

2008/2009 Vehicle Safety & Mechanical Inspection Form

Board of EMS 900 SW Jackson Room 1031 Topeka, KS 66612 785-296-7296

Please check and verify all information. For any error, please draw a single line through the incorrect information and print the correct information.

Service Name		Service #
Vehicle Year	Make	Unit #
VIN		Mileage
Date of last oil change		Mileage at last oil change

ITEMS INSPECTED	OK	INSPECTED BY	DATE
1. Battery charge status, fluid level and connections	<input type="checkbox"/>	_____	_____
2. Transmission fluid condition and level	<input type="checkbox"/>	_____	_____
3. Power steering fluid level, hoses and connections	<input type="checkbox"/>	_____	_____
4. Brake fluid level and condition	<input type="checkbox"/>	_____	_____
5. Windshield washer and wipers	<input type="checkbox"/>	_____	_____
6. Cooling system, hoses, connections, radiator and coolant condition	<input type="checkbox"/>	_____	_____
7. Headlights, working and aimed correctly	<input type="checkbox"/>	_____	_____
8. Tail lights and park lights	<input type="checkbox"/>	_____	_____
9. Brake lights	<input type="checkbox"/>	_____	_____
10. Directional indicators front and rear	<input type="checkbox"/>	_____	_____
11. Clearance lights	<input type="checkbox"/>	_____	_____
12. Emergency lights rotating and flashing	<input type="checkbox"/>	_____	_____
13. Horn	<input type="checkbox"/>	_____	_____
14. Siren (s)	<input type="checkbox"/>	_____	_____

Notice: K. A. R. 109-2-5 (h) states "all ground ambulances shall receive a mechanical and safety inspection annually prior to April 1. A report of the inspection results shall be made on forms provided by the administrator. All deficiencies determined by the inspection shall be corrected prior to submitting the inspection form.

(over)

For office use only

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ITEMS INSPECTED	OK	Inspection by	Date
15. All windows and glass intact	<input type="checkbox"/>	_____	_____
16. Outside rear view mirror	<input type="checkbox"/>	_____	_____
17. Brake system, pedal height & pressure, check at least one front lining and pad for leaks	<input type="checkbox"/>	_____	_____
18. Wheel bearings, adjust and lubricate as needed	<input type="checkbox"/>	_____	_____
19. Tires even wear, sufficient tread and properly inflated	<input type="checkbox"/>	_____	_____
20. Fuel tank (s) , venting system & cap	<input type="checkbox"/>	_____	_____
21. Chasis frame	<input type="checkbox"/>	_____	_____
22. Steering mechanism, check all elements for stability, ie. ball joints, idler arm, pittman arm	<input type="checkbox"/>	_____	_____
23. Suspension system, shocks, springs and stabilizer bars	<input type="checkbox"/>	_____	_____
24. Drive train, universal joints and seals	<input type="checkbox"/>	_____	_____
25. Exhaust system, ensure integrity, check for leaks	<input type="checkbox"/>	_____	_____
26. Visual checks of all exposed wiring & connections	<input type="checkbox"/>	_____	_____
27. Heating system driver and patient compartment	<input type="checkbox"/>	_____	_____
28. Air-conditioning system, driver and patient compartment	<input type="checkbox"/>	_____	_____

To be completed by mechanic

The mechanic should sign and date after each item inspected. If the inspection is done at one time by a single person, this form should be signed and dated below.

Mechanic _____

Name of Shop/Garage _____ Date _____

To be completed by EMS Director

This form is true and complete to the best of my knowledge.

EMS Director _____ Date _____