

AMBULANCE MAINTENANCE REPORT

Name of Agency	
Date	
Surveyor Names:	

VEHICLE MAINTENANCE CHECK LIST UNIT #s →										
Siren										
Emergency lights										
Load lights										
Exterior										
Seat belts										
Driver compartment										
Motor Vehicle Inspection Sticker										
Insurance Card										
License plate										
Certificate of Registration										
Functional air conditioner in patient compartment										
Functional heater in patient compartment										
Functional lighting in patient compartment										

Does the provider have a general vehicle maintenance policy and procedure?	___Yes	___No
Does the provider have evidence that general maintenance is being performed on the vehicles?	___Yes	___No

SURVEYOR NOTES:

Name of Agency	
Date	
Surveyor Names:	

INITIAL ANNUAL FLEET ADDITION REINSPECTION CHANGE LOC

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
LICENSE PLATE:	EXP.:	LICENSE PLATE:	EXP.:
INSPECTION:	EXP.:	INSPECTION:	EXP.:
MILEAGE:		MILEAGE:	

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
LICENSE PLATE:	EXP.:	LICENSE PLATE:	EXP.:
INSPECTION:	EXP.:	INSPECTION:	EXP.:
MILEAGE:		MILEAGE:	

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
LICENSE PLATE:	EXP.:	LICENSE PLATE:	EXP.:
INSPECTION:	EXP.:	INSPECTION:	EXP.:
MILEAGE:		MILEAGE:	

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
LICENSE PLATE:	EXP.:	LICENSE PLATE:	EXP.:
INSPECTION:	EXP.:	INSPECTION:	EXP.:
MILEAGE:		MILEAGE:	

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
LICENSE PLATE:	EXP.:	LICENSE PLATE:	EXP.:
INSPECTION:	EXP.:	INSPECTION:	EXP.:
MILEAGE:		MILEAGE:	

Surveyor Signature: _____ Date: _____