



AMBULETTE INSPECTION

Violation of a bolded field results in automatic reinspection.

SERVICE NAME	SERVICE CODE (6 DIGITS)
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REASON FOR INSPECTION

<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW VEHICLE
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED	<input type="checkbox"/> TEMP. PERMIT NUMBER

DESCRIPTION OF VEHICLE

VEHICLE DECAL NUMBER	SERVICE VEHICLE NUMBER	ODOMETER	VEHICLE IDENTIFICATION NUMBER (VIN)
YEAR	MAKE	MODEL	
LICENSE PLATE NUMBER	<input type="checkbox"/> AMBULETTE <input type="checkbox"/> TEMP <input type="checkbox"/> OHIO <input type="checkbox"/> OUT OF STATE _____		

INSPECTION DATA

INSPECTOR NAME	DATE OF INSPECTION
Was a violation notification issued for this vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is the copy of the violation notification attached to this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is a re-inspection required?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

VEHICLE SAFETY INSPECTION

A. LIGHTING

.01 High and low beam headlights operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Clearance lights, marker lights, and reflectors operational (as applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 High beam indicator light on dashboard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Dashboard and interior lights operational (If all lights are out)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Left and right tail lights operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Left and right front turn signals operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Left and right rear turn signals operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 All brake lights operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 License plate light operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Back-Up Lights operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

B. TIRES / WHEEL / BRAKES

.01 Tread depth 1/16 inch minimum on all tires	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Tread and sidewall free of major deformities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Rims/wheels free of significant damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Brake pedal for power brakes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Emergency/parking brake operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

C. STEERING / SUSPENSION

.01 Steering shaft secure; no excessive play	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Power steering operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Shocks/Springs visually intact	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Tires have full range of motion without rubbing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

D. WINDSHIELD / WINDOWS / MIRRORS

.01 Windshield without breach, unobstructed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Windshield wipers and washers operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Windows without breach and consistent with OEM	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Rear view mirrors without breach	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

E. WARNING DEVICES

.01 Horn operational and audible	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Audible back up alarm operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Three red reflectors or three emergency flares	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

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F. MISCELLANEOUS

.01 Heater, defroster, and A/C installed and operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Safety belts for driver, passengers, and clients operational and free of visible damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Seats securely fastened to floor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Floor intact and free of holes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Structural integrity without breach (body and frame)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Interior free of protrusions , trash, and debris	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Exhaust system secured and without breach (Visual inspection)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Fuel tank free of leaks and securely mounted (Visual inspection)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 License plate rear	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Service name/logo permanently on vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Communication device and power source	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

G. CONFIGURATION

.01 Vehicle in excess of 22 feet, door clearance from raised lift platform of highest part of ramp at least 68 inches	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Vehicle less than 22 feet, door clearance from raised lift platform of highest part of ramp at least 56 inches	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Designed to transport one or more passengers sitting in wheelchairs with permanent fasteners to secure wheelchair to floor or side to prevent movement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Safety restraints to restrain passenger in wheelchair	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Stable ramp or hydraulic lift	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Secure storage for removable equipment and passenger property to prevent injuries	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Free from dirt, stains, impurities and/or foreign matter in driver and client compartments	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

H. EQUIPMENT REQUIREMENTS

.01 ABC fire extinguisher minimum classification of 2-A:10-B:C compliant (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Extinguisher must be permanently mounted per national standard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Annual extinguisher maintenance check per OSHA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Blanket (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Disinfectant for surfaces and equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Waterless disinfectant for hands	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Permanent mount oxygen cylinder securement device	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Isolation/bio-hazard disposal kit (1) OR (minimum contents):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Safety Shield/Mask	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Impervious gown	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Disposable gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Bio-Waste bag	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.13 Antimicrobial hand wipes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.14 Disposal bag with ties	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.15 Germicidal disinfectant with dry wipes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.16 Pick-up scoop with scraper	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.17 Solidifying agent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.18 First Aid Kit (1) OR (minimum contents):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.19 Adhesive Bandages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.20 Sterile 4 x 4 gauze pads	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.21 Individually wrapped roller bandages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.22 Scissors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.23 CPR Mask	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.24 Antiseptic/alcohol preps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

The Ambulette inspection form contains the vehicle roadworthiness requirements and equipment required for a permitted Ambulette authorized by section 4766 of the Ohio Revised Code and Ohio Administrative Code and as approved by the State Board of Emergency Medical, Fire, and Transportation Services.

COMMENTS