

**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: -BLANK-

Mileage:

	YES	NO	N/A
Was a deficiency notification issued for this vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of the deficiency notification attached to this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a reinspection required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VEHICLE/EQUIPMENT</b>	<b>PRESENT AND OPERATING</b>	<b>DEFICIENT</b>	<b>CORRECTED</b>
Identified as Meeting the Fed KKK 1822 Specs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Warning Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher (2)(5# unit ABC dry chem or CO2)(Current Insp.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Requirements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Safety Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Area Partition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors (side and rear gasket, latches and hinges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Smoking /Oxygen Equipped Sign (2) (1 in front, 1 in rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasten Seat Belts Sign (2) (1 in front, 1 in rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Equipment (meets regional comm. requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed Oxygen with min. 500L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMD Standard 003 for crashworthiness (min of 3 straps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with mounted O2 flow meter 0-25 lpm (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed Suction (300mm/Hg in 4 sec.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Heating/Cooling/Ventilation Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electronic Deficiency Form Completed

Yes  N/A

Digital Images Captured

Yes  N/A

Inspected By:

(Printed Name)

Signature:

Date Forwarded to EMS Office: