



# 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 OKCFD, TFD, EFD, WRFD, BxFD, SSFD, VFD, NFD, OakCFD, MFD, DCFD, JFD TIFD, GCFD, BHFD – (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:

Updated 7/1/2022

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DRAFT and Action by MCB: 9/14/2022 EFFECTIVE DATE: 1/16/2023