

Pennsylvania Department of Health  
Bureau of EMS  
Safety Inspection Checklist  
and Deficiency Notification (if required)

Name of EMS Agency:	Location:			
License Plate # :	Start Time:			
Last 5 digits of VIN:	Completion Time:			
Provider #1 Name:	Certification #:	DL Exp date (EMSVO):		
Provider #2 Name:	Certification #:	DL Exp date (EMSVO):		
	Regional Council			
Level of Service:	Name of Inspector(s):			
Date Inspected:	<b>Deficiency Key*:</b>  <b>B = Broken</b> <b>E = Expired</b>  <b>M+# = Missing</b> - # indicates how many items are missing (Ex. M1)  <b>O = Other</b> - include a note if using other			
<b>Critical Criteria for Out-of-Service (OOS) consideration (non-inclusive list) - Contact BEMS to place vehicle OOS</b>				
<b>VEHICLE</b>	<b>VERIFIED</b>	<b>DEFICIENT*</b>	<b>CORRECTED</b>	<b>NOTES</b>
<b>Current Pennsylvania Vehicle Safety Inspection</b>				
<b>Current Vehicle Insurance - digital copy is acceptable, if on tablet or computer that remains in vehicle</b>				
<b>Current Vehicle Registration - digital copy is acceptable, if on tablet or computer that remains in vehicle</b>				
<b>Interior</b>				
Ability to secure all bulky items when vehicle is in motion				
<b>Installed Oxygen - AMD Standard 003 for crashworthiness</b>				
O2 flow meter 0-25 (1)				
At least 500 Liters of O2 at the time of inspection				
Portable Oxygen with a minimum tank capacity of 300 liters and minimum of 500 PSI (1)				
<b>Installed Suction (300mm/Hg in 4 sec.)</b>				
<b>Results:</b>				
Installed Suction - Gauge with the ability to control suction				
<b>Portable Suction Unit (1) (300mm/Hg in 4 sec.) - must be unplugged to test Results:</b>				
<b>Operational Heating/Cooling Equipment- Maintained between 68°F &amp; 78°F - Current Temperature:</b>				

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	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<b>BLS Equipment</b>				
<b>Aspirin, oral</b>				
<b>AED - dual function adult and pediatric AED acceptable</b>				
<b>Adult defibrillator pads (1) (Must have current date)</b>				
<b>Pediatric defibrillator pads (1) (Must have current date)</b>				
<b>Intermediate Advanced Life Support</b>				
<b>Random Bureau Assigned Medication (Must have current date) Medication Name:</b>				
<b>Defibrillator/Monitor</b>				
<b>12 Lead capable, immediate transmit capabilities &amp; paper printout</b>				
<b>Adult Defibrillator Pads (1) (Must have current date)</b>				
<b>Pediatric Defibrillator Pads (1) (Must have current date)</b>				
<b>Advanced Life Support</b>				
<b>Random Bureau Assigned Medication (Must have current date) Medication Name:</b>				
<b>Defibrillator/Monitor</b>				
<b>12 Lead capable, immediate transmit capabilities &amp; paper printout</b>				
<b>Adult Defibrillator Pads (1) (Must have current date)</b>				
<b>Pediatric Defibrillator Pads (1) (Must have current date)</b>				
<b>Administration</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>NOTES</b>
Were deficiencies found for this vehicle?				
Is a reinspection required?				
Digital Images Captured?				
Vehicle Placed Out of Service? (Yes, complete bottom of form)				
Printed Name of Inspector:				
Inspector Signature:				
Date:				
<b>Vehicle Placed Out of Service</b>				
Bureau Staff who authorized removal from service:				
Out of Service Decal secured on vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person securing Out of Service Decal:				
<b>Vehicle Authorized to Return to Service</b>				
Date:				
Bureau Staff who authorized return to service:				
Out of Service Decal removed from vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person removing Out of Service Decal:				