

Number: Specialty Use Vehicle

Inspector:

Date:



MSDH EMS Licensing Center
Mississippi State Department of Health

Expiration Date:

Vehicle Appearance

Vehicle Appearance

No.	Item
	<div><div>*Vehicle VIN #:</div><div></div></div> <div>If this vehicle is an ATV/UTV/Gator, enter "ATV" for the tag number</div> <div><div>*Tag Number:</div><div></div></div>
1	<div><div>*Copy of State Permit in vehicle current</div><div><div>C</div><div>CAIC</div><div>NC</div><div>N/A</div><div>R</div></div></div>
2	<div><div>*Exterior lights working</div><div><div>C</div><div>CAIC</div><div>NC</div><div>N/A</div><div>R</div></div></div>
3	<div><div>*Exterior of Vehicle Clean</div><div><div>C</div><div>CAIC</div><div>NC</div><div>N/A</div><div>R</div></div></div>
4	<div><div>*Interior of Vehicle Clean</div><div><div>C</div><div>CAIC</div><div>NC</div><div>N/A</div><div>R</div></div></div>
5	<div><div>*Reflective Safety Vest for each crewmember</div><div><div>C</div><div>CAIC</div><div>NC</div><div>N/A</div><div>R</div></div></div>
6	<div><div>*All Medical Supplies within expiration date if applicable</div><div><div>C</div><div>CAIC</div><div>NC</div><div>N/A</div><div>R</div></div></div>

Incomplete

Total: 0 deficiencies of 6 items

▼ Responsible Party Signoff

*

*First Name:

*Last Name:

Certification Number: