

OHIO MEDICAL TRANSPORTATION BOARD

VEHICLE INSPECTION FORM (AMBULETTE)

TEMPORARY PERMIT NUMBER: _____

SERVICE NAME: _____ SERVICE CODE: _____
6 DIGITS

INSPECTION LOCATION: _____
STREET ADDRESS CITY COUNTY

INSPECTOR: _____ INSPECTOR NO: _____ DATE: _____

REASON FOR INSPECTION:

NEW SERVICE: _____ APPLICATION RENEWAL: _____ NEW SATELLITE: _____
NEW VEHICLE: _____ UNANNOUNCED INSPECTION: _____ OTHER: _____

DESCRIPTION OF VEHICLE OMTB VEHICLE DECAL NUMBER _____
LAST THREE DIGITS ONLY

IF DECAL IS MISSING, REASON: _____

YEAR _____ MAKE _____ MODEL _____ ODOMETER _____

VEHICLE IDENTIFICATION NUMBER (VIN) _____

LICENSE PLATE NUMBER _____ STATE _____

Circle type of license plate: AMBULETTE TEMP COUNTY OTHER

VERIFY DURING INSPECTION

WORKING WORKING
2-WAY RADIO _____ HEATER-A/C F _____ R _____

CELLULAR PHONE _____ SERVICE LOGO ON VEHICLE _____

OMTB RULE 4766-3-21

The equipment and supplies listed in this rule are required to be carried on each ambulette at all times.

DISPOSABLE EQUIPMENT IS ACCEPTABLE WHERE APPLICABLE.

<p>STATE USE ONLY</p> <p>REVISED 7-2008</p>	<p>REVIEWED AND APPROVED:</p> <p>DATE: _____</p> <p>INITIALS: _____</p>	<p>DATE RECEIVED</p>
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