



# Georgia Office of Emergency Medical Services and Trauma

## Vehicle Inspection Form: *Neonatal 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 <b>Left</b> and <b>Right</b> side of vehicle:(No less than 3")		<input type="checkbox"/> Yes <input type="checkbox"/> No
Service name displayed on <b>Left</b> and <b>Right</b> side of vehicle:(No less than 3")		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Interior - Cab</b>		
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
<b>Exterior Lighting</b>		
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
<b>Safety - Tires/Brakes</b>		
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
<b>Emergency Lights/Siren</b>		
All Warning Lights Operational (All Sides)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If blue warning lights are used, a valid DPS Permit must be present</b>		
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

## 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	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Neonatal Ventilator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Oxygen Analyzer	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 equivalent, 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 commercially manufactured device. Ambulances manufactured 12 months (2015) after the adoption of these rules must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Monitor, capable of continuous monitoring of heart rate and temperature, AC and DC powered and have an alarm system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Infusion Pump, AC and DC powered.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	At least one electrical wall-mounted suction outlet in the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Electrical generator with at least 3.0 kilowatt output and an electrical inverter or motor generator with at least 1000 watts capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	At least one compressed air outlet and one oxygen outlet available to each isolette	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	At least one duplex electrical outlet available to each isolette	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*	Vehicle must have sufficient floor space to accommodate two neonatal transport isolettes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 conformance with current medical standards of care in the treatment and transportation of neonates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

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