AMBULANCE INSPECTION REPORT

SP4161 6/2004 Wisconsin Department of Transportation

◯ Biennial Inspection ◯ Re-Inspection ◯ Spot -Check Insp. ◯ Level Upgrade

◯ In-Service Unit ◯ Reserve Unit

◯ EMT-B ◯ EMT-P ◯ EMT-BIV ◯ Specialized ◯ EMT-I ◯ Other _____

Ambulance Service Provider Name	Address Where Domiciled/Stationed	County	Inspection Date

Vehicle Identification Number (VIN)	Year, Make	Plate Number, Year Expires	Unit Number	Odometer Reading	Conversion Manufacturer	Type ◯1 ◯2 ◯3 Other: _____	Provider Number

#	ITEM	OK	NOT OK
1.	Headlights - High, Low		
2.	Parking Lights - Front, Rear		
3.	Turn Signals - Front, Rear		
4.	Fog Lights		
5.	Grill Lights		
6.	License Plate		
7.	Tires - Front, Rear		
8.	Warning Lights - Front, Side, Rear		
9.	Light Bar - Front, Rear		
10.	Clearance Lights - Front, Rear		
11.	Side Marker Lights		
12.	Intersection Lights		
13.	Lettering - Side, Rear		
14.	4 Inch Striping		
15.	Flood Lights - Side, Rear		
16.	Doors - Side, Rear		
17.	Door(s) - Compartments		
18.	Door Seals		
19.	Steps - Rear, Side		
20.	Step Lamp(s)		
21.	Tail Lights		
22.	Stop Lights		
23.	Backup Lights		
24.	Backup Alarm		
25.	License Plate(s) and Light		
26.	Windshield		
27.	Windows		
28.	Windshield Wipers/Washers		
29.	Spotlight(s)		
30.	No Smoking Sign - Cab, Rear		
31.	Heater, Defroster - Cab		
32	Air Conditioning - Cab		
33.	Horn		
34.	Siren		
35.	Mirrors		
36.	Dome Lamp - Cab		
37.	Instrument Panel Lamps		
38.	Master Switch Panel Lamps		
39.	Open Door Indicators		
40.	Speedometer		
41.	Brakes		
42.	Emergency Brakes		
43.	Emergency Brake Dash Lamp		
44.	Communications Equipment		
45.	PA System		
46.	Exhaust System		
47.	Battery System		
48.	Fuel System		
49.	Structurally Safe		
50.	Width		
51.	Height		
52.	Length		
	Patient Compartment		
53.	Interior Lighting		
54.	Heater / Air Conditioning		

#	ITEM	OK	NOT OK
55.	Flooring - Wall Seal		
56.	Control Panel Lamps		
57.	Exhaust Fan		
58.	Main Oxy. System / Supply		
59.	Main Suction System		
	Medical and Other Items		
60.	Proof of Current Registration		
61.	Remote Two-Way Communication		
62.	Commercial Wheeled Cot		
63.	Straps for Cot		
64.	Shoulder Straps for Cot		
65.	Chair Stretcher		
66.	Battery Powered Portable Suction		
67.	Suction Tubing- 3 ft. Long, 6 ft. Long		
68.	Suction Tips		
69.	Portable O_2 Unit- 13 Cubic Ft. or>		
70.	(1) Full Spare Portable O_2 Cylinder		
71.	(1) Set of Oral Airways- Sized 0-6		
72.	(6) Or More Nasopharyngeal Airways Sized 12 fr. - 34 fr.		
73.	Transparent Nonrebreathing Reservoir O_2 Masks with Tubing (2) Adult, (2) Child		
74.	(2) Infant Sized O_2 Mask with Adequate Length Tubing		
75.	(2) Adult Nasal Cannula		
76.	(1) Bag-Valve-Mask Unit for each - Adult, Child, Infant		
77.	Water Soluble Lubricant		
78.	(50) Sterile Gauze Pads, 4"x4" or >		
79	(4) Sterile Occlusive Dressings at Least 3"x9"		
80.	(2) Rolls of Medical Tape, 2" or >		
81.	(2) Clean Burn Sheets		
82.	(8) Triangular Bandages		
83.	(6) 10"X30" Universal or Trauma Dressings		
84.	(12) Soft-Rolled, Self-Adhering Bandages, 3" Wide or >		
85.	(1) Bandage Shears, 7" or >		
86.	(1) Large Adult BP Cuff		
87.	(1) Regular Adult BP Cuff		
88.	(1) Child BP Cuff		
89.	(1) Stethoscope		
90.	Adult Size Traction Splint		
91.	Pediatric Size Traction Splint or Documented Methodology for the Stabilization of a Pediatric Femur Fracture, Signed by the Med. Dir.		
92.	(2) Long Spine Boards		
93.	Appropriate Straps for Long Boards		
94.	(1) Short Spine Board		
95.	(1) Child Sized Spine Board		
96.	(2) Splinting Devices at Least 3' Long		
97.	(2) Splinting Devices at Least 15" Long but < Item 96		
98.	(2) Liters of Sodium Chloride for Irrigation		
99.	Obstetrical Kit		
100	Laryngoscope - Adult, Ped.		
101	Magil Forceps - Adult, Ped.		
102	(1) Orthopedic Stretcher		

#	ITEM	OK	NOT OK
103.	(2) Rigid C-Collars - Adult Sizes		
104.	(2) Rigid C-Collars - Peds. Sizes		
105	(2) Rigid C-Collars - Infant Sizes		
106.	(3) Or More Eye Protection Units		
107.	(3) Or More Surgical Masks		
108.	(3) Or More Pairs of Non-Sterile Gloves		
109.	(3) Or More Jumpsuits or Gowns that are Disposable and Impervious to Body Fluids		
110.	(3) Or More Disposable Shoe Covers		
111.	Antimicrobial Hand Wash		
112.	Commercial Sharps Container		
113.	Bio-Hazard Bags		
114.	Latex Free Equipment and Supplies Directed by a Protocol. Signed by the Services' Med. Dir.		
115.	(2) Cervical Head Immobilizer		
116.	Sheets / Blanket / Pillow		
117.	Liquid Oral Glucose		
118.	Defibrillator - Per DHFS Plan		
119.	(2) Adult, Pediatric Defibrillator Pads		
120.	(2) Advanced Airways		
121.	Epinephrine - Per DHFS Plan		
122.	Current Drug List - Per Med. Dir.		
123.	(2) Plug-in O_2 Flowmeter		
124.	Fire Extinguisher - Rear, Front		
125.	No-Smoking Signs - Rear, Front		
126.	(2) Portable, Battery Operated Lights		
127.	(3) Reflectors or Red Lights Sticks		
128.	(1) 12-inch Adjustable Wrench		
129.	(1) Screwdriver - Slot		
130.	(1) #2 Phillips Screwdriver		
131.	(1) Hacksaw and 12 inch Blades		
132.	(1) 10 Inch Looking Grip Pliers		
133.	(1) 16 oz. Hammer		
134.	(1) 24 Inch Wreaking Bar		
135.	Impact Resistant Eye Protection		
136.	(1) Pair of Leather Gloves		
137.	(1) Roll of 2 Inch Duct Tape		
138.	(1) Spring Loaded Center Punch		
	Ambulances Staffed with EMT-BIV and EMT-I Shall Carry in Addition to the Above		
139.	Sterile Intravenous Infusion Agent		
140.	IV Stating Equipment		
141.	Adult and Pediatric Sized IV Cath.		
142.	Subcutaneous Injection Equipment		
143.	Prepackaged Medications, Drugs and Solutions - Per DHFS Plan		
	Ambulances Staffed with EMT-I and EMT-P Shall Carry in Addition to the Above		
144.	(1) Pediatric Stethoscope		
145.	(2) Or More Intraosseous Needles		
146.	Endotracheal Intubation Equipment Infant - Adult		
147.	Medications and Drugs per M.C.		
148.	Electrocardiogram Monitor w/Tape		
149.	Pediatric Paddles or (2) Pads		
150.	Pediatric and Adult Sized Endotracheal Tube Stylettes		
151.	Length / Weight-based Drug Dose Chart or Tape		

#	ITEM	OK	NOT OK
	Items Tested		
1.	Oxygen Regulator		
2.	Oxygen Flow Meters		
3.	Suction - 300mm w/4sec.		
4.	Blood Pressure Gauges		
5.	Defibrillator		

◯ Auto ◯ Semi-Auto ◯ Manual

Setting	Result
_____ J	_____ J
_____ J	_____ J
_____ J	_____ J
_____ J	_____ J
_____ J	_____ J
_____ J	_____ J

Wave Form ◯ Yes ◯ No

ITEM # REMARKS / EXPLANATION

	No	Yes
Interior in sanitary condition	◯	◯
Vehicle certified to operate	◯	◯
Vehicle ordered out-of-service	◯	◯

◯ Citation to be issued for violation(s)

◯ Warning

Sect.#	Violation

◯ DO NOT OPERATE UNTIL REPAIRED AND REINSPECTED

◯ ____ Days to return report

◯ VEHICLE DEFECTS HAVE BEEN CORRECTED

X_____
(Authorized Member of Service)

MAIL TO:
Wisconsin Dept. of Transportation
Division of State Patrol
P.O. Box 7912
Madison, WI 53707-7912

X_____
(Driver/EMT)

X_____
(DSP Representative)

DISTRIBUTION 3 copies: 1) Office; 2) Provider;
3) Provider must sign and return when defects are corrected.