Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: *Neonatal Ambulance*

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

Inspection Type:	□ Initial	□ Anniversary	□ Renewal	□ Unscheduled	
VID # displayed on *Left* and *Right* side of vehicle:(No less than 3")				□ Yes	□ No
Service name displayed on *Left* and *Right* side of vehicle:(No less than 3")				□ Yes	□ No

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	□ 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
Rear Bumper and Step intact and 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	□ Yes	□ No

Interior - Patient Compartment

Air Conditioner Operational (Rear):	☐ Yes	☐ No
Heating Operational (Rear):	☐ Yes	☐ No
All Doors Operational from the inside and outside:	☐ Yes	☐ No
All Door Locks Operational (Rear):	☐ Yes	☐ No
Seatbelts Operational (All patient compartment seats):	☐ Yes	☐ No
All Patient Compartment Lights Operational (Hi/Lo)	☐ Yes	☐ No
Exhaust Fan Operational	☐ Yes	☐ No
Cleanliness of Interior (Area should be free of blood, dirt, and debris, etc)	☐ Yes	☐ 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.	☐ Yes	☐ No

Equipment

Quantity	Item/Description	Compliant	
1	Fire Extinguisher, 10 pound ABC type or functional equivalent, charged, with current NFPA inspection tag, secured with appropriate restraint device	☐ Yes	☐ No
1	Transport Isolette. The isolette must be portable, with secure mountings that can be released easily, have both AC and DC electrical capacity, and provide visualization of the neonate. The neonate must be secured within the isolette.	☐ Yes	☐ No
1	Neonatal Ventilator	☐ Yes	☐ No
1	Oxygen Analyzer	☐ Yes	☐ No
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. If the oxygen source is of a size less than "M" cylinder or equivaent, an additional full spare cylinder for the fixed system shall be carried in the unit. Each cylinder must have no less than 600 psi. All Cylinders must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	☐ Yes	☐ No
1	Monitor, capable of continuous monitoring of heart rate and temperature, AC and DC powered and have an alarm system.	☐ Yes	☐ No
1	Infusion Pump, AC and DC powered.	☐ Yes	☐ No
1	At least one electrical wall-mounted suction outlet in the vehicle	☐ Yes	☐ No
1	Electrical generator with at least 3.0 kilowatt output and an electrical inverter or motor generator with at least 1000 watts capacity	☐ Yes	☐ No
1	At least one compressed air outlet and one oxygen outlet available to each isolette	☐ Yes	☐ No
1	At least one duplex electrical outlet available to each isolette	☐ Yes	☐ No
*	Vehicle must have sufficient floor space to accommodate two neonatal transport isolettes	☐ Yes	☐ No
*	The types and quantities of supplies and medications to be carried in the vehicle while being used to transport neonates shall be determined by the medical director of the neonatal transport service in conformnce with current medical standards of care in the treatment and transportation of neonates.	☐ Yes	☐ No

Comments:

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