PA Department of Health Bureau of EMS			
Deficiency Form			
The following action is: Initial/Relicensure Inspection New/Replacement Vehicle Inspection Pursuant to the EMS Systems Act and the Rules and Regul ("Council") as agent	tion Vehicle De License Pla ations promulgated thereun	Date of Inspection Vehicle Decal Number License Plate Number mulgated thereunder, a representative of the ennsylvania Department of Health's Bureau of	
EMS, is conducting an inspection of		("Agency").	
During the course of the inspection the following deficien	cies were identified:	CORRECTED INSPECTORS YES NO INITIALS	
Deficiencies found on inspection must be corrected before the the undersigned signature of an authorized agent of the A deficiencies have been brought to the attention of the Agency	gency, the Agency acknowle	edges that the above noted	
Council Representative Signature	Agency Representative Signature		
Printed Name	Printed Name and Title		

Date

Was this vehicle placed Out of Service?

□ No

Authorized To Return To Service By: _____

Yes Authorized By: _____ (Out of Service Decal Secured)

Date

Page _____of _____

(Out of Service Decal Removed)

Date: _____