



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

PERIODIC MECHANICAL SAFETY REPORT

SERVICE NAME			DATE OF INSPECTION
VEHICLE MAKE	MODEL	VEHICLE DECAL NUMBER	SERVICE VEHICLE NUMBER
VEHICLE IDENTIFICATION NUMBER		CURRENT MILEAGE	DATE OF LAST INSPECTION
<input type="checkbox"/> Ambulance	<input type="checkbox"/> MoICU	<input type="checkbox"/> Non-Transport Vehicle	<input type="checkbox"/> Ambulette

Please mark each item listed below as either passed or failed.
All failed items must have a date indicating when the item was corrected and include supporting documentation.

FRONT DRIVER / PASSENGER COMPARTMENT	PASSED	FAILED	DATE CORRECTED	
Seats secure to floor and in safe condition	<input type="checkbox"/>	<input type="checkbox"/>		
Safety belts operational and free of visible damage	<input type="checkbox"/>	<input type="checkbox"/>		
Floor intact / free of holes	<input type="checkbox"/>	<input type="checkbox"/>		
Doors / Door panels operational without breach	<input type="checkbox"/>	<input type="checkbox"/>		
Compartment is clean / free of debris	<input type="checkbox"/>	<input type="checkbox"/>		
Instruments / gauges in proper working order	<input type="checkbox"/>	<input type="checkbox"/>		
Heat / AC operational	<input type="checkbox"/>	<input type="checkbox"/>		
Windows without breach, unobstructed, operational	<input type="checkbox"/>	<input type="checkbox"/>		
Windshield wipers and washer operational	<input type="checkbox"/>	<input type="checkbox"/>		
Mirrors, driver and passenger side, without breach	<input type="checkbox"/>	<input type="checkbox"/>		
Power steering operational	<input type="checkbox"/>	<input type="checkbox"/>		
Steering shaft secure – No excessive play	<input type="checkbox"/>	<input type="checkbox"/>		
Horn operational / audible	<input type="checkbox"/>	<input type="checkbox"/>		
Siren operational / audible	<input type="checkbox"/>	<input type="checkbox"/>		
Airbags	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency / parking brake operational	<input type="checkbox"/>	<input type="checkbox"/>		
Audible backup alarm operational	<input type="checkbox"/>	<input type="checkbox"/>		
Comments				
TIRES / WHEELS	PASSED	FAILED	DATE CORRECTED	
Tires match and are correct size	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Tire Pressure	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Tire tread condition min 1/16th inch	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Unusual tire wear tread / sidewall	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Valve Stems	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Rims / Wheels free of damage	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Tires have full range of motion	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Rack-and-pinion, linkage and boots		<input type="checkbox"/>	<input type="checkbox"/>	
Control arms, bushings, and ball joints		<input type="checkbox"/>	<input type="checkbox"/>	
Sway bars, links, and bushings		<input type="checkbox"/>	<input type="checkbox"/>	
Springs		<input type="checkbox"/>	<input type="checkbox"/>	
Shocks and struts		<input type="checkbox"/>	<input type="checkbox"/>	
Power steering pump		<input type="checkbox"/>	<input type="checkbox"/>	
Comments				

BRAKES		PASSED	FAILED	DATE CORRECTED
Rotors and drums	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Brake pads and shoes	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Brake lines, hoses, and fittings	RF LF RR LR	<input type="checkbox"/>	<input type="checkbox"/>	
Master cylinder and booster		<input type="checkbox"/>	<input type="checkbox"/>	
ABS working properly		<input type="checkbox"/>	<input type="checkbox"/>	

Comments

BODY AND FRAME (No excessive rust, breach to inside of vehicle or integrity of vehicle)		PASSED	FAILED	DATE CORRECTED
Protruding metal on vehicle body		<input type="checkbox"/>	<input type="checkbox"/>	
Bumpers		<input type="checkbox"/>	<input type="checkbox"/>	
Hood		<input type="checkbox"/>	<input type="checkbox"/>	
Fenders		<input type="checkbox"/>	<input type="checkbox"/>	
Frame		<input type="checkbox"/>	<input type="checkbox"/>	

Comments

FUEL SYSTEM		PASSED	FAILED	DATE CORRECTED
Fuel pump		<input type="checkbox"/>	<input type="checkbox"/>	
Hoses & fittings		<input type="checkbox"/>	<input type="checkbox"/>	
Fuel lines		<input type="checkbox"/>	<input type="checkbox"/>	
Fuel tank		<input type="checkbox"/>	<input type="checkbox"/>	
Brackets & straps		<input type="checkbox"/>	<input type="checkbox"/>	

Comments

EXHAUST SYSTEM		PASSED	FAILED	DATE CORRECTED
Manifold		<input type="checkbox"/>	<input type="checkbox"/>	
Pipes & fittings		<input type="checkbox"/>	<input type="checkbox"/>	
Muffler		<input type="checkbox"/>	<input type="checkbox"/>	
Bracket / hanger		<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust pipe / integrity		<input type="checkbox"/>	<input type="checkbox"/>	
Engine emissions check (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	

Comments

CERTIFIED MECHANIC VERIFICATION

I attest I inspected this vehicle and completed this form.

This vehicle passed inspection and is safe and roadworthy at the time of inspection.

The vehicle has failed inspection.
I have made the service aware of all failed items identified during the inspection that require correction.

NAME	SIGNATURE X	DATE
TITLE	CERTIFICATION / QUALIFICATIONS	
EMPLOYER'S NAME	PHONE NUMBER	

SERVICE REPRESENTATIVE

I attest that this inspection was conducted in accordance with the requirements set forth in Section 4766 of the Ohio Administrative Code (O.A.C.), and that all failed items identified during the inspection have been corrected prior to placing the vehicle back into service.

NAME	TITLE
SIGNATURE X	DATE