

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

Vehicle #

Reserve Ambulance Inspection Checklist

I. GENERAL INFORMATION:

Date Stickers: Yes No
Decals: Yes No

Name of EMS Agency:

Address:

(Primary Headquarters)

City

State

Zip

License Plate # :

Year:

Make:

Model:

Vehicle Identification # (VIN):

Date Inspected:

Affiliate # :

Regional EMS Council:

Mileage:

| | YES | NO | N/A |
|---|-----|----|-----|
| Was a deficiency notification issued for this vehicle? | | | |
| Is a copy of the deficiency notification attached to this form? | | | |
| Is a reinspection required? | | | |

| VEHICLE/EQUIPMENT | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|-------------------|-----------------------|-----------|-----------|
|-------------------|-----------------------|-----------|-----------|

Identified as Meeting the Fed KKK 1822 Specs

Exterior Markings

Audible Warning Signal

Lights:

Exterior

Interior

Fire Extinguisher (2)(5# unit ABC dry chem or CO2)(Current Insp.)

Power Supply

Current Vehicle Inspection

Current Vehicle Insurance

Current Vehicle Registration

Interior Requirements:

Floor

General Safety Concerns

Patient Area Partition

Storage Cabinets

Doors (side and rear gasket, latches and hinges)

No Smoking /Oxygen Equipped Sign (2) (1 in front, 1 in rear)

Fasten Seat Belts Sign (2) (1 in front, 1 in rear)

Radio Equipment (meets regional comm. requirements)

Installed Oxygen with min. 500L

AMD Standard 003 for crashworthiness (min of 3 straps)

with mounted O2 flow meter 0-25 lpm (1)

Installed Suction (300mm/Hg in 4 sec.)

Operational Heating/Cooling/Ventilation Equipment

Electronic Deficiency Form Completed Yes N/A

Digital Images Captured Yes N/A

Inspected By:

Signature: *Scott L. Crawford* (Printed Name)

Date Forwarded to EMS Office: