

**New Jersey Department of Health and Senior Services
Office of Emergency Medical Services**

SURVEY REPORT FOR MOBILITY ASSISTANCE VEHICLE

Provider Name	License Plate No.	Vehicle Rec. No.
Name on Vehicle	VIN Number	Survey Date
<p>Yes No ADMINISTRATIVE INFORMATION</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Original</p> <p><input type="checkbox"/> Application and check or money order received.</p> <p><input type="checkbox"/> Application information matches vehicle</p> <p>Model Year _____ Mileage _____</p> <p>Yes No GENERAL VEHICLE REQUIREMENTS</p> <p><input type="checkbox"/> Valid DMV registration - Exp: _____</p> <p><input type="checkbox"/> Valid Insurance card - Exp: _____</p> <p><input type="checkbox"/> Valid passing DMV sticker - Exp: _____</p> <p><input type="checkbox"/> Tires do not show signs of abnormal wear</p> <p><input type="checkbox"/> Exhaust system free of loose, or leaking joints, holes, leaking seams or patches</p> <p><input type="checkbox"/> Tail pipe extends beyond body and is not pinched or damaged</p> <p><input type="checkbox"/> All seats and wheelchairs have approved auto-type seat belts: seatbelt attached to wheelchair</p> <p><input type="checkbox"/> Glazing free of cracks, sharp edges, discoloration</p> <p><input type="checkbox"/> Heater - A/C working appropriately</p> <p><input type="checkbox"/> All door and window gaskets in good condition</p> <p>Yes No VEHICLE MARKINGS</p> <p><input type="checkbox"/> Full trade name 4" high on each side (as it appears on the vehicle license)</p> <p><input type="checkbox"/> Veh rec # on each side and rear 3" high</p> <p><input type="checkbox"/> 8" Symbols of access for the handicapped on both sides and rear</p> <p><input type="checkbox"/> There are no emergency lights / siren / stretcher</p> <p><input type="checkbox"/> "No smoking" signs in patient and driver's areas</p> <p><input type="checkbox"/> No unauthorized wording or markings on vehicle</p> <p>Yes No REQUIRED RAMP OR LIFT</p> <p><input type="checkbox"/> Ramp <input type="checkbox"/> Lift</p> <p><input type="checkbox"/> Ramp/Lift is permanently attached to vehicle</p> <p><input type="checkbox"/> Ramp/Lift blocks only one doorway and secured in crash worthy manner while moving</p> <p><input type="checkbox"/> If Ramp; does it provide a rigid interlock surface when in use</p> <p><input type="checkbox"/> Has slip resistant surface</p> <p><input type="checkbox"/> Ramp/Lift rated to accommodate 500 lbs.</p> <p><input type="checkbox"/> Manual backup raises/lowers lift within 5 minutes</p>	<p>Yes No PATIENT COMPARTMENT REQUIREMENTS</p> <p><input type="checkbox"/> Ceiling at least 58" above each wheelchair</p> <p><input type="checkbox"/> Width 56" at 42" above floor: Length - 92"</p> <p><input type="checkbox"/> Patient compartment has curbside and rear doors</p> <p><input type="checkbox"/> Side door located in front half of vehicle</p> <p><input type="checkbox"/> Each door has standard auto manufactured door handles</p> <p><input type="checkbox"/> Each door can be unlocked and opened from inside and outside of vehicle</p> <p><input type="checkbox"/> Each door has a window; rear windows non-opening</p> <p><input type="checkbox"/> Doorway at ramp/lift at least 56"</p> <p><input type="checkbox"/> All items stored in a crash worthy manner</p> <p><input type="checkbox"/> Working interior lights in patient area</p> <p><input type="checkbox"/> Unobstructed wheelchair access to both side and rear doors; 30" aisles maintained</p> <p><input type="checkbox"/> Wheelchair restraining system attaches to frame of wheelchair; prohibits chair moving more than 1" in any direction</p> <p><input type="checkbox"/> 4 Pt wheelchair restraint system forward facing (vehicles licensed after Feb. 17, 1998)</p> <p>Yes No SAFETY EQUIPMENT</p> <p><input type="checkbox"/> 3 portable reflective road triangles or 3 battery operated flashers (flares prohibited)</p> <p><input type="checkbox"/> 1 box of examination gloves</p> <p><input type="checkbox"/> CPR Mask or barrier device (one way valve)</p> <p><input type="checkbox"/> 2A10BC or 3A40BC fire extinguisher, fully charged and current inspection tag and is securely mounted</p> <p><input type="checkbox"/> 1 working flashlight (2 "D" cell size)</p> <p><input type="checkbox"/> A form of two-way communication (no JEMS radio)</p> <p>Yes No SANITATION</p> <p><input type="checkbox"/> Interior of vehicle and patient care equipment and supplies clean</p> <p><input type="checkbox"/> All interior surfaces free of cracks and made of impervious material</p> <p>Yes No OXYGEN</p> <p><input type="checkbox"/> Is Oxygen carried on the vehicle?</p>	
<input type="checkbox"/> READY FOR LICENSE <input type="checkbox"/> NEEDS RESURVEY		
Comments:		
Name of Surveyor (Print)	Signature	Date