Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: *Medical First Responder*

Service Name:	Tag#:	Type:
VIN #	Call Sign:	VID#

Inspection Type:	□ Initial	□ Anniversary	□ Renewal	□ Unscheduled

Interior - Cab		
Odometer Reading:	Make:	Model:

Windshield free of cracks, starbursts, or spider webbing greater than 3" (GA Code § 40-8-73 (2010)	□ Yes	□ No
Proof of insurance (GA Code § 40-6-10 (2020)):	□ Yes	□ No
Air Conditioner Operational (Front):	□ Yes	□ No
Heating Operational (Front):	□ Yes	□ No
Doors Operational from the inside and outside:	□ Yes	□ No
Door Locks Operational (Front):	□ Yes	□ No
Seatbelts Operational (Driver):	□ Yes	□ No
Seatbelts Operational (Passenger):	□ Yes	□ No
Two-Way Communication System:	□ Yes	□ No
Vehicle Horn Operational	□ Yes	□ No
Wipers Operational	□ Yes	□ No
Mirrors Visible and without defect (Driver and Passenger side)	□ Yes	□ No

Exterior Lighting		
Headlights Operational (Left and Right) High and Low beam	□ Yes	□ No
Turn Signal Operational (Front - Left and Right)	□ Yes	□ No
Turn Signal Operational (Rear - Left and Right)	□ Yes	□ No
Hazard Lights Operational (Front and Rear)	□ Yes	□ No
Tail Lights Operational (Left and Right)	□ Yes	□ No
Reverse Light Operational (Left and Right)	□ Yes	□ No
Brake Lights Operational (Left, Right, Center if applicable)	□ Yes	□ No
Reverse/Back up Alarm Operational - (If applicable)	□ Yes	□ No

Safety - Tires/Brakes		
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Front)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Front)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Rear Outside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Rear Inside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear Outside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear Inside)	□ Yes	□ No
Brakes Operational	□ Yes	□ No

Emergency Lights/Siren		
All Warning Lights Operational (All Sides)	□ Yes	□ No
If blue warning lights are used, a valid DPS Permit must be present		
Scene/Flood Lights Operational (All Sides)	□ Yes	□ No
Siren Operational if Warning Lights are present	□ Yes	□ 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	□ Yes	□ No
1	Rigid Suction Catheters in original sealed packaging	□ Yes	□ No
1	Suction tubing in original sealed packaging	□ Yes	□ 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.	□ Yes	□ 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.	□ Yes	□ No
2	Adult Oxygen Mask with Reservoir	□ Yes	□ No
2	Pediatric Oxygen Mask with Reservoir	□ Yes	□ No
2	Nasal Cannula	□ Yes	□ No
1 each	Nasopharyngeal Airways - assorted sizes, must include 20F, 24F, 28F, 30F, 32F, 34F, with water soluble lubricant	□ Yes	□ No
1 each	Oropharyngeal Airways - assorted sizes, must include 40mm (00), 50mm (0), 60mm (1), 80mm (3), 90mm(4), 100mm (5), 110mm (6)	□ Yes	□ 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 12 months after the adoption of these rules must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043. Standard 028 (In a commercially manufactured device)	□ Yes	□ 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. In all ambulances manufactured 12 months after adoption of these rules; 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)	□ Yes	□ No

Bandaging/Dressings

Quantity	Item/Description	Compliant	
2	Triangular /Bandages	□ Yes	□ No
2	Universal Dressings approximately 10 inches by 30 inches	□ Yes	□ No
2	Clean wrapped sheets or sterile burn sheets	□ Yes	□ No
12	Sterile gauze pads, 4 inches by 4 inches	□ Yes	□ No
12	Non-sterile (Bulk) gauze pads, 4 inches by 4 inches	□ Yes	□ No
6	Bandages, soft roller, self adhering type, assorted sizes (2 inch - 6 inch) (Minimum 4 yards/each)	□ Yes	□ No

Bandaging/Dressings (continued)			
Quantity	Item/Description	Compliant	
3	Bandages, elastic, of assorted sizes (2 inch-6 inch)	☐ Yes	☐ No
2	Occlusive dressing, sterile, individually wrapped, minimum of 4 inches by 3 inches	☐ Yes	☐ No
4	Adhesive Tape – Rolls, Assorted Sizes minimum 1 inch wide	☐ Yes	☐ No
2	Commercially made Arterial Tourniquet	☐ Yes	☐ No
1	Heavy Duty Bandage Shears	☐ Yes	☐ No
Diagnostic Equipment			
Quantity	Item/Description	Compliant	
1 each	Manual Aneroid Sphygmomanometer, with pediatric, adult, **AND** large adult size cuffs	☐ Yes	☐ No
1	Stethoscope	☐ Yes	☐ No
1	Glucose monitoring instrument, with minimum 5 each of strips, lancets, alcohol preps	☐ Yes	☐ No
1	Non-Mercury Thermometer; if patient contact type must have disposable covers or be disposable.	☐ Yes	☐ 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.	☐ Yes	☐ No
1	Lateral Cervical Immobilization Devices (may be commercial devices, foam blocks, or sheet rolls)	☐ Yes	☐ No
4	Cervical Immobilization collars, hard type, 2 adult assorted sizes/adjustable and 2 pediatric assorted sizes/adjustable	☐ Yes	☐ No
1	Safety Goggle or helmet with shield	☐ Yes	☐ No
1	Spring Loaded Center Punch	☐ Yes	☐ No
1 pair	Gloves, work gloves or leather gloves	☐ Yes	☐ No
1 each	Flathead and Phillips screwdriver, minimum 6 inches	☐ Yes	☐ No
Miscellaneous Equipment			
Quantity	Item/Description	Compliant	
	ANSI compliant Reflective safety wear for each crewmember	☐ Yes	☐ No
60	Nitrile (non-latex) Exam gloves, 30 each of at least 2 sizes	☐ Yes	☐ No
5	Surgical face masks	☐ Yes	☐ No
2	Personal Protection Equipment sets to include: face shield/goggles, surgical masks, gowns/coveralls	☐ Yes	☐ No
1	Waterproof Patient Cover, Salvage Tarp / Rolled Plastic, or Rescue Blanket (Water impervious blankets will count as both blankets and waterproof patient covers)	☐ Yes	☐ No
1	Fire Extinguisher, 10 pound ABC type or functional equivalent, charged, with current NFPA inspection tag, secured with appropriate restraint device	☐ Yes	☐ No
1	Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or equivalent	☐ Yes	☐ No
1	U.S. Department of Transportation Emergency Response Guidebook, current edition (Hard copy or electronically stored in vehicle)	☐ Yes	☐ No
1	FEMA Job Aid or other Resource Handbook providing information on chemical, biological, nuclear agents (Hard copy or electronically stored in vehicle)	☐ Yes	☐ No

Miscellaneous Equipment (continued)			
Quantity	Item/Description	Compliant	
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.	□ Yes	□ No
1	Automatic or Semi-automatic External Defibrillator with Adult and Pediatric pads or Pediatric Dose Attenulator	□ Yes	□ No
1	Flashlight	□ Yes	□ No
1	Sharps container	□ Yes	□ No
	N95 Particulate mask - 1 per crew member	□ Yes	□ No
1	Irrigation Liquids 1000ml or equivalent packaging	□ Yes	□ No
1	Blanket	□ Yes	□ No
1	Disinfectant solution	□ Yes	□ No
All equipment and supplies must be maintained in working order and shall be stored in an orderly manner and be readily accessible when needed.		□ Yes	□ No

Comments:
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