



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**NON-TRANSPORT VEHICLE INSPECTION (EMSO)**

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"/> EMS <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	
<b>X</b>	

**LIGHTING**

High and Low Beam Headlights operational [O.A.C. 4766-2-08(D)(1)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Clearance, Marker lights, and Reflectors operational [O.A.C. 4766-2-08(D)(1)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
High beam indicator light (on dashboard) operational [O.A.C. 4766-2-08(D)(1)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Dashboard lights and interior lights operational [O.A.C. 4766-2-08(D)(1)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right tail lights operational [O.A.C. 4766-2-08(D)(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. 4766-2-08(D)(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. 4766-2-08(D)(1)(g)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right brake lights operational [O.A.C. 4766-2-08(D)(1)(h)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
License plate light operational [O.A.C. 4766-2-08(D)(1)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Back-up lights operational [O.A.C. 4766-2-08(D)(1)(j)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency Lighting Operational [O.A.C. 4766-2-08(D)(1)(ii)]	<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. 4766-2-08(D)(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. 4766-2-08(D)(1)(m)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rims / wheels free of significant damage [O.A.C. 4766-2-08(D)(1)(n)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Brake Pedal Travel 2/3 for non-assisted brakes [O.A.C. 4766-2-08(D)(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. 4766-2-08(D)(1)(p)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency / parking brake operational [O.A.C. 4766-2-08(D)(1)(q)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**STEERING / SUSPENSION**

Steering shaft secure; no more that ¼ turn play [O.A.C. 4766-2-08DB(1)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Power steering operational [O.A.C. 4766-2-08(D)(1)(w)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tires have full range of motion without rubbing [O.A.C. 4766-2-8(D)(1)(o)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Shocks / Springs mounted and intact [O.A.C. 4766-2-08(D)(1)(ff)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Air ride suspension properly inflates / deflates [O.A.C. 4766-2-08(D)(1)(kk)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**WINDSHIELD / WINDOWS / MIRRORS**

Windshield without breach, unobstructed [O.A.C. 4766-2-08(D)(1)(r)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Windshield wipers and washers operational [O.A.C. 4766-2-08(D)(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. 4766-2-08(D)(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. 4766-2-08(D)(1)(x)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**WARNING DEVICES**

Horn operational and audible [O.A.C. 4766-2-08(D)(1)(y)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Audible back up alarms operational [O.A.C. 4766-2-08(D)(1)(k)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Siren Operable and audible [O.A.C. 4766-2-08(D)(1)(jj)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**MISCELLANEOUS**

Driver and passenger safety belts operational [O.A.C. 4766-2-08(D)(1)(dd)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Driver and passenger safety belts free of visible damage [O.A.C. 4766-2-08(D)(1)(dd)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Seats securely fastened to floor [O.A.C. 4766-2-08(D)(1)(aa)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Floor intact and free of holes [O.A.C. 4766-2-08(D)(1)(bb)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Interior free of protrusions, trash, and debris [O.A.C. 4766-2-08(D)(1)(cc)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Structural integrity without breach (body and frame) [O.A.C. 4766-2-08(D)(1)(ee)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Heater, defroster, and A/C installed and operational [O.A.C. 4766-2-08(D)(1)(z)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Exhaust System secured and without breach [O.A.C. 4766-2-08(D)(1)(u)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Fuel tank free of leaks and securely mounted [O.A.C. 4766-2-08(D)(1)(gg)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
License plates front and rear [O.A.C. 4766-2-08(D)(1)(hh)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two-way communications with dispatch and medical control [O.A.C. 4766-2-06(B)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Service name / logo permanently on vehicle [O.A.C. 4766-2-08(D)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**DEFINITIVE EQUIPMENT CHECKLIST**

Permanently mounted fire extinguisher ABC 5lb min [O.A.C. 4766-2-10(l)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Extinguisher mounted per national standard [O.A.C. 4766-2-10(l)(4)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Meets requirements for annual maintenance [O.A.C. 4766-2-10(l)(4)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Permanently mounted first aid kit (1) <b>OR</b> minimum contents [O.A.C. 4766-2-10(l)(5)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adhesive strips (10) [O.A.C. 4766-2-10(l)(5)(b)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Gauze wraps (2) [O.A.C. 4766-2-10(l)(5)(b)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4 X 4 inch bandages ((5) [O.A.C. 4766-2-10(l)(5)(b)(iii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CPR Mask (1) [O.A.C. 4766-2-10(l)(5)(b)(iv)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Trauma Shears (1 pr) [O.A.C. 4766-2-10(l)(5)(b)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tape, 1/2 inch (1 roll) [O.A.C. 4766-2-10(l)(5)(b)(vi)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Antiseptic wipes (4) [O.A.C. 4766-2-10(l)(5)(b)(vii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**COMMENTS**