

Pennsylvania Department of Health
Bureau of Emergency Medical Services
Field Safety Inspection Form

Name of Ambulance Service:			Vehicle Decal #:			
Location of Inspection			License Plate #			
Name of Inspector			Date of Inspection: 08/09/2011			
I. Vehicle Equipment		Yes	No	II. ALS Equipment		Yes No
PA Decals (2)						
III. Immobilization Equipment		Yes	No	IV. Other Equipment/Supplies		Yes No
C-Collars				Tourniquets (1)		
V. Personal Safety Equip		Yes	No	VI. Personnel		Cert # Exp.
High Visibility Safety Vests				1		
				2		
				3		
				4		

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