



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION
NON-EMERGENCY MEDICAL SERVICE**

FACILITY INFORMATION

TYPE OF INSPECTION					<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED	
TYPE OF FACILITY							HEADQUARTERS		DATE OF INSPECTION
SERVICE NAME							SERVICE CODE		
SERVICE ADDRESS									
CITY			STATE		COUNTY		ZIP CODE		
SERVICE REPRESENTATIVE					REPRESENTATIVE SIGNATURE				
					X				
EMS INSPECTOR									

COMPLIANCE VERIFICATION

INSURANCE REQUIREMENTS			
Current Certificate of Liability Insurance in accordance with R.C. 4766 [O.A.C. 4766-3-05(B)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, each occurrence	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$350,000 Automobile Liability combined single limit OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$100,000 Automobile Liability, bodily injury per person AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$300,000 Automobile Liability, bodily injury per accident AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$ 50,000 Automobile Liability, property damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

EMPLOYEE RECORDS - ALL EMPLOYEES			
Valid driver / operator license [O.A.C. 4766-3-13(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Valid driver / operator abstract from BMV at hiring and annually thereafter [O.A.C. 4766-3-13(A)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Criminal records check by BCII [O.A.C. 4766-3-13(A)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Valid certification in CPR [O.A.C. 4766-3-13(A)(3)] AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Basic First Aid [O.A.C. 4766-3-13(A)(3)(a)] OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
First Responder [O.A.C. 4766-3-13(A)(3)(b)] OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency Medical Technician [O.A.C. 4766-3-13(A)(3)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Satisfactory completion of a passenger assistance training course [O.A.C. 4766-3-13(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Physician signed statement declaring drivers do not have medical, physical or vision condition that interferes with driving and passenger assistance [O.A.C. 4766-3-13(A)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Valid test results from an alcohol and controlled substances test [O.A.C. 4766-3-13(A)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ID card with first name, last initial and service name [O.A.C. 4766-3-13(A)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

CLIENT RECORDS			
Transport records that include client name, beginning and ending locations, date and time of pick up and drop off, and name or ID number of driver [O.A.C. 4766-3-05(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Client transportation records maintained for seven years [O.A.C. 4766-3-05(D)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

OTHER DOCUMENTATION			
Periodical Maintenance Program that conforms to manufacturers specifications [O.A.C. 4766-3-09(A)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of periodical maintenance [O.A.C. 4766-3-09(C)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two way communication with 110V or 12V power source backup for each device [O.A.C. 4766-3-06]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Appropriate Board License displayed [O.A.C. 4766-3-04C)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A