

**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: _____
(Printed Name)

Signature: _____

Date Forwarded to EMS Office: _____