

ALS / BLS EMERGENCY MEDICAL RESPONDER VEHICLE AND MEDICAL EQUIPMENT INSPECTION FORM

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

VIN #: _____ License Tag #: _____ Vehicle Type: _____ Other: _____

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

I, the undersign represent OCFD, TFD, EFD, WRFD, BFD, SSFD, – (circle one) 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 this agency and its authorized representatives to administrative action.

Copy of form received by: SO QA DC Other: _____ Signature: _____

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

Inspector's Notes: