



SOUTH DAKOTA EMS PROGRAM  
AMBULANCE INSPECTION FORM: FIRST INSPECTION OF VEHICLE

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_

Ambulance Representative: \_\_\_\_\_

License Plate Number/Tag or Tail Number: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_

Vehicle Make Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Mileage: \_\_\_\_\_

Vehicle Type:  Type 1     Type 2     Type 3     Other \_\_\_\_\_

Replacing another vehicle:  Yes     No

Old Vehicle Information: \_\_\_\_\_

Comments: