



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

NON-TRANSPORT VEHICLE 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"/> EMS	<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 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
.11 Emergency Lighting Operational (Only if entire system is out)	<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 mounted and 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

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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
.03 Siren operable and audible	<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	<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 plates front and 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

G. DEFINITIVE EQUIPMENT CHECKLIST

.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 Meets requirements for annual maintenance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Permanently mounted first aid kit (1) OR minimum contents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Adhesive strips (10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Gauze wraps (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 4 X 4 inch bandages (5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 CPR Mask (1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Trauma Shears (1 pr)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Tape, 1/2 inch (1 roll)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Antiseptic wipes (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

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

COMMENTS