Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
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Oklahoma State Department of Health

STRETCHER AID VAN VEHICLE INSPECTION FORM

Date:	Time:

Agency Name:

Location of Inspection:

Agency Representative:

VEHICLE INFORMATION

Purpose of Inspection:
Initial Inspection ☐ Routine Inspection ☐ Re-Inspection ☐ Complaint ☐ Self Inspection ☐ Permit Classification: S ☐ Vehicle Not Permitted: ☐

V.I.N #:	Local Unit #:	Tag #:	Tag Expiration:

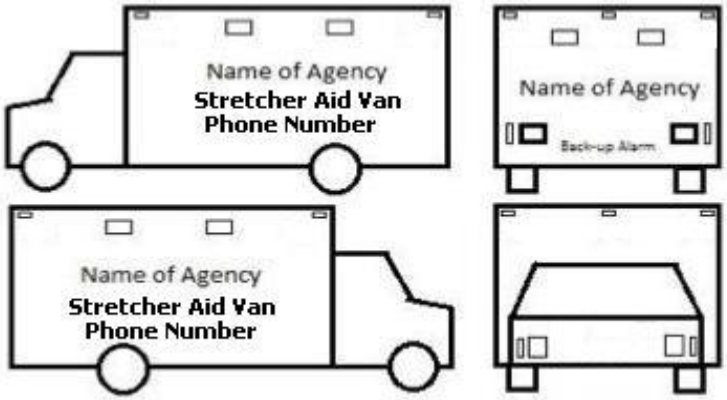
Insurance Verification: Yes ☐ No ☐	Engine Type: ☐ Diesel ☐ Gasoline ☐ Other_____	OSDH Representative:

ITEM APPROVED Title 47 and Triple K Compliance	Y	N
Headlights	☐	☐
Tires	☐	☐
Heater / AC	☐	☐
Side mounted loading light	☐	☐
Rear mounted Loading Light	☐	☐
Back up alarm	☐	☐
Tail and brake lights	☐	☐
Muffler / tail pipe	☐	☐
4 – Way Flashers	☐	☐
Outside appearance clean	☐	☐
Vehicle in good mechanical and serviceable condition	☐	☐
Business name, telephone number and the words "Stretcher Aid Van" displayed on exterior	☐	☐
Dispatch able to be contacted	☐	☐
Reportable body damage	☐	☐
Comments:		

Patient Compartment		
Sufficient room for 2 attendants	☐	☐
Elevating passenger stretcher with approved mounting device	☐	☐
Equipment / supplies secured	☐	☐
Cot Straps with shoulder harness	☐	☐
Linens stored and clean	☐	☐
1 adult size bag-valve mask resuscitator	☐	☐
Portable Oxygen System _____psi with administration equipment	☐	☐
Portable suction unit with administration equipment	☐	☐
1 emesis basin	☐	☐

ITEM APPROVED Passenger Compartment Continued	Y	N
1 scissors / shears	☐	☐
1 box of latex gloves	☐	☐
1 set oropharyngeal airways size 0-4 (individually wrapped)	☐	☐
24 sterile 4"x4" dressings	☐	☐
6 sterile roller gauze 2" or larger	☐	☐
2 rolls adhesive tape	☐	☐
2 blankets	☐	☐
2 sheets	☐	☐
2 pillow cases	☐	☐
1 stretcher mounted portable oxygen securing device	☐	☐
1 fire extinguisher	☐	☐
2 isolation kits containing: Gown, Gloves, Face Mask and Surgical Mask	☐	☐
1 stethoscope	☐	☐
1 portable blood pressure set in adult size	☐	☐
Semi-automatic defibrillator with adult pads (AED)	☐	☐
All sterile supplies are sterile	☐	☐
All expired items are removed	☐	☐
Passenger compartment clean	☐	☐
Comments:		

** See O.A.C. 310:641 Rules for complete list of required supplies, equipment and quantities*



Place X over area of concern/problem

Carbon Monoxide Test (Critical =/> 50 ppm)	Inspection Findings	
Ambient Level: _____ppm	Vehicle Certified to Operate (No Deficiencies)	☐
Side Door: _____ppm	Vehicle Certified to Operate (with Deficiencies)	☐
Attendant Area: _____ppm	Vehicle Ordered Out-of-Service	☐
Stretcher Area: _____ppm	**Reason for Placing Vehicle Out-of-Service:**	
Driver Area: _____ppm		
Rear Door Area: _____ppm		

REMARKS AND COMMENTS:

CITATION OF LAW: THIS INSPECTION HAS BEEN CONDUCTED PURSUANT TO TITLE 63, SECTION 2501 AND THE EMS RULES PROMULGATED BY THE STATE BOARD OF HEALTH – OKLAHOMA ADMINISTRATIVE CODE 310:641

I have been given/offered a copy of this inspection report and understand the basis of this report. I also understand that OSDH/EMS recommends all of the above (if any) deficiencies be corrected immediately.

I will provide OSDH/EMS written notification of correction by: _____/_____, 20_____

_____

Signature of Agency Representative Date

I have inspected the above named SAV Provider and the vehicle and equipment at the time and date shown above and have found each item as shown within this report.

_____

Signature of OSDH Representative Date

Please Place Removed Permit in this Area