



Emergency Medical Systems Stretcher Van Inspection Form

Provider _____ License# _____

Garage Address _____

VIN # _____ Safety Sticker _____

Inspection Type _____ Inspected By _____

Inspection Date _____ Action _____

1. Wheeled multi-level cot w/3 sets if straps + over shoulder straps _____
2. Primary cot should be at least 75 inches long and 22 inches wide with crash stable quick release 3-point fastener system or approved rail mount _____
3. Pillows, sheets, blankets, pillowcases (2) _____
4. Emesis container (basin, bag, etc) _____
5. Impermeable red biohazard-labeled isolation bags _____
6. Nonporous disposable gloves _____
7. CPR mask with safety valve _____
8. Capability to communicate with dispatch, destination, etc. _____
9. Seat belts for all seats _____
10. "No Smoking" and "Fasten Seat Belt" signs conspicuously posted in both passenger and driver compartment _____
11. Complaint Hotline phone number conspicuously posted _____
12. Must have heating, cooling and ventilation in good working condition _____
13. Must have loading light capable of illuminating the area around the stretcher van _____
14. Must have current Safety Sticker per Vehicle Motor Code 5/13-109 _____
15. Flashlight, battery operated _____
16. Fire extinguisher, 5lb, ABC type _____
17. Equipment is secured in patient area _____
18. Patient area clean _____
19. Must also have:
 - a) A 24-hour written agreement to provide emergency road service _____
 - or
 - b) One spare wheel and tire, one jack with capability to raise the stretcher van, and one wheel lug wrench _____

INSPECTOR COMMENTS:

INSPECTOR SIGNATURE

_____ Date _____

PROVIDER SIGNATURE

_____ Date _____