STATE OF FLORIDA
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: ___________________________ Inspection Date: ______/_______/______ Phone: (____) ____-_____
County: ___________________________ Type of Inspection:  Initial  Reinspection  Random  Complaint  Announced  Unannounced
Vehicle Information:  Transport  Non-Transport Unit# ______ Year/Make ______ Permit Type ______ Permit# ______
VIN____________________________________________

Vehicle Information:
County: ___________________________ Type of Inspection: ____________________________________________________________
Service Name: ____________________________________________________________ Inspection Date: ______/_______/_____ Phone: (____) ____-_____

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)

1. Exhaust System
2. Exterior Lights: A. Head lights (high and low beam) B. Turn signals C. Brake Lights D. Tail Lights E. Back-up lights and audible warning device F. Horn
3. Exterior Lights: A. Head lights (high and low beam) B. Turn signals C. Brake Lights D. Tail Lights E. Back-up lights and audible warning device F. Horn
4. Windshield wipers
5. Tires
6. Vehicle free of rust and dents
7. Two-way radio communication - radio test

II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822):

1. Primary stretcher and three straps.
2. Auxiliary stretcher and two straps.
3. Two ceiling mounted IV holders.
4. Two no-smoking signs.
5. Interior lights.
7. Loading lights.
8. Heat and air conditioning with fan.

III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)

1. Installed suction. (Transport only)

IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)

1. Bandaging, dressing and taping supplies:
2. Rolls adhesive, silk or plastic tape:
3. Sterile gauze pads, any size:
4. One bulb syringe separate from obstetric kit.
5. One approved biophazardous waste plastic bag or impervious container per Chapter 46J-1, F.A.C.
6. Pediatric length based measurement device for equipment selection and drug dosage
7. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpels and cord clamps or cord-ties.
8. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.
9. One short spine board and two straps or equivalent.
10. One long spine board and three straps or equivalent.

Crew credentials: Section 401.27(1) and 401.281, F.S.
Minimum = One EMT and One Driver

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: ___________________________________________ Date: ___________________________
Inspected By: ___________________________________________ Date: ___________________________