

Number: Specialty Use Vehicle

Inspector:

Date:



MSDH EMS Licensing Center
Mississippi State Department of Health

Expiration Date:

Vehicle Appearance

Vehicle Appearance

No. **Item**

*Vehicle VIN #:

If this vehicle is an ATV/UTV/Gator, enter "ATV" for the tag number

*Tag Number:

1	*Copy of State Permit in vehicle current	<input type="checkbox"/> C	<input type="checkbox"/> CAIC	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	<input type="checkbox"/> R
2	*Exterior lights working	<input type="checkbox"/> C	<input type="checkbox"/> CAIC	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	<input type="checkbox"/> R
3	*Exterior of Vehicle Clean	<input type="checkbox"/> C	<input type="checkbox"/> CAIC	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	<input type="checkbox"/> R
4	*Interior of Vehicle Clean	<input type="checkbox"/> C	<input type="checkbox"/> CAIC	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	<input type="checkbox"/> R
5	*Reflective Safety Vest for each crewmember	<input type="checkbox"/> C	<input type="checkbox"/> CAIC	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	<input type="checkbox"/> R
6	*All Medical Supplies within expiration date if applicable	<input type="checkbox"/> C	<input type="checkbox"/> CAIC	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	<input type="checkbox"/> R

Incomplete

Total: 0 deficiencies of 6 items

▼ Responsible Party Signoff

*

*First Name:

*Last Name:

Certification Number: