



Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: *Emergency Organ Transport Vehicle*

Service Name:		VID#	
TAG#	VIN#	Call Sign:	
Inspection Type:	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<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			
Odometer Reading:	Make:	Model:	
Proof of insurance (GA Code § 40-6-10 (2020))		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Conditioner Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heating Operational		<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		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seatbelts Operational (Driver)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seatbelts Operational (All Passenger Seats)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two-Way Communication System (Vehicle to Facility and Vehicle to Base)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Horn Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windshield Wipers Operational (Front and Rear if applicable)		<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
Mirrors Visible and without defect (Rear View)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
GPS Navigation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interior Lighting 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
Exterior			
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)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brakes Operational		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Lights/Siren			
All Emergency 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			
Siren Operational if Warning Lights are present		<input type="checkbox"/> Yes	<input type="checkbox"/> No

