

# LEON COUNTY E.M.S.

## Standard Operating Guideline

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Title: Reporting Repairs  
CAAS: 203.02.02  
Effective: June 1, 2005  
Reviewed: March, 2005, October 2011, December 2012  
Revision: 3  
Pages: 2

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### I. PURPOSE:

To provide guidelines for reporting repairs.

### II. GUIDELINES:

All repairs or damage to vehicles, vehicle and medical equipment will be reported to the on-duty supervisor.

### III. PROCEDURE:

#### 1. General Information:

- A. All malfunctioning vehicles, vehicle and medical equipment will be reported to the Shift Supervisor or logistics staff. No vehicle perceived to be unsafe will be driven until checked and repaired or deemed safe by Leon County Fleet or the Shift Supervisor on duty. A Repair Request Form must be filled out documenting:
  - Date
  - Time
  - Vehicle #
  - Miles
  - Hours
  - Driver
  - Contact Information
  - Supervisor
  - Work requested and description of the problem
- B. The on-duty supervisor will coordinate all repairs. The problem will be verified by supervisory personnel before referred for repairs.
- C. As per county policy, all physical damage, however minor, will be reported and an incident report completed.

- D. Repairs, adjustments, alterations and modifications to equipment will be carried out only by qualified persons specifically authorized by Leon County. No employee of LCEMS is to undertake such work unless authorized.
  - E. In the event of equipment malfunction, corrective measures on the part of LCEMS personnel will be limited to verification that line power exists and that all operating controls are in a normal configuration. If such action does not correct the malfunction, the problem will be referred to authorized service personnel, as defined in policy.
2. When a vehicle, vehicular equipment or medical equipment is noted to be malfunctioning; it should be immediately reported to the Shift Supervisor giving the following information:
    - A. Item
    - B. Identifying number, serial number or Leon County sticker number
    - C. Location of equipment
    - D. In-service or out-of-service
    - E. Detailed information about problem, in as much depth as possible
    - F. Detailed information about trouble-shooting efforts you have made.
    - F. Make a report in any of the following circumstances:
      1. Continued use of equipment may be hazardous;
      2. Physical damage of any kind;
      3. Failure of any pertinent equipment or system;
      4. Tire wear;
      5. Mechanical failure of vehicle.
      6. Any symptoms indicative of future problems.
  3. The Deputy Chief of Operations must be advised immediately when there are no back-up vehicles or equipment available due to maintenance problems.

Forms to Include:

Example of Leon County Fleet Management Repair Request Form

# Leon County EMS Fleet

## Vehicle Repair Request Date: \_\_\_\_\_

Truck # \_\_\_\_\_

<p><b>Duty Shift</b></p> <p>_____ Supervisor Signature</p> <p>_____ Crew Lead #</p> <p>_____ Crew 2nd #</p> <p>_____ Logistics #</p> <p>_____ Shift #</p> <p>_____ Mileage PM Due Next</p> <p>_____ Current Mileage</p>	<p><b>When was this vehicle problem discovered?</b></p> <p><input type="checkbox"/> Before Shift / During Vehicle Check</p> <p><input type="checkbox"/> During Shift</p> <p><input type="checkbox"/> After Shift Ended</p> <hr/> <p><b>Did This Vehicle Problem Disrupt an Ambulance Run in Progress?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Enroute <span style="margin-left: 150px;"><input type="checkbox"/> At Scene</span></p> <p><input type="checkbox"/> Patient On Board <span style="margin-left: 100px;"><input type="checkbox"/> Patient Not On Board</span></p> <p><input type="checkbox"/> At Treatment Facility <span style="margin-left: 100px;"><input type="checkbox"/> Other</span></p>
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### TYPE OF PROBLEM

Check Box and Describe Problem in Explanation Section Below

Accident Damage	Vehicle Cab	Chassis
Vehicle Tow	Cab Lights	Brake Noise
Vehicle Fire	Radios / Speakers	Power Steering
Other Damage	Spot Light / Control	Springs
	Computer / Router	Vehicle Kneeling
	Primary / Secondary Lights	Air Suspension
<b>Body / Cab</b>	Strobe Lights	Alignment
Glass / Windshield / Windows	Scene Lights L / R Rear	Wheels
Mirrors / Rear / Side	Siren W, Y, H-L, PA	Tires
Wipers / Blades	Horn / Back-up Alarm	
Heater Front / Rear	Patient lights Hi / Lo	
Defroster	Dome / Attendant Panel	<b>Drive Train</b>
A/C Front / Rear	Headlights H/L	Transmission Slips / Leaks
Doors and Hinges		Drive Line Noise
Seats and Seat Belts		Differential Noise
Bumpers / Body		Rear Axles / Seals
		<b>Engine</b>
<b>Box / Cab Electrical</b>	<b>Cooling System</b>	Fuel System / Leaks
No Charge / Low Charge / Over Charge	Water Pump	Loud Noises
Batteries	Radiator / Cap	Power Down / Regeneration
Turn Signals L / R	Radiator / Leaks	Idle Smooth / Rough
4 Way Hazard Flasher	Coolant Leak	Exhaust System / Leaks
Back-up Lights	Radiator Hoses	Fluid Leaks
EMT Panel Lights	Fan Clutch	Hard Start / Won't Start
Inverter 110 v	Running Hot / Temp. Gauge	Fan Belts
Suction Unit / Vents	Oxygen Gauge (s)	Engine Alarms / Lights
Shore Power Connection	Oxygen Leaks	Preventative Maintenance

Explanation of Defect (possible causes(s), unusual noises, visual defects, etc.)

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Mechanic's Notes. Mechanic's Name/Number \_\_\_\_\_

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