DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES

Ambulance Weight Verification

Service # _ _	Service Name	·
VIN#_ _ _		
Lic#	Unit #	
Manufacturer:	(chassis mfg):(ambulance mfg):	
	INSTRUCTIONS for WEIGHING STOCKED AMBULANCES	
1.	Stock ambulance with required medical and vehicle equipment and supplies.	()
2.	Stock ambulance with optional medical and vehicle equipment and supplies.	()
3.	Stock ambulance as an in-service vehicle, with standard equipment required by the service for day-to-day operations.	()
4.	. Fill fuel tank(s) to full level.	()
5.	Weigh stocked ambulance empty of personnel.	()
6.	. Record weight of ambulance Wt =	()
7.	Record gross vehicle weight (GVW). GVW =	. ()
8.	. Attach weight bill to this form.	()
	(Office Use only)	designation of the second
	Wt +700 = Wt Exceeds GVW	Y N
•	Review by Date	······································
,	arp/weight 3/96	