|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency: | | Region: | | | | | | County:  Upshur | | |
| Vehicle Location: | Unit Number: | | | WVOEMS Sticker: | | | Expiration Date: | | | |
|
| Vehicle VIN Number: | | Vehicle Make: | | | | Vehicle Year: | | | | |
| License Plate/Tail Number: | Type of Plate: | | | | | | | | | |
| City | | County | | Fire Dept. | | | | Class A | Other |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mileage: | | | Class Applied For: | | | | | | | | | | | | | | | | |
| Class A  (FR/BLS/ALS) | | | | Class B  (BLS) | | | | Class C  (ALS) | | Class D  (CCT ground) | | | Class E  (CCT Air) | | | Class F SMPMT  Vehicles |
| Primary Colors of Vehicle: | | | | | | | | | | | | Four Wheel Drive:  Yes  No | | | | | | | |
| Current Vehicle Insurance: | | | | | | | | WV State Inspection Sticker: | | | | | | | | | | | |
| Yes | No | Expiration Date: | | | | | | Yes | | | | No | | Expiration Date: 12/21 | | | | | |
| **Patient Transport Vehicle Apparatus Equipment**: | | | | | | | | | | | | | | | | | | | |
| Operational Warning Lights  (All Four Sides) | | | Operative Siren | | | | | Operative Communication System | | | | | | | | | Reflective Marking (only after  July 1, 2018) | | |
| Public Access Emergency Number | | | | | | | | | Lockable Medication Storage Compartments N/A BLS | | | | | | | | | | |
| Seatbelts for All Seat Positions | | | | Waterless Antibacterial Hand Sanitizer | | | | | | | | | | | Disinfectant Solution for Interior Cleaning | | | | |
| **Specific Requirements for Class F Specialty Multi Patient Medical Transport (SMPMT) Vehicles Commercial/Modified Passenger Van)** | | | | | | | | | | | | | | | | | | | |
| Operative Communication System | | | | | Seatbelts for All Seat Positions | | | | | | | | | | Agency Name Both Side/Rear 4-inch Letters | | | | |
| NO Emergency Designation Lettering  Or the word Ambulance | | | | | | NO Star of Life Symbols | | | | | | | | | | | | | |
| **Meets Requirements For:** | | | | | | | | | | | | | | | | | | | |
| FR | BLS | ALS | CCT | | | SMPMT | | | | Other (Specify): | | | | | | | | | |
| Vehicle DOES NOT MEET Requirements (Document below or attach additional documentation) | | | | | | | | | | | | | | | | | | | |
| Inspection Deficiency: | | | | | | | | | | | | | | | | | | | |
| Item | | Problem | | | | | | Resolution | | | | | | | | Date | | Initials of Inspector | |
|  | |  | | | | | |  | | | | | | | |  | |  | |
|  | |  | | | | | |  | | | | | | | |  | |  | |
|  | |  | | | | | |  | | | | | | | |  | |  | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | |
| Cardiac Monitor Name: Cardiac Monitor SN: Calibration Test::  pass  failed | | | | | | | | | | | | | | | | | | | |
| WVOEMS Inspections Sticker Number: Month: Year Expired: | | | | | | | | | | | | | | | | | | | |
| Agency Official Representative Name: | | | | | | | | WVOEMS Inspector Name: | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Agency Official Representative Signature: | | | | | | | | WVOEMS Inspector Signature | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Date of Inspection: | | | | | | | | Date of Inspection: Click or tap to enter a date. | | | | | | | | | | | |