



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION
NON-EMERGENCY MEDICAL SERVICE**

FACILITY INFORMATION

TYPE OF INSPECTION				<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED
TYPE OF FACILITY						DATE OF INSPECTION	
SERVICE NAME						SERVICE CODE	
SERVICE ADDRESS							
CITY			STATE		COUNTY		ZIP CODE
SERVICE REPRESENTATIVE				REPRESENTATIVE SIGNATURE			
				X			
EMS INSPECTOR							

COMPLIANCE VERIFICATION

INSURANCE REQUIREMENTS			
Current Certificate of Liability Insurance in accordance with Ohio Revised Code 4766	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, each occurrence	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$350,000 Automobile Liability combined single limit OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$100,000 Automobile Liability, bodily injury per person AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$300,000 Automobile Liability, bodily injury per accident AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$ 50,000 Automobile Liability, property damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

EMPLOYEE RECORDS - ALL EMPLOYEES			
Valid driver / operator license	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Valid driver / operator abstract from BMV at hiring and annually thereafter	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Criminal records check by BCII	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Valid certification in CPR AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Basic First Aid OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
First Responder OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency Medical Technician	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Satisfactory completion of a passenger assistance training course	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Physician signed statement declaring drivers do not have medical, physical or vision condition that interferes with driving and passenger assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Valid test results from an alcohol and controlled substances test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ID card with first name, last initial and service name	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

CLIENT RECORDS			
Transport records that include client name, beginning and ending locations, date and time of pick up and drop off, and name or ID number of driver	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Client transportation records maintained for seven years	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

OTHER DOCUMENTATION			
Periodical Maintenance Program that conforms to manufacturers specifications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Completed Periodic Mechanical Safety Report for each licensed vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of periodical maintenance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two way communication with 110V or 12V power source backup for each device	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Completed Daily Vehicle Inspection Log	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Appropriate Board License displayed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A