

AMBULANCE INCIDENT INSPECTION CHECKLIST**Date:** _____ **Time:** _____**INCIDENT NAME:** _____ **INCIDENT NUMBER:** _____ **RESOURCE #:** E- _____**COMPANY/CONTRACTOR:** _____**AGREEMENT NUMBER:** _____**VEHICLE MAKE:** _____ **MODEL:** _____**VIN #:** _____ **LICENSE PLATE, State and #:** _____**EQUIPMENT and OPERATOR REQUIREMENTS AMBULANCE**

- ☐ Type 1 – Advance Life Support, Minimum 2 staff, HazMat Level B
- ☐ Type 2 - Advance Life Support; Minimum 2 staff, non-HazMat response.
- ☐ Type 3 – Basic Life Support; Minimum 2 staff, HazMat Level B
- ☐ Type 4 - Basic Life Support; Minimum 2 personnel

Minimum Requirements*Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)***Yes No**

1	Agreement: (One complete copy) Contractor shall have a complete copy of their most current agreement in their possession at all times. (D.8)		
2	Check-In Process Completed (Note: Also includes; Finance, and Plans) (D.6.5.3)		
3	Equipment VIN/Serial # matches Resource Order (may also have to verify on DPL): Note: This is also a business rule that could affect payment. (Schedule of Items) (D.6.3.1)		
4	Paramedic: ALS - Name _____		
5	EMT: ALS/BLS - Name _____		
5	First Responder: BLS – Name _____		
7	RT-130 Fire Line Refresher, including Fire Shelter Responder Dates: 1 _____ 2 _____ (D.3.1)		
8	Qualification cards: For fireline going personnel must always be carried (if applicable). (D.3)		
9	Incident Pre-Use Inspection Completed (OF-296 Vehicle/Heavy Equipment Mechanical Inspection) (D.17)		
10	Company Name: Shall have the company's name on each side of the vehicle. (D.2.6.3)		
11	Programmable Radio: Handheld or mobile radio, at least two fully charged battery packs per radio. Approved radio listed on NIFC National Interagency Incident Communications Divisions website https://www.nifc.gov/resources/NIICD/niicd-documents (D.2.2.4)		
12	Fire Extinguisher: 2A-10BC with current annual inspection tag (D.2.6)		
13	Seat belts: Available for every passenger (D.2.6)		
14	Flashlight (D.2.6)		
15	Drinking Water: Minimum 1 Gallon (D.2.6)		
16	Back-up Alarm: Rated at 87db or greater (D.2.6)		

17	Spare Tire: All vehicles shall have a full-size spare tire with a minimum of 4/32 tread and wheel securely (mounted to the vehicle). (D.2.6.2)		
	MINIMUM REQUIREMENTS CONT...	Yes	No
18	FLAME RESISTANT CLOTHING (Shirt and Pants): A minimum of two full sets of flame-resistant shirts and pants (Fireline going personnel) (D.2.5.1)		
19	Boots: All leather, 8” high with lug-type sole in good condition (D.2.5.1)		
20	PPE: Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Headlamp <input type="checkbox"/> (PPE is required for Fireline going ambulance) (D.2.5.1)		
21	FIRE SHELTER: New Generation Fire Shelter is required. (D.2.5.1)		
22	CONTRACTOR FURNISHED MEDICAL SUPPLIES: The approved price list can be used to seek reimbursement for supplies used while assigned to the incident (D.2.4)		
	ATTRIBUTES		
23	Is this Ambulance 4-wheel or AWD? (D.6.2)		
24	Are Personnel Fireline qualified? (D.6.2)		

☐ Equipment meets agreement specifications ☐ Equipment does not meet agreement specifications.

Inspector: _____ Date: _____
(Print and sign)

Contractor: _____ Date: _____
(Print and sign)

☐ Contractor given the opportunity to correct noted deficiencies (*See Remarks*)

☐ Contactor successfully corrected noted deficiencies.

Inspector: _____ Date: _____

REMARKS: