



Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: *Ground Ambulance*

Service Name:		Tag#:	Type:
VIN #		Call Sign:	VID#:
Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Anniversary <input type="checkbox"/> Renewal <input type="checkbox"/> Unscheduled			
VID # displayed on Left and Right side of vehicle:(No less than 3")		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service name displayed on Left and Right side of vehicle:(No less than 3")		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interior - Cab			
Odometer Reading:	Make:	Model:	
Windshield free of cracks, starbursts, or spider webbing greater than 3" (GA Code § 40-8-73 (2010))		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of insurance (GA Code § 40-6-10 (2020)):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Conditioner Operational (Front):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heating Operational (Front):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors Operational from the inside and outside:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Door Locks Operational (Front):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seatbelts Operational (Driver):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seatbelts Operational (Passenger):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two-Way Communication System:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Horn Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wipers Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mirrors Visible and without defect (Driver and Passenger side)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exterior Lighting			
Headlights Operational (Left and Right) High and Low beam		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Turn Signal Operational (Front - Left and Right)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Turn Signal Operational (Rear - Left and Right)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard Lights Operational (Front and Rear)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tail Lights Operational (Left and Right)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reverse Light Operational (Left and Right)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brake Lights Operational (Left, Right, Center if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reverse/Back up Alarm Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety - Tires/Brakes			
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Front)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Front)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Rear Outside)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Rear Inside)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear Outside)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear Inside)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brakes Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rear Bumper and Step intact and operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Lights/Siren			
All Warning Lights Operational (All Sides)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If blue warning lights are used, a valid DPS Permit must be present			
Scene/Flood Lights Operational (All Sides)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siren Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Interior - Patient Compartment

Air Conditioner Operational (Rear):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heating Operational (Rear):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All Doors Operational from the inside and outside:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All Door Locks Operational (Rear):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seatbelts Operational (All patient compartment seats):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All Patient Compartment Lights Operational (Hi/Lo)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exhaust Fan Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanliness of Interior (Area should be free of blood, dirt, and debris, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Respiratory Equipment

Quantity	Item/Description	Compliant	
1	Fixed Suction unit or a Mounted Electric Suction unit that works on vehicle power and battery power. The aspirator system shall achieve a minimum of 5.8 psi (300mmHg) vacuum within 4 seconds after the suction tube is closed. Mounted devices must meet the requirements of SAE J3043 (Ambulance Equipment Mount Device or Systems).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Portable Suction - Mechanical or Battery Powered, If battery powered the aspirator system shall achieve a minimum of 5.8 psi (300mmHg) vacuum within 4 seconds after the suction tube is closed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Sterile Suction Catheters - assorted sizes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Rigid Suction Catheters in original sealed packaging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Suction tubing in original sealed packaging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Bag Valve Mask Resuscitator - Adult, disposable, with transparent adult mask and tubing. The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Pediatric Bag Valve Mask Resuscitator -BVM with Infant AND Pediatric Mask , disposable with tubing. <i>(Can be 2 of each, Infant BVM and Pediatric BVM or Can be 2 Pediatric BVM with 2 infant mask and 2 pediatric masks)</i> The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Adult Oxygen Mask with Reservoir	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Pediatric Oxygen Mask with Reservoir	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Nebulizer Kit each having the ability to provide aerosolized treatment for adult and pediatric patient.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Nasal Cannula	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 each	Nasopharyngeal Airways - assorted sizes, must include 20F, 24F, 28F, 30F, 32F, 34F, with water soluble lubricant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 each	Oropharyngeal Airways - assorted sizes, must include 40mm (00), 50mm (0), 60mm (1), 80mm (3), 90mm(4), 100mm (5), 110mm (6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 each	Blind Insertion Airway Devices (device not intended to be placed into trachea) in assorted adult sizes per manufacturer (i.e. Combi tube sizes 37mm, 41mm OR King Airway sizes 3, 4, 5, OR i-gel sizes 3, 4, 5 or LMA sizes 3, 4, 5 or equivalent per Service Medical Director) to include water soluble lubricant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Respiratory Equipment (continued)

Quantity	Item/Description	Compliant	
1	Oxygen: Fixed system with at least two wall-mounted oxygen outlets and one flowmeter. The system shall also include a yoke, pressure reducer gauge and an approved cylinder-retaining device that meets DOT standards. The system shall have a capacity of at least 2,000 liters of oxygen and be capable of delivering an oxygen flow of at least 15 liters per minute OR If oxygen system is not a fixed system; the vehicle must have capacity of at least 2,000 liters of oxygen, 2 regulators with pressure gauge and flowmeter capable of delivering an oxygen flow of at least 15 liters per minute with access to the oxygen operational control in the patient care compartment. Each cylinder must have no less than 600 psi. All Cylinders must be secured using a commercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Oxygen: portable unit consisting of at least a "D" cylinder or equivalent, yoke, regulator with pressure gauge and flowmeter, and cylinder wrench or hand wheel. The cylinder must have no less than 600 psi. The unit shall be capable of delivering an oxygen flow of at least 15 liters per minute. Cylinder holders with a quick release fitting shall be furnished to allow the use of the portable unit outside the vehicle. All Cylinders must be secured using a commercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Oxygen: full spare cylinder for use with the above portable oxygen unit of at least a "D" cylinder for use with the above portable oxygen unit. All Cylinders, including those in bags or carrying cases must be secured using a commercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bandaging/Dressings

Quantity	Item/Description	Compliant	
2	Triangular Bandages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Universal Dressings approximately 10 inches by 30 inches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Clean wrapped sheets or sterile burn sheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Non-sterile gauze pads, 4 inches by 4 inches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Bandages, soft roller, self adhering type, assorted sizes (2 inch - 6 inch) (Minimum 4 yards/each)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Bandages, elastic, of assorted sizes (2 inch-6 inch)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Occlusive dressing, sterile, individually wrapped, minimum of 4 inches by 3 inches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Adhesive Tape – Rolls, Assorted Sizes minimum 1 inch wide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Commercially made Arterial Tourniquet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Heavy Duty Bandage Shears	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Diagnostic Equipment

Quantity	Item/Description	Compliant	
1 each	Manual Aneroid Sphygmomanometer, with pediatric, adult, AND large adult size cuffs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Stethoscope	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Glucose monitoring instrument, with minimum 5 each of strips, lancets, alcohol preps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Pulse oximetry device with adult and pediatric size clips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Non-Mercury Thermometer; if patient contact type must have disposable covers or be disposable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Penlight	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Immobilization/Extraction Devices

Quantity	Item/Description	Compliant	
4	Extremity Immobilization Devices: 2 full arms and 2 full legs. Must be capable of immobilizing the joint above and the joint below the fracture.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Short Spinal Extrication Device (KED or equivalent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Pediatric Immobilization device (must be manufactured for pediatric use only) with at least 3 straps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Spine Boards, Long (at least 16 inches wide by 72 inches long), each with at least 3 straps or equivalent - one Spine Board may be replaced with a scoop stretcher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Lateral Cervical Immobilization Devices (may be commercial devices, foam blocks, or sheet rolls)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Cervical Immobilization collars, hard type, 4 adult assorted sizes/adjustable and 2 pediatric assorted sizes/adjustable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Traction Splints, universal lower extremity adjustable OR one adult and one pediatric lower extremity adjustable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Equipment for the safe transport of pediatric patients, as approved by the local Medical Director with guidelines provided by the Department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Spring Loaded Center Punch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 pair	Gloves, work gloves or leather gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 each	Flathead and Phillips screwdriver, minimum 6 inches	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Patient Safety/Comfort/Care

Quantity	Item/Description	Compliant	
1	Multi-Level Stretcher with at least one complete set of shoulder/chest straps, and two sets of lower extremity straps. (Buckles must be metal "seatbelt type" and straps must not be cut, frayed, or have holes) Must be capable of securing adult and pediatric patients. Safety/Catch hook must be in place and functional. Mattress must be impervious and free of rips and tears.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Mattress covers; disposable or fabric sheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Pillow, disposable, or pillow with single use covers. Rolled sheets are acceptable substitutes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Waterproof Patient Covers (Water impervious blankets will count as both blankets and waterproof patient covers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Emesis basins or emesis bags	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Restraints, 2 ankle and 2 wrist, leather or nylon or disposable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Urinal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Bedpan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Surgical face masks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Obstetrical Kit: Receiving blanket, sterile bulb aspirator, sterile scissors or scalpel blade, 4 inch gauze pads, 2 cord clamps, plastic bag for placenta, APGAR scoring card. All items are to be in a container with identifying label showing contents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provider Safety

Quantity	Item/Description	Compliant	
1	Flashlight	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Sharps container, minimum 1 quart size or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Fire Extinguisher, 10 pound ABC type or functional equivalent, charged, with current NFPA inspection tag, secured with appropriate restraint device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	N95 Particulate mask, minimum of 2 sizes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provider Safety (continued)

Quantity	Item/Description	Compliant	
----------	------------------	-----------	--

4	Personal Protection Equipment sets to include: face shield/goggles, surgical masks, gowns/coveralls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60	Nitrile (non-latex) Exam gloves, 30 each of at least 2 sizes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	U.S. Department of Transportation Emergency Response Guidebook, current edition (Hard copy or electronically stored on ambulance computer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	FEMA Job Aid or other Resource Handbook providing information on chemical, biological, nuclear agents (Hard copy or electronically stored on ambulance computer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Min 2	ANSI compliant Reflective safety wear for each crewmember	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Miscellaneous Equipment

Quantity	Item/Description	Compliant	
1	Automatic or Semi-automatic External Defibrillator with Adult and Pediatric pads or Pediatric Dose Attenuator. (cardiac monitor/defibrillator for Cardiac Technician or Paramedic staffing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Sealed and/or locked IV Solution/Medication Kit. The contents and expiration date of each pharmaceutical within the kit must be immediately available physically or electronically. The EARLIEST expiration date must be affixed to the outside of the kit or immediately electronically available. This kit must be maintained in a temperature controlled environment and not be left unsecured.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	A length-based resuscitation tape or reference material that provide appropriate guidance for pediatric drug dosing and equipment sizing based on length or age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Agency Protocol Manual (Hard copy or electronically stored on ambulance computer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Irrigation Liquids 1000ml or equivalent packaging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Min 10	Triage Tags- SMART compliant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Disinfectant solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Advanced Life Support Equipment - Cardiac Technician or Paramedic

Quantity	Item/Description	Compliant	
The ambulance must have all of the above required equipment. When staffed by at least one Cardiac Technician or Paramedic the additional equipment listed below is required if specified by Medical Director Approved Protocols.			
1	ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Must be secured in a manner to prevent injury while vehicle is in motion. Cardiac monitors must be capable of 12 lead ECG acquisition by 2025.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Sealed and/or locked Drug Kit. The contents and expiration date of each pharmaceutical within the kit must be immediately available physically or electronically. The EARLIEST expiration date must be affixed to the outside of the kit or immediately available electronically. This kit may be combined with the Medication Kit listed above. Must be maintained in temperature-controlled environment and must not be left unsecured.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:
