



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

VIOLATION NOTIFICATION

SERVICE NAME	SERVICE CODE
INSPECTION LOCATION	INSPECTOR NAME
SERVICE REPRESENTATIVE	TITLE / POSITION OF SERVICE REPRESENTATIVE

TYPE OF INSPECTION	INSPECTION DATE	TIME	A.M. / P.M.
	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> UNANNOUNCED <input type="checkbox"/> REINSPECTION <input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> SATELLITE <input type="checkbox"/> VEHICLE CURRENT MILEAGE _____		
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE DECAL NUMBER	SERVICE VEHICLE NUMBER	

VIOLATION DESCRIPTION

VIOLATION TYPE V = Vehicle A = Aircraft F = Facility D = Documentation R = Record Keeping

ACTION TYPE 72 = Correct within 72 hours R = Reinspection C = Corrected

TYPE	DESCRIPTION	SECTION #	ACTION		
			C	72	R

I hereby acknowledge the above violation(s). I understand violation(s) must be corrected within 72 hours and this form returned to the EMS office along with proof of violation corrections if not corrected at time of inspection.

SIGNATURE OF SERVICE REPRESENTATIVE	DATE
X	

CERTIFICATION Once violation(s) have been corrected sign and date below and return to the EMS office.

I certify that all the above listed violations have been corrected within 72 hours as required by Ohio Administrative Code (O.A.C.) 4766.

SIGNATURE OF SERVICE REPRESENTATIVE	DATE
X	

SEND TO: Ohio Department of Public Safety, Division of Emergency Medical Services
1970 W. Broad St., Columbus, OH 43223 **OR** P.O. Box 182073, Columbus, OH 43218-2073.

PHONE (800) 233-0785 **FAX** (614) 466-9461

Distribution: Copy 1 – EMS Copy 2 – Organization Copy 3 - Inspector