



AMBULETTE INSPECTION

SERVICE NAME	SERVICE CODE (6 DIGITS)
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REASON FOR INSPECTION

<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW VEHICLE
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED	<input type="checkbox"/> TEMP. PERMIT NUMBER

DESCRIPTION OF VEHICLE

VEHICLE DECAL NUMBER (LAST THREE DIGITS)	ODOMETER	VEHICLE IDENTIFICATION NUMBER (VIN)	
YEAR	MAKE	MODEL	
LICENSE PLATE NUMBER	<input type="checkbox"/> AMBULETTE	<input type="checkbox"/> TEMP	<input type="checkbox"/> OHIO <input type="checkbox"/> OUT OF STATE _____

INSPECTION DATA

INSPECTOR NAME	DATE OF INSPECTION		
Was a violation notification issued for this vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the copy of the violation notification attached to this form?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is a reinspection required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
INSPECTOR SIGNATURE X			

VEHICLE SAFETY INSPECTION

LIGHTING

High and low beam headlights operational [O.A.C. 4766-3-08(C)(1)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Clearance lights, marker lights, and reflectors operational (as applicable) [O.A.C. 4766-3-08(C)(1)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
High beam indicator light on dashboard [O.A.C. 4766-3-08(C)(1)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Dashboard and interior lights operational [O.A.C. 4766-3-08(C)(1)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right tail lights operational [O.A.C. 4766-3-08(C)(1)(e)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right front turn signals operational [O.A.C. 4766-3-08(C)(1)(f)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right rear turn signals operational [O.A.C. 4766-3-08(C)(1)(g)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right brake lights operational [O.A.C. 4766-3-08(C)(1)(h)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
License plate light operational [O.A.C. 4766-3-08(C)(1)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Back-Up Lights operational [O.A.C. 4766-3-08(C)(1)(j)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

TIRES / WHEEL / BRAKES

Tread depth 1/16 in minimum on all tires [O.A.C. 4766-3-08(C)(1)(l)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tread and sidewall free of major deformities [O.A.C. 4766-3-08(C)(1)(m)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rims / wheels free of significant damage [O.A.C. 4766-3-08(C)(1)(n)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Brake pedal travel 2/3 for non-assisted [O.A.C. 4766-3-08(C)(1)(p)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Brake pedal travel 4/5 for power brakes [O.A.C. 4766-3-08(C)(1)(p)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency / parking brake operational [O.A.C. 4766-3-08(C)(1)(q)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

STEERING / SUSPENSION

Steering shaft secure; no more than 1/4 turn play [O.A.C. 4766-3-08(C)(1)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Power steering operational [O.A.C. 4766-3-08(C)(1)(w)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Shocks / springs mounted and intact [O.A.C. 4766-3-08(C)(1)(ff)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tires have full range of motion without rubbing [O.A.C. 4766-3-08(C)(1)(o)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

WINDSHIELD / WINDOWS / MIRRORS

Windshield without breach, unobstructed [O.A.C. 4766-3-08(C)(1)(r)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Windshield wipers and washers operational [O.A.C. 4766-3-08(C)(1)(s)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Windows without breach and consistent with OEM [O.A.C. 4766-3-08(C)(1)(t)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rear view mirrors without breach and IAW OEM [O.A.C. 4766-3-08(C)(1)(t)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

WARNING DEVICES

Horn operational and audible [O.A.C. 4766-3-08(C)(1)(y)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Audible back up alarm operational [O.A.C. 4766-3-08(C)(1)(k)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Three red reflectors or three emergency flares [O.A.C. 4766-3-10(A)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

MISCELLANEOUS

Heater, defroster, and A/C installed and operational [O.A.C. 4766-3-08(C)(1)(z)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Safety belts for driver, passengers, and clients operational and free of visible damage [O.A.C. 4766-3-08(C)(1)(dd)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Seats securely fastened to floor [O.A.C. 4766-3-08(C)(1)(aa)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Floor intact and free of holes [O.A.C. 4766-3-08(C)(1)(aa)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Structural integrity without breach (body and frame) [O.A.C. 4766-3-08(C)(1)(ee)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Interior free of protrusions, trash, and debris [O.A.C. 4766-3-08(C)(1)(cc)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Fuel tank free of leaks and securely mounted [O.A.C. 4766-3-08(C)(1)(gg)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
License plates front and rear [O.A.C. 4766-3-08(C)(1)(hh)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Service name / logo permanently on vehicle [O.A.C. 4766-3-08(C)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

CONFIGURATION

Vehicle in excess of 22 feet, door clearance from raised lift platform of highest part of ramp at least 68 inches [O.A.C. 4766-3-08(C)(4)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Vehicle less than 22 feet, door clearance from raised lift platform of highest part of ramp at least 56 inches [O.A.C. 4766-3-08(C)(4)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Designed to transport one or more passengers sitting in wheelchairs with permanent fasteners to secure wheelchair to floor or side to prevent movement [O.A.C. 4766-3-08(C)(4)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Safety restraints to restrain passenger in wheelchair [O.A.C. 4766-3-08(C)(4)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Stable ramp or hydraulic lift [O.A.C. 4766-3-08(C)(4)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Secure storage for removable equipment and passenger property to prevent injuries [O.A.C. 4766-3-08(C)(4)(e)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Free from dirt, stains, impurities and / or foreign matter in driver and client compartments [O.A.C. 4766-3-08(H)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

EQUIPMENT REQUIREMENTS

Five pound ABC fire extinguisher (1) Permanently mounted [O.A.C. 4766-3-10(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Blanket (1) [O.A.C. 4766-3-10(A)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Disinfectant for surfaces and equipment [O.A.C. 4766-3-10(A)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Waterless disinfectant for hands [O.A.C. 4766-3-10(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Permanent mount oxygen cylinder securement device [O.A.C. 4766-3-10(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation / bio-hazard disposal kit (1) [O.A.C. 4766-3-10(A)(6)] OR (minimum contents)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Safety Shield / Mask [O.A.C. 4766-3-10(A)(6)(a)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Impervious gown [O.A.C. 4766-3-10(A)(6)(a)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Disposable gloves [O.A.C. 4766-3-10(A)(6)(a)(iii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Bio-Waste bag [O.A.C. 4766-3-10(A)(6)(a)(iv)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Antimicrobial hand wipes [O.A.C. 4766-3-10(A)(6)(a)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Disposal bag with ties [O.A.C. 4766-3-10(A)(6)(a)(vi)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Germicidal disinfectant with dry wipes [O.A.C. 4766-3-10(A)(6)(a)(vii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pick-up scoop with scraper [O.A.C. 4766-3-10(A)(6)(a)(viii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Solidifying agent [O.A.C. 4766-3-10(A)(6)(a)(ix)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
First Aid Kit (1) [O.A.C. 4766-3-10(A)(7)] OR (minimum contents)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adhesive Bandages [O.A.C. 4766-3-10(A)(7)(a)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile 4 x 4 gauze pads [O.A.C. 4766-3-10(A)(7)(a)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Individually wrapped roller bandages [O.A.C. 4766-3-10(A)(7)(a)(iii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Scissors [O.A.C. 4766-3-10(A)(7)(a)(iv)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CPR Mask [O.A.C. 4766-3-10(A)(7)(a)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Antiseptic / alcohol preps [O.A.C. 4766-3-10(A)(7)(a)(vi)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A