Monthly Performance Assessments provide for real time monitoring of the EMS system for the County, and serves as a feedback mechanism for Metro West Ambulance. Compiled data from these reports represent Metro West Ambulance's performance for each metric listed. These monthly assessments are compiled and serve as the basis for determining compliance in the Franchise Agreement’s 18 month Periodic Assessment.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Meets Standard</th>
<th>Meets w/ Notation</th>
<th>Exceeds 90%</th>
<th>Exceeds 92%</th>
<th>Exceeds 94%</th>
<th>Fails to Meet</th>
</tr>
</thead>
</table>
| 1 Requirement: 90% **Overall County Response Time**  
Reference: Washington County EMS Administrative Rule 500-500(c)  
Comments: | | | | | 91.07% | N/A | X |
| 2 Requirement: 88% in **Central** Equity Zone Response Time  
Reference: Washington County EMS Administrative Rule 500-500(c)  
Comments: | | | | X | | |
| 3 Requirement: 88% in **North** Equity Zone Response Time  
Reference: Washington County EMS Administrative Rule 500-500(c)  
Comments: | | | | | | X |
| 4 Requirement: 88% in **South** Equity Zone Response Time  
Reference: Washington County EMS Administrative Rule 500-500(c)  
Comments: | | | | X | | |
| 5 Requirement: 88% in **West** Equity Zone Response Time  
Reference: Washington County EMS Administrative Rule 500-500(c)  
Comments: | | | | | | X |
| 6 Requirement: Monthly Unit Hour Utilization Rate at 0.4500 or less  
Reference: Washington County Franchise Agreement: Section V., A., 3.  
Comments: | N/A | | | | | X |
| 7 Requirement: Ambulance Dispatched within 60 Seconds of Receipt  
Reference: Washington County EMS Administrative Rule 500-500(b)  
Comments: | N/A | | | | | X |
| 8 Requirement: No More than 1% of Responses Handled by Another Agency  
Reference: Washington County Franchise Agreement: Penalty Schedule, Appendix A  
Comments: | N/A | | | | | X |