



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			

<b>BRAKES</b>		<b>PASSED</b>	<b>FAILED</b>	<b>DATE CORRECTED</b>
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

<b>BODY AND FRAME</b> (No excessive rust, breach to inside of vehicle or integrity of vehicle)		<b>PASSED</b>	<b>FAILED</b>	<b>DATE CORRECTED</b>
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

<b>FUEL SYSTEM</b>		<b>PASSED</b>	<b>FAILED</b>	<b>DATE CORRECTED</b>
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

<b>EXHAUST SYSTEM</b>		<b>PASSED</b>	<b>FAILED</b>	<b>DATE CORRECTED</b>
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

**ASE 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
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 4766-2-09 of the Ohio Administrative Code, and that all failed items identified during the inspection have been corrected prior to placing the vehicle back into service.*

NAME	TITLE
SIGNATURE	