



# Emergency Medical Systems Stretcher Van Inspection Form

Provider \_\_\_\_\_ License# \_\_\_\_\_

Garage Address \_\_\_\_\_

VIN # \_\_\_\_\_ Safety Sticker \_\_\_\_\_

Inspection Type \_\_\_\_\_ Inspected By \_\_\_\_\_

Inspection Date \_\_\_\_\_ Action \_\_\_\_\_

1. Wheeled multi-level cot w/3 sets if straps + over shoulder straps \_\_\_\_\_
2. Primary cot should be at least 75 inches long and 22 inches wide with crash stable quick release 3-point fastener system or approved rail mount \_\_\_\_\_
3. Pillows, sheets, blankets, pillowcases (2) \_\_\_\_\_
4. Emesis container (basin, bag, etc) \_\_\_\_\_
5. Impermeable red biohazard-labeled isolation bags \_\_\_\_\_
6. Nonporous disposable gloves \_\_\_\_\_
7. CPR mask with safety valve \_\_\_\_\_
8. Capability to communicate with dispatch, destination, etc. \_\_\_\_\_
9. Seat belts for all seats \_\_\_\_\_
10. "No Smoking" and "Fasten Seat Belt" signs conspicuously posted in both passenger and driver compartment \_\_\_\_\_
11. Complaint Hotline phone number conspicuously posted \_\_\_\_\_
12. Must have heating, cooling and ventilation in good working condition \_\_\_\_\_
13. Must have loading light capable of illuminating the area around the stretcher van \_\_\_\_\_
14. Must have current Safety Sticker per Vehicle Motor Code 5/13-109 \_\_\_\_\_
15. Flashlight, battery operated \_\_\_\_\_
16. Fire extinguisher, 5lb, ABC type \_\_\_\_\_
17. Equipment is secured in patient area \_\_\_\_\_
18. Patient area clean \_\_\_\_\_
19. Must also have:
  - a) A 24-hour written agreement to provide emergency road service \_\_\_\_\_
  - or
  - b) One spare wheel and tire, one jack with capability to raise the stretcher van, and one wheel lug wrench \_\_\_\_\_

INSPECTOR COMMENTS:

INSPECTOR SIGNATURE

\_\_\_\_\_ Date \_\_\_\_\_

PROVIDER SIGNATURE

\_\_\_\_\_ Date \_\_\_\_\_