Pennsylvania Department of Health
Bureau of EMS
Safety Inspection Checklist
and Deficiency Notification (if required)

Name of EMS Agency:	Location:	
License Plate # :	Start Time:	
Last 5 digits of VIN:	Completion Time:	
Provider #1 Name:	Certification #:	DL Exp date (EMSVO):
Provider #2 Name:	Certification #:	DL Exp date (EMSVO):
	Regional Council	
Level of Service:	Name of Inspector(s):	
Date Inspected:	**Deficiency Key*:**	

B = Broken
E = Expired
M+# = Missing - # indicates how many items are missing (Ex. M1)
O = Other - include a note if using other

Critical Criteria for Out-of-Service (OOS) consideration (non-inclusive list) - Contact BEMS to place vehicle OOS

VEHICLE	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Current Pennsylvania Vehicle Safety Inspection				
Current Vehicle Insurance - digital copy is acceptable, if on tablet or computer that remains in vehicle				
Current Vehicle Registration - digital copy is acceptable, if on tablet or computer that remains in vehicle				
Interior				
Ability to secure all bulky items when vehicle is in motion				
Installed Oxygen - AMD Standard 003 for crashworthiness				
O2 flow meter 0-25 (1)				
At least 500 Liters of O2 at the time of inspection				
Portable Oxygen with a minimum tank capacity of 300 liters and minimum of 500 PSI (1)				
Installed Suction (300mm/Hg in 4 sec.) Results:				
Installed Suction - Gauge with the ability to control suction				
Portable Suction Unit (1) (300mm/Hg in 4 sec.) - must be unplugged to test Results:				
Operational Heating/Cooling Equipment- Maintained between 68ºF & 78ºF - Current Temperature:				

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	VERIFIED	DEFICIENT*	CORRECTED	NOTES
BLS Equipment				
Aspirin, oral				
AED - dual function adult and pediatric AED acceptable				
Adult defibrillator pads (1) (Must have current date)				
Pediatric defibrillator pads (1) (Must have current date)				
Intermediate Advanced Life Support				
Random Bureau Assigned Medication (Must have current date) Medication Name:				
Defibrillator/Monitor				
12 Lead capable, immediate transmit capabilities & paper printout				
Adult Defibrillator Pads (1) (Must have current date)				
Pediatric Defibrillator Pads (1) (Must have current date)				
Advanced Life Support				
Random Bureau Assigned Medication (Must have current date) Medication Name:				
Defibrillator/Monitor				
12 Lead capable, immediate transmit capabilities & paper printout				
Adult Defibrillator Pads (1) (Must have current date)				
Pediatric Defibrillator Pads (1) (Must have current date)				
Administration	**YES**	**NO**	**N/A**	**NOTES**
Were deficiencies found for this vehicle?				
Is a reinspection required?				
Digital Images Captured?				
Vehicle Placed Out of Service? (Yes, complete bottom of form)				

Printed Name of Inspector:
Inspector Signature:
Date:

Vehicle Placed Out of Service
Bureau Staff who authorized removal from service:
Out of Service Decal secured on vehicle: ☐ Yes ☐ No
Name of Person securing Out of Service Decal:
Vehicle Authorized to Return to Service
Date:
Bureau Staff who authorized return to service:
Out of Service Decal removed from vehicle: ☐ Yes ☐ No
Name of Person removing Out of Service Decal: