



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: