



Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: *Medical First Responder*

| | | | |
|---|----------------------------------|--------------------------------------|---|
| 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 |
| 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 - (If applicable) | <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 | |
| 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 if Warning Lights are present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| Respiratory Equipment | | | |
|-----------------------|---|------------------------------|-----------------------------|
| Quantity | Item/Description | Compliant | |
| 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 |
| 1 | Rigid Suction Catheters in original sealed packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Suction tubing in original sealed packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | 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 |
| 1 | Pediatric Bag Valve Mask Resuscitator -BVM with Infant AND Pediatric Mask , disposable with tubing. (Can be 1 of each Infant and Pediatric BVM or Can be 1 Pediatric BVM with 1 infant mask and 1 pediatric mask.) 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 | Adult Oxygen Mask with Reservoir | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Pediatric Oxygen Mask with Reservoir | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | 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 | 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. Vehicles manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043. Standard 028 (In a commercially manufactured device) | <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 vehicles manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043; cylinders, including those in bags or carrying cases, must be secured in vehicle to meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043. Standard 028 (In a commercially manufactured device) | <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 | Sterile gauze pads, 4 inches by 4 inches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Non-sterile (Bulk) 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 |

| Bandaging/Dressings (continued) | | | |
|-----------------------------------|--|------------------------------|-----------------------------|
| Quantity | Item/Description | Compliant | |
| 3 | 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 | Non-Mercury Thermometer; if patient contact type must have disposable covers or be disposable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Immobilization/Extraction Devices | | | |
| Quantity | Item/Description | Compliant | |
| 2 | Extremity Immobilization Devices: 1 full arms and 1 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 | Lateral Cervical Immobilization Devices (may be commercial devices, foam blocks, or sheet rolls) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Cervical Immobilization collars, hard type, 2 adult assorted sizes/adjustable and 2 pediatric assorted sizes/adjustable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Safety Goggle or helmet with shield | <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 |
| Miscellaneous Equipment | | | |
| Quantity | Item/Description | Compliant | |
| | ANSI compliant Reflective safety wear for each crewmember | <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 |
| 5 | Surgical face masks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Personal Protection Equipment sets to include: face shield/goggles, surgical masks, gowns/coveralls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Waterproof Patient Cover, Salvage Tarp / Rolled Plastic, or Rescue Blanket (Water impervious blankets will count as both blankets and waterproof patient covers) | <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 |
| 1 | Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or equivalent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | U.S. Department of Transportation Emergency Response Guidebook, current edition (Hard copy or electronically stored in vehicle) | <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 in vehicle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

