# EMS Agency Vehicle Inspection Form

| Agency: | Region: | County: Upshur |
|---|---|---|

| Vehicle Location: | Unit Number: | WVOEMS Sticker: | Expiration Date: |
|---|---|---|---|

| Vehicle VIN Number: | Vehicle Make: | Vehicle Year: |
|---|---|---|

| License Plate/Tail Number: | Type of Plate: |
|---|---|
| | ☐ City  ☐ County  ☐ Fire Dept. ☐ Class A  ☐ Other |

| Mileage: | Class Applied For: | | | | | |
|---|---|---|---|---|---|---|
| | ☐ Class A (FR/BLS/ALS) | ☐ Class B (BLS) | ☐ Class C (ALS) | ☐ Class D (CCT ground) | ☐ Class E (CCT Air) | ☐ Class F SMPMT Vehicles |

| Primary Colors of Vehicle: | Four Wheel Drive: ☐ Yes  ☐ No |
|---|---|

| Current Vehicle Insurance: | | | WV State Inspection Sticker: | | | |
|---|---|---|---|---|---|---|
| ☐ Yes | ☐ No | Expiration Date: | ☐ Yes | ☐ No | Expiration Date: | 12/21 |

**Patient Transport Vehicle Apparatus Equipment:**

| ☐ Operational Warning Lights (All Four Sides) | ☐ Operative Siren | ☐ Operative Communication System | ☐ Reflective Marking (only after July 1, 2018) |
|---|---|---|---|

| ☐ Public Access Emergency Number | ☐ Lockable Medication Storage Compartments N/A BLS |
|---|---|

| ☐ Seatbelts for All Seat Positions | ☐ Waterless Antibacterial Hand Sanitizer | ☐ Disinfectant Solution for Interior Cleaning |
|---|---|---|

**Specific Requirements for Class F Specialty Multi Patient Medical Transport (SMPMT) Vehicles Commercial/Modified Passenger Van)**

| ☐ Operative Communication System | ☐ Seatbelts for All Seat Positions | ☐ Agency Name Both Side/Rear 4-inch Letters |
|---|---|---|

| ☐ NO Emergency Designation Lettering Or the word Ambulance | ☐ NO Star of Life Symbols |
|---|---|

**Meets Requirements For:**

| ☐ FR | ☐ BLS | ☐ ALS | ☐ CCT | ☐ SMPMT | ☐ Other (Specify): |
|---|---|---|---|---|---|

☐ Vehicle DOES NOT MEET Requirements (Document below or attach additional documentation)

Inspection Deficiency:

| Item | Problem | Resolution | Date | Initials of Inspector |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

COMMENTS:

| Cardiac Monitor Name: | Cardiac Monitor SN: | Calibration Test:: ☒ pass  ☐ failed |
|---|---|---|

WVOEMS Inspections Sticker Number:     Month:     Year Expired:

| Agency Official Representative Name: | WVOEMS Inspector Name: |
|---|---|
| Agency Official Representative Signature: | WVOEMS Inspector Signature |

| Date of Inspection: | Date of Inspection: Click or tap to enter a date. |
|---|---|