



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**AMBULANCE INSPECTION
BLS NON-EMERGENCY ONLY**

Violation of a bolded field results in automatic reinspection.

SERVICE NAME	SERVICE CODE (6 DIGITS)
--------------	-------------------------

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"/> TEMPORARY 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"/> EMS <input type="checkbox"/> TEMPORARY <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 reinspection required?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

A. LIGHTING

.01 High and Low Beam Headlights operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Clearance, Marker lights, and Reflectors operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 High beam indicator light (on dashboard) operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Dashboard lights 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 operational	<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 Tires have full range of motion without rubbing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Shocks/Springs visually intact	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Air ride suspension properly inflates/deflates	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Violation of a bolded field results in automatic reinspection.

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 alarms operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

F. MISCELLANEOUS

.01 Driver and passenger safety belts operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Driver and passenger safety belts 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 Interior free of protrusions , trash, and debris	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Structural integrity without breach (body and frame)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Heater, defroster, and A/C installed and operational Front & Back	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Exhaust system secured and without breach Visual Inspection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Fuel tank free of leaks and securely mounted Visual Inspection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 License plate rear	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Two-way communications with dispatch and medical control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Service name/logo permanently on vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.13 Non-emergency Transports only on both front doors (Permanent / Magnetic)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.14 Conformance placard, sticker, or affidavit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.15 ABC Fire Extinguishers minimum classification of 2-A:10-B:C compliant (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.16 Extinguishers must be permanently mounted per national standard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.17 Annual extinguisher maintenance check per OSHA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

G. OXYGEN EQUIPMENT

.01 Permanently installed main oxygen system (current hydrostatic testing)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Permanent variable flow regulator (0-15 LPM minimum) (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 One portable oxygen tank secured in appropriate tank storage mechanism (minimum "D") (current hydrostatic testing) minimum 1000 psi	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 One portable variable flow regulator (0-15 LPM minimum)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Bag mask resuscitator with reservoir capable of 100% oxygen flow (self-Inflating)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Transparent masks for bag mask resuscitator (Adult-Child-Infant) (1 each) OR (adult, combo child/pediatric)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Transparent oxygen masks [Adult (1); Pediatric (1); Infant (1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Nasal cannulas (Adult-Child) (1 each)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

H. SUCTION EQUIPMENT

.01 Permanently installed suction unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Portable suction unit (powered or hand operated)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Rigid pharyngeal curved suction catheters wide-bore tubing (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Sterile water and/or NS (2) minimum 500 ML excluding IV solutions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Suction tubing (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Suction bags (2 extra disposable liners or containers)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

I. AIRWAY EQUIPMENT

.01 Oropharyngeal airway devices infant through adult ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Nasopharyngeal airway devices infant through adult ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

⁽¹⁾ Per Medical Protocol

Violation of a bolded field results in automatic reinspection.

J. BLEEDING CONTROL / BURN EQUIPMENT / COMMERCIAL TOURNIQUET DEVICE

.01 Adhesive dressing strips (10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Sterile gauze pads (20) (assorted sizes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Assorted standard gauze rolls (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Assorted tape (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

K. ISOLATION EQUIPMENT

.01 Kits (2) OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Isolation goggles and mask or mask/shield combo (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Isolation gowns (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Isolation gloves (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 High particulate filter mask (HEPA or N95) (2 assorted sizes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Containers (bags) for infectious medical waste (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Sharps container	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Disinfectant/germicide	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Waterless hand cleaner	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

L. IMMOBILIZATION EQUIPMENT

.01 Stairchair and/or combo stairchair/folding cot (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
--	------------------------------	-----------------------------	------------------------------

M. ADJUNCT EQUIPMENT

.01 Trauma Shears (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Stethoscope (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 BP Cuff (Pediatric, Adult, Large Adult) (1 each)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Large flashlight (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Exam gloves (minimum 2 full boxes; various sizes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Patient cot (1) (with 3 straps)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Pillows and cases (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Sheets (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Blankets (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Towels (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Emesis basins or equivalent (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Urinal or equivalent (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.13 Bedpan (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.14 Personal towelettes or equivalent (10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.15 Patient restraints (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.16 Age/weight appropriate pediatric restraint ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.17 ANSI II high visibility vest (1 for each crew member) 29 CFR 634	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

N. BLS - ONBOARD DEFINITIVE CARE EQUIPMENT

.01 Approved medications as shown on Ohio State Board of Pharmacy License/Addendum	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Operational Automated External Defibrillator ⁽²⁾, Adult and Pediatric Pads ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

⁽¹⁾ Per Medical Protocol

⁽²⁾ Battery Tested and has up-to-date Service Records

Violation of a bolded field results in automatic reinspection.

The Ambulance Inspection form contains the vehicle roadworthiness requirements and equipment required for a permitted ambulance authorized by sections 4766 of the Ohio Revised Code (R.C.) and Ohio Administrative Code (O.A.C.) and as approved by the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS).

COMMENTS