

Washington County EMS

Wheelchair Vehicle Inspection Form



Public Health
Prevent. Promote. Protect.



AGENCY NAME: _____

INSPECTED BY: _____

INSPECTION DATE & TIME: _____

DRIVER NAME: _____

VEHICLE INFORMATION:

Unit # _____
 Make _____
 Model _____
 VIN _____
 Year _____
 License Plate _____
 OR Regist. Exp Date _____
 Wash. Co. License # _____
 Current Mileage _____

DRIVER LICENSE #: _____

Expiration Date: _____

VEHICLE INSURANCE:

Certificate Showing Vehicle Coverage
 Reviewed On File with WC EMS

Coverage Expiration Date: _____

SAFETY EQUIPMENT:

- Securement must include 4-point tie-down for Wheelchair and lap/shoulder belt for patient
- Ramp or Lift equipped with an emergency manual override

WC EMS INSPECTION: Pass Fail

REINSPECTION DATE: _____

REINSPECTED BY: _____

REINSPECTION RESULTS: Pass Fail

RESULTS (Check Mark = Pass):

- DMV Accident Form
- Call Return Slip
- Cell/Radio
- Signage Size (3" letters)
- Name
- Phone (same as return slip)
- Exterior Condition
- Interior
- Clean
- Smoke Free
- Doors Operational
- Windows Operational
- Horn
- Wipers
- Heater
- Air Conditioning
- Wheelchair Clean/Safe
- Five Pound Fire Extinguisher
- Last Inspected Date _____
- Chains/Traction Devices

- Mirrors
- Rear View
- Side
- Lights
- Headlights
- Brights
- Emergency
- Turn
- Reverse
- Brakes
- Seatbelts
- Waist
- Shoulder
- Reflectors
- Flashlight
- Blanket (desired item)
- Pillow (desired item)
- First Aid Kit (see list)
- Bloodborne Pathogen Kit
- Spare Tire
- Adequate Tread on Tires

First Aid Equipment:

- Band Aids
- Triangle Bandages
- 3x5 or 4x4 Gauze Pads
- 5x9 or 8x10 Gauze Pads
- 2-inch or 4-inch Gauze Rolls
- Antiseptic Wipes
- Scissors
- CPR Mask
- Non-Latex Exam Gloves

Or

Complete Commercial Equivalent First Aid Kit

Comments or required action:

INSPECTOR SIGNATURE: _____