

**Pennsylvania Department of Health
Bureau of Emergency Medical Services
Field Safety Inspection Form**

Vehicle #

Date of Inspection:

Name of EMS Agency:

Vehicle Decal:

Location of Inspection:

License Plate:

| I. Vehicle Equipment | Present | Deficient | N/A | | |
|-----------------------------------|----------------|------------------|------------|--|--|
| Clean Equipment | | | | | |
| Current Insurance | | | | | |
| Current Inspection | | | | | |
| Emergency Lights | | | | | |
| Exterior Lighting | | | | | |
| Fire Extinguisher x 2 | | | | | |
| Climate Control | | | | | |
| Interior Lighting | | | | | |
| Storage Compartments Secured | | | | | |
| II. ALS Equipment | Present | Deficient | N/A | | |
| Monitor / Defibrillator | | | | | |
| Narcotics Secured | | | | | |
| Fluids / Medications | | | | | |
| III. Equipment / Supplies | Present | Deficient | N/A | | |
| Pulse Oximetry | | | | | |
| AED | | | | | |
| Epinephrine Injectors | | | | | |
| Aspirin / Glucose | | | | | |
| IV. Personnel | Present | Deficient | N/A | | |
| Protocols | | | | | |
| Door Seals | | | | | |
| Equipment Secured | | | | | |
| Litter Mount Secured | | | | | |
| PPE (enough for all crew members) | | | | | |
| Patient Partitions | | | | | |
| 5 Point Litter Straps | | | | | |
| Non-Permeable Surfaces | | | | | |
| V. Airway Equipment | Present | Deficient | N/A | | |
| Installed Oxygen | | | | | |
| Installed Suction | | | | | |
| Portable Oxygen (2 tanks) | | | | | |
| Regulator (25 lpm) | | | | | |
| Portable Suction (300 mmHg) | | | | | |
| Airways (OPA / NPA) | | | | | |

Were there any deficiencies identified?
 Unit placed Out of Service?
 BEMS Notified?

**Emergency Medical
Service Institute
Deficiency Form**

License Plate:

Vehicle Decal:

Date of Inspection

Pursuant to the EMS Act and the Rules and Regulations promulgated thereunder, a representative for the Emergency Medical Service Institute ("Council"), as an agency for the Pennsylvania Department of Health's Bureau of Emergency Medical Services, is conducting an inspection of

("Agency"). During the course of the inspection the

following deficiencies were identified:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Deficiencies found on this inspection must be corrected before the vehicle may be used and / or the service is relicensed. By the undersigned signature of an authorized agent of the Services, the Service acknowledges that the above noted deficiencies have been brought to the attention of the Service by the representative of the Council.

Council Representative Signature

Printed Name

Agency Representative Signature

Printed Name and Title