the posted schedule, consents, radiographic films, site mark (if applicable), and any other pertinent information in the medical record.
- c. Involve the patient in the process, to the fullest extent possible, with verbal and visual responses (e.g.; stating name and pointing to correct site location).
- d. Use a designated caregiver if the patient is a minor, incompetent, sedated, has a language barrier, or is a trauma/emergency victim, to complete the identifiers and verify the site mark.
- e. Clarify any discrepancies in data with the physician.

3. Marking the surgical site:

- a. Use a sufficiently permanent marker.
- b. The mark is to be placed on the day of the invasive or surgical procedure by the licensed independent practitioner who is performing the procedure.
- c. Before marking the site, verify the patient's identity, consent, medical record data, and any other information, including radiographs and history and physical, as applicable, to confirm accuracy.
- d. Ask the patient or designated caregiver to state the procedure and site and side of surgery and have the patient provide visual clues, if appropriate, such as pointing.
- e. The licensed independent practitioner will mark the site at or adjacent to the incision site at a location that will be visible after the patient is prepped and draped.
- f. The person marking the site will use his or her initials for the mark.
- g. Spine surgery requires a two-stage marking process.
 - Preoperatively, the person doing the marking does so on the patient's skin at the level of the procedure (e.g., cervical, thoracic, lumbar). The skin mark indicates anterior vs. posterior and right vs. left.
 - Intraoperatively, x-rays with immovable markers will be used to determine exact location and level of surgery. The operating physician will review the x-rays for confirmation.
- h. For procedures involving laterality of organs where the incision or approach may be from the mid-line or from a natural orifice, the site is marked and the laterality noted using one of the alternative methods listed below. The person doing the marking should not:
 - Place the skin mark on an open wound or lesion or
 - Mark non-operative sites unless medically indicated (e.g., pedal pulse markings, no blood pressure cuff).
- i. If the patient refuses site marking, the patient's physician will review with the patient the rationale for site marking and the implications for refusing site marking. If the patient still refuses site marking, the person responsible for marking the site should use an alternative method before the case proceeds.
- j. For sites that cannot be easily marked (e.g.; mucosal surfaces, perineum, premature infants, teeth extractions), alternative methods may include:
 - A temporary, unique wrist band on the side of the procedure that contains the patient's name and a second identifier for the intended procedure and site for cases that are impossible or impractical to mark (e.g., interventional procedures such as cardiac catheterization, pacemaker insertion)
 - A mark at or near the insertion site that will remain visible after completion of the skin prep and sterile draping (e.g.; minimal access procedures intended to treat a lateralized internal organ).
 - Documentation, dental radiographs, or dental diagrams that indicate the name and number of the operative tooth.

4. Taking a time out:

Time outs will be performed before all surgical or invasive procedures. Time outs will:

- a. Cause all other activities to be suspended (unless there is a threat to patient safety) during the time out.
- b. Be initiated by a designated team member (RN circulator).
- c. Involve all members of the surgical team.
- d. Address the following standard information.
 - Correct patient identity
 - Correct side and site are marked

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- Consent form is present and accurate
 - Agreement on the procedure to be done
 - Correct patient position
 - Confirm that relevant images and results are properly labeled and appropriately displayed
 - Confirm that antibiotics have been administered, if ordered
 - Confirm that the skin prep has dried
 - Implant/Prosthetic/Special Equipment is present, if applicable
- e. Be performed in the location of the procedure and after the patient is prepped and draped;
- f. Be performed before each procedure if two procedures are being performed on the same patient; and
- g. Reconcile problems if the responses among team members differ. Missing information or discrepancies will be addressed and reconciled before starting the procedure.
- h. **For Clinical Units:** On the clinical units the staff is instructed to use the "Time Out" stamp. The stamp is placed in a progress note and this note is taken to the bedside and completed at time of procedure. The progress note is then placed into the patient's chart. If using the stamp, the initials of the MD and the RN/LVN must be completed as well as the time and date of procedure.
5. **The Debriefing:** The debriefing after the procedure while the surgeon is still in the room will include:
- a. Counts correct including sponge, needle and others.
 - b. Confirmation of correct specimen handling including correct patient identification on requisition and label(s), specimen(s) correctly identified, and special instructions for the pathologist complete and accurate as applicable.
 - c. Agreement on name of the procedure completed and changed in electronic record if needed.
 - d. If special patient specific post-op needs identified, follow-up is planned.
 - e. If other concerns/issues/opportunities for improvement identified, follow-up is planned.

DEFINITIONS:

Time out: The Time Out is a collective verbal verification by all members of the surgical team and takes place immediately before the procedure begins. The time out will include a pause in patient care activity conducted by the surgical team immediately before starting the procedure to conduct a final confirmation that the correct patient, correct procedure, site/side is marked and visible, correct positioning, pre-op antibiotics have been infused within 60 minutes and relevant images match patient ID and match site/side are displayed if applicable and as applicable, all relevant information, and necessary equipment are available.

Documentation:

1. A quality review report should be completed if the time out does not occur and the site is not marked (if required).
2. The nurse will document the patient's inability and/or refusal to allow documentation and the alternative method used to mark the site.
3. Record, at a minimum, the following items:
 - a. Who marked the site, date of surgery and time is documented on surgical safety checklist in the operating room.
 - b. The time of pause (names are not required because it is assumed that all people listed on the operative record at the start of the procedure were present)
 - c. Any other items required by the facility

Competency:

The perioperative registered nurse should be clinically competent and possess the skills necessary to verify the correct site, correct procedure, and correct patient for invasive or surgical procedures. The competencies include the ability to:

- a. Assess the patient
- b. Verify the correct site, correct patient, and correct procedure
- c. Verify the surgical site has been marked by the surgeon.

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- d. Initiate the time-out
- e. Document the process

REFERENCES:

Petersen C, ed. *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2010. In press.
 AORN Recommended Practices 2014 Edition
 World Health Organization Implementation Manual WHO Surgical Safety Checklist 2009
 National Patient Safety Goals 2014. Joint Commission. <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals>

CROSS REFERENCE P&P:

- 1.
- 2.
- 3.

Approval	Date
NEC	10/15
STC	10/21/15
MEC	11/3/15
Board	11/18/15

Developed: New version approved at Surgery Tissue Committee 10-21-2104

Reviewed: 7/9/2012 PM

Revised: 1-04, 10-20-14 AW, 10/2015BS- AW

Supersedes: Surgical Procedural Site Identification

Responsibility for review and maintenance: Perioperative DON

Index Listings: Universal Protocol, Time Out Procedure, Site Identification,

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Waste Anesthetic Gases – Trace Gas Testing	
Scope: Departmental	Manual: Safety Manual
Source: Safety Officer	Effective Date:

PURPOSE: The purpose of this policy is to establish a procedure for evaluating and mitigating occupational exposure to waste anesthetic gas (WAG) at Northern Inyo Hospital.

POLICY :

1. Northern Inyo Hospital will perform occupational exposure testing for WAG.
2. Northern Inyo Hospital will use Certified Medical Testing Company to perform the occupational exposure testing.
3. Testing procedures utilized will conform with and be capable of determining functional results that meet the minimum requirement set forth in NIOSH and / or OSHA standards in effect currently.
4. The testing standard used will be a maximum exposure of 25 ppm-during administration/ACGIH TLV – 50 ppm 8 hr TWA.

Procedure:

1. Leak detection procedures will be performed on high pressure side of each nitrous oxide hose drop and anesthesia machine prior to the commencement of the subsequently measured procedure.
2. An absorbent type nitrous oxide monitor will be placed in the referenced area for a duration of 0.25 hours after which it will be secured in a protective atmosphere and forwarded to a testing laboratory for analysis.
3. The Method of analysis will be NIOSH # 6600, OSHA # 166

References:

National Institute for Occupational Safety and Health (NIOSH). Method #6600
Occupational Safety and Health Administration (OSHA) Method # 166

Committee Approval	Date
Safety	
Surgery Tissue Committee	10/21/15
Medical Executive Committee	11/3/15
Board of Directors	

Responsibility for review and maintenance: Safety Officer

Index Listings:

Developed: 5/5/15
Revised: 5/5/15
Reviewed: 5/5/15

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: RHC Hours of Operation	
Scope: RHC Director of Nursing (RHC DON), RHC Admission Coordinator, RHC Admission Clerks and RHC Student Clerk Trainees.	Manual: 1. Structure Standards, Rural Health Clinic
Source: RURAL HEALTH CLINIC-NURSE MANAGER	Effective Date:

PURPOSE: To establish hours of operation for routine patient care at the RHC.

POLICY:

1. The Rural Health Clinic (RHC) will be open from 8am until 5:00pm Monday through Saturday except on holidays. Observed holidays are determined by the Northern Inyo Hospital HR policy.
2. The Women’s Health office of the Rural Health Clinic operates Monday through Friday from 8:00am until 4:30pm and is closed daily from 12-1pm.
3. No patient shall be provided with services in the clinic without the presence of a provider staff member.
4. For at least 50% of the hours of operation, at least one Nurse Practitioner, Physician Assistant or Certified Nurse Midwife will be in the clinic.

PROCEDURE:

1. Signage will be posted that clearly states days and hours of operation on the front of the building.
2. During closure for holidays or special meetings, signage will be posted to notify the public.
3. During closures for holidays an email notification will be sent to NIH Coordinators, Directors and Managers.
4. During closure of the clinic due to adverse weather conditions, power outages, etc., a telephone message will announce that the clinic is closed and provide patients with the hours of operation and options to utilize emergency services, as necessary. Patients will have the opportunity to leave a message for the RHC team which will be returned upon the reopening of the RHC.

REFERENCES:

1. California code of Regulations Title 22, Division 3, 51211.5 Rural Health Clinic Standards for Participation

CROSS REFERENCE P&P:

- 1.

Approval	Date
CCOC	8/10/15
Med Services/ICU Committee	10/27/15
MEC	11/03/2015
Board of Directors	

Developed: 6/26/15

Reviewed:

Revised:

Supersedes:

Responsibility for review and maintenance: RHC DON

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: RHC Hours of Operation	
Scope: RHC Director of Nursing (RHC DON), RHC Admission Coordinator, RHC Admission Clerks and RHC Student Clerk Trainees.	Manual: 1. Structure Standards, Rural Health Clinic
Source: RURAL HEALTH CLINIC-NURSE MANAGER	Effective Date:

Index Listings:

Draft

NIHD Medical Staff Peer Review Report

Medical Record # _____

1st Admit Date _____

1st Physician _____

2nd Admit Date _____

2nd Physician _____

Indicator(s)/Reason(s) for Review _____

Diagnosis: _____

Nursing Concerns: _____

CASE REVIEW:	Yes/No	Notes
Do the history and physical exam, progress notes, and diagnostic tests support the final diagnosis?		
Are the diagnostic tests appropriate for the differential diagnosis?		
Is the initial plan of treatment documented and appropriate?		
Are the reasons for surgery or invasive procedures documented?		
Are all final diagnoses documented?		
Does the chart clearly reflect the physician's thinking?		
Are the reasons for consultation documented?		

CONCLUSIONS:

Check Appropriate Box(es)

Care Acceptable	<input type="checkbox"/>	
Care Acceptable with Questions	<input type="checkbox"/>	
Care Un-acceptable	<input type="checkbox"/>	
Interesting; Worthy of Discussion	<input type="checkbox"/>	

Peer Reviewer Signature _____ Date _____

COMMITTEE FINDINGS / RECOMMENDATIONS / ACTION:

Review Committee: _____ Review Date: _____

Committee Agrees with Reviewer (Yes / No)? _____ CME Topic (Yes / No)? _____

Committee Chair Signature _____ Date _____

NIHD Medical Staff Peer Review Report

Worksheet

Principal Diagnosis:

Secondary Diagnosis:

Pertinent History:

Tests/Therapies:

Critical Values:

Procedure(s) Performed:

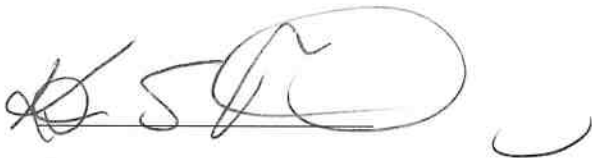
Other:

Addendum to Agreement between Dr. Lara Jeanine Arndal, M.D. and Northern Inyo County Local Hospital District dated 4/30/2015

Paragraph 3.04 Practice Liasison shall be deleted and replaced effective October 16, 2015.

As of October 16, 2015 Dr. Lara Jeanine Arndal, M.D. (Physician) will receive \$500 per month for acting as practice liasion and publishing all the call schedules related to the OB/GYN service. Additionally Physician will receive \$750 per month for conducting regular educational sessions on no less than a monthly basis over the next six months. Failure to do so during any one month will result in forfeiture of that month's \$750 payment from Northern Inyo Healthcare District (NIHD) to Physician. During the sixth month assessments of impact from the NIHD Director of Nursing, NIHD Nurse Manager of L&D and a self-assessment from Physician will be performed. At that time Physician and NIHD will either mutually agree to continue with this program and continue with the additional \$750/month payment or if either party concludes that the value of the teaching sessions is not being realized this addendum will end. At which point Physician will no longer be obligated to hold educational sessions and NIHD will no longer pay the \$750/month payment.

Northern Inyo Healthcare District:



Kevin S. Flanigan, MD MBA

Acting CEO

Physician:



Lara Jeanine Arndal, M.D.



Northern Inyo Healthcare District

150 Pioneer Lane
Bishop, CA 93514
(760) 873-5811
www.nih.org

PROPOSED MISSION STATEMENT:

IMPROVING OUR COMMUNITIES ONE LIFE AT A TIME.
ONE TEAM. ONE GOAL. YOUR HEALTH!

ThermoFisher S C I E N T I F I C

Thermo Fisher Financial Services, 81 Wyman Street, Waltham, MA 02451
Telephone (800) 986-9731 Fax (800) 952-4490

November 11, 2015

Thermo Fisher Financial Services is pleased to submit the following lease proposal for your review. We appreciate this opportunity and look forward to assisting you with this acquisition.

Lessee: Northern Inyo County Local Hospital

Lessor: Thermo Fisher Financial Services (TFFS), Waltham, MA

Vendor: Fisher HealthCare

Equipment Description:	(2) Abbott Ruby Analyzer	\$96,000.00
	LIS Allowance	\$3,000.00
	4 Years Post Warranty Service/Instrument	\$54,000.00

Lease Term: 60 Months

Lease Type: Fair Market Value (FMV) or \$1 Out

Monthly Payments: One Dollar Buyout:
60 Monthly Payments @: \$2,852.50/mo.
(Lease Payment \$1,952.50; Service Payment \$900.00)

Fair Market Value:
60 Monthly Payments @: \$2,656.87/mo.
(Lease Payment \$1,756.87; Service Payment \$900.00)

Payments in Advance Plus applicable taxes

One Dollar Buyout: At the end of the lease term customer owns the equipment.

Fair Market Value: End of Lease Options:

1. Continue to lease the equipment.
2. Purchase at fair market value.
3. Return the equipment to Thermo Fisher Financial Services

Quote Expiration Date: This proposal shall expire if not accepted by December 15, 2015.

Net Lease: This is a net lease with all maintenance, insurance and taxes the responsibility of Northern Inyo County Local Hospital.

Payment Index: The monthly rental rates are valid for Lease Commencement within **90 days** of the date of this proposal. Lessor reserves the right to adjust the lease payments in order to protect the yield based upon a spread over like term US Treasury Notes quoted in the Wall Street Journal. (11/9/15: Five Year Note: 1.64%)

Transaction Approval: This transaction is subject to final approval by a Thermo Fisher Scientific finance committee, execution of lease documentation package, no adverse change in Lessee's financial condition prior to delivery and acceptance of the equipment and compliance with all the terms and conditions herein.

Thermo Fisher Financial Services welcomes the opportunity to be of service to Northern Inyo County Local Hospital and looks forward to assisting you with this acquisition. If you have any questions, are ready to move forward with the transaction, or need additional information, please contact me directly at (781) 622-1186.

Sincerely,

Jill C. Goudreau
Manager, SDG & LSG Financial Services