Vehicle Safety & Mechanical Inspection Form				
Board of EMS 900 SW Jackson Roo	om 1031 Top	peka, Ks 66612 785-2	296-7296	
••••••TYPE OR P	RINT CLEARI	LY aaaaaaaaaaa	44444444444	
Service name:		Service #		
Vehicle Year: Make:		Unit #		
VIN:	Mileage:			
Date of last oil change:	Mileage at last	Mileage at last oil change:		
ITEMS INSPECTED	OK	INSPECTED BY	DATE	
1. Battery charge status, fluid level and				
connections 2. Transmission fluid condition and level				
3. Power steering fluid level, hoses and connections				
4. Brake fluid level and condition (8-1734)				
5. Windshield washer and wipers (8-1741 subsection	c , and d) \square			
6. Cooling system, hoses, connections,				
radiator and coolant condition				
7. Headlights, working and aimed correctly (8-1705)				
8. Tail lights and park lights (8-1706)				
9. Brake lights (8-1708)				
10. Directional indicators front and rear (8-1721 subse	ection b) \Box			
11. Clearance lights (8-1711)				
12. Emergency lights rotating and flashing (8-1720)				
13 Horn (8-1738)				
14. Siren (s) (8-1738)				
15. All windows and glass intact (8-1741 subsection a	$and b) \Box$			

Notice: K. A. R. 109-2-2 (c) states "Each initial and each renewal applicant for a ground ambulance service permit and ambulance license shall obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or a city, county, or township or from a certified mechanic as defined in K.A.R. 109-1-1, for each ambulance within 180 days before the date of ambulance service application renewal or have a long-term vehicle maintenance program with requirements equivalent to or exceeding the requirements of the mechanical and safety inspection form. In order for an ambulance license to be renewed, the mechanical safety inspection forms shall not contain any deficiencies identified that would compromise the safe transport of patients.

Vehicle Safety & Mechanical Inspection Form				
ITEMS INSPECTED	OK	INSPECTION BY	DATE	
16. Outside rear view mirror (8-1740)				
17. Brake system, pedal height & pressure,				
check at least one front lining and pad				
for leaks (8-1734)				
18. Wheel bearings, Adjust and lubricate				
as needed				
19. Tires even wear, sufficient tread and				
properly inflated (8-1742)				
20. Fuel tank (s), venting system & cap				
21. Chasis frame				
22. Steering mechanism, check all elements				
for stability, ie. Ball joints, idler arm,				
pittman arm				
23. Suspension system, Shocks, Springs				
and stabilizer bars				
24. Drive train, universal joints and seals				
25. Exhaust system, ensure integrity,				
check for leaks (8-1739)				
26. Visual checks of all exposed wiring				
& connections				
27. Heating system drivers and patient				
Compartment (K.A.R. 109-2-8 subsection d)				
28. Air-conditioning system, drivers and				
patient compartment (K.A.R. 109-2-8 subsection d)				
To be complete.	leted by mecha	nnic		
The mechanic should sign and date after each item inspethis form should be signed and dated below.	cted. If the ins	pection is done at one time by	a single person,	
Mechanic:				
Name of Shon/Garage:		Date:		
Name of Shop/Garage: To be completed b		Date:e Director		
This form is true and complete to the best of my knowled	•			
EMS Service Director:		Date:		