

Inspection Date: ____/____/____ Type of Inspection: Annual Random Reinspection Unit No. : _____ Mileage: _____

VIN #: _____ License Tag #: _____ Vehicle Type: 1 2 3 4 Other: _____

If reinspection, date of previous inspection: ____/____/____

I, the undersign representing EMSA and its contractor; acknowledge receipt of a copy of this inspection form. I am aware of deficiencies listed, (if any) and understand that failure to correct deficiencies will subject EMSA and its authorized representatives to administrative action.

Copy of form received by: GM DO OM FOS Other: _____ Signature: _____

Date: ____/____/____ Inspected by: _____ Date: ____/____/____ Medical Director: _____ Date: ____/____/____

Inspector's Notes:

Added items: