



S-SV EMS Agency Vehicle Inspection Form

705-A

EMS PROVIDER & INSPECTION TYPE/DETAILS

EMS Provider Name:

Initial/New Vehicle Inspection Annual Vehicle Inspection Unannounced Vehicle Inspection

Inspection Date:

Inspection Location:

UNIT DETAILS & INSPECTION RESULTS

Unit ID	Year	Make	Model	Mileage	Type/Level: (ALS, BLS, Ambulance, Non-Transport, etc.)	Inspection Results
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
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						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient



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UNIT DETAILS & INSPECTION RESULTS (continued)

Unit ID	Year	Make	Model	Mileage	Type/Level: (ALS, BLS, Ambulance, Non-Transport, etc.)	Inspection Results
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
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						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient
						<input type="checkbox"/> Passed <input type="checkbox"/> Deficient

VEHICLE INSPECTION COMMENTS (INCLUDING DETAILS OF ANY DEFICIENCIES)

Name/Title of S-SV EMS Staff Conducting Inspection: